Date:__22/05/2022

Your Name: __ Charlotte Maulat

Manuscript Title:_ Prognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma - *A multicenter study under the aegis of the French Association of Hepato-Biliary Surgery and liver Transplantation (ACHBT).*

Manuscript number (if known):__ HBSN-22-33

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or educational events	
6	Payment for expert	None
	testimony	None
	,	
7	Support for attending meetings and/or travel	None
	g ,	
8	Patents planned, issued or	None
	pending	
9	Participation on a Data	None
9	Safety Monitoring Board or	Notice
	Advisory Board	
10	Leadership or fiduciary role	None
	in other board, society,	
	committee or advocacy group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical writing, gifts or other	
	services	
13	Other financial or non-	None
	financial interests	

Please summarize the above conflict of interest in the following box:

No conflict of interest to declare.	

Please place an "X" next to the following statement to indicate your agreement:

Date:	5/18/2022
Your Name:	Stéphanie Truant
Manuscript Title:	A multicenter study under the aegis of the French Association of Hepato-Biliary Surgery and liver Transplantation (ACHBT)
Manuscript Number (if known):	HBSN-22-33

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed be that are related to the content of your manuscript. "Related" means any relation with for-profit or n for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in dou about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial plan	ning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	None None	Click the tab key to add additional rows.

		you	ne all entities with whom have this relationship or cate none (add rows as ded)	(e.g., i	fications/Comments If payments were made If or to your institution)
	charges, etc.) No time limit for this item.				
2	Grants or		Time frame: past 36 me	onths	
	contracts				
	from any entity (if				
	not				
	indicated in item #1 above).				
3	Royalties or licenses	\boxtimes	None		
4	Consulting fees		None		
5	Payment or	\boxtimes	None		
	honoraria				
	for lectures,				
	presentati				I
	ons, speakers				
	bureaus,				
	manuscript				
	writing or educationa				

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	ationship or (e.g., if payments were made	
	I events		•	
6	Payment for expert testimony	⊠ None		
7	Support for attending meetings and/or travel	⊠ None		
8	Patents planned, issued or pending	[⊠] None		
9	Participati on on a Data Safety Monitoring Board or Advisory Board	⊠ None		
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payr	ns/Comments nents were made your institution)
1 1	Stock or stock options	[⊠] None		
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
1 3	Other financial or non- financial interests	[⊠] None		

Date: 5/18/2022
our Name: Christian Hobeika
Manuscript Title: Prognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma - A multicenter
tudy under the aegis of the French Association of Hepato-Biliary Surgery and liver Transplantation
ACHBT)
Manuscript number (if known):HBSN-22-33

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past None	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options	Hone	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Please summarize the above conflict of interest in the following box:

No conflict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:	5/19/2022
Your Name:	Louise BARBIER
Manuscript Title:	[Prognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma - A multicenter study under the aegis of the French Association of Hepato-Biliary Surgery and liver Transplantation (ACHBT)
Manuscript Number (if known):	HBSN-22-33

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial plant	ning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	X None	Click the tab key to add additional rows.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., i	fications/Comments f payments were made i or to your institution)
	processing charges, etc.) No time limit for this item.			
		Time frame: past 36 mg	onths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	grant from the national transplant agency (agence de la biomédecine a separate project		to the institution
3	Royalties or licenses	X None		
4	Consulting fees	X None		
5	Payment or honoraria for lectures, presentati ons, speakers bureaus, manuscript writing or	X None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., i	fications/Comments f payments were made I or to your institution)
	educationa I events			
6	Payment for expert testimony	X None legal expertise in liability cases		to me
7	Support for attending meetings and/or travel	X None		
8	Patents planned, issued or pending	X None		
9	Participati on on a Data Safety Monitoring Board or Advisory Board	yes for national RCT on antibiotics appendicitis (ABAP study)	s in	no payment
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None [past board member of the french association for the study of liver diseases (AFEF) past board member of the frech surgical association (association francaise de chirurgie) past board member of the french association oh HPB surger (ACHBT)		no payment

		you	ne all entities with whom have this relationship or cate none (add rows as led)	(e.g.,	fications/Comments if payments were made u or to your institution)
1	Stock or stock options	X	None		
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X	None		
1 3	Other financial or non-financial interests		None		
LB bio cas wi liv (as	receives grand promédecine) for ses. LB partice thout payment er diseases (Association fraces ociation oh Example 1 Control of Example	nt to toor a section as section as section as section as section as section as the section as th	next to the following state the institution from the nation and payments on national RCT on antibion is past board member of the ede chirurgie), and past board member of the ede chirurgie) with no payment ave answered every questications on this form.	onal trans t for lega tics in ap e french a frech sur rd memb nent.	splant agency (agence de la l expertise in liability pendicitis (ABAP study) association for the study of gical association per of the french

Date: 5	6/18/2022
Your Nan	ne: Astrid Herrero
Manuscri	pt Title: Prognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma - A multicenter
study und	der the aegis of the French Association of Hepato-Biliary Surgery and liver Transplantation
(ACHBT)_	
Manuscri	pt number (if known): HBSN-22-33

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The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

Please summarize the above conflict of interest in the following box:

No conflict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:	5/20/2022
Your Name:	[DOUSSOT Alexandre]
Manuscript Title:	Prognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma - A multicenter study under the aegis of the French Associati of Hepato-Biliary Surgery and liver Transplantation (ACHBT)
Manuscript Number (if known):	HBSN-22-33

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	Time frame: Since the initial plan	ning of the work
1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	None	Click the tab key to add additional rows.

		Name all entities with whom you have this relationship of indicate none (add rows as needed)	or (e.g., i	fications/Comments if payments were made u or to your institution)
	processing charges, etc.) No time limit for this item.			
		Time frame: past	36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None		
3	Royalties or licenses	None ■		
4	Consulting fees	None		
5	Payment or honoraria for lectures, presentati ons, speakers bureaus, manuscript writing or	None None □		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., i	fications/Comments if payments were made u or to your institution)
	educationa I events			
1	Payment for expert testimony	ert		
1	Support for attending meetings and/or travel	ing gs		
	Patents planned, issued or pending	d, or		
	Participati on on a Data Safety Monitoring Board or Advisory Board	oring or		
	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	ttee paid		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., i	fications/Comments f payments were made I or to your institution)
1	Stock or stock options	[⊠] None		
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
1 3	Other financial or non-financial interests	⊠ None		

Date: 5/18/2022	
Your Name: Johan G	agnière
Manuscript Title: P	ognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma - A multicenter
study under the aegis of	of the French Association of Hepato-Biliary Surgery and liver Transplantation
(ACHBT)	
Manuscript number (if	known): HBSN-22-33

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	pranning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

Please summarize the above conflict of interest in the following box:

No conflict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:	5/18/2022
Your Name:	Édouard Girard
Manuscript Title:	Prognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma
Manuscript Number (if known):	HBSN-22-33

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		Time frame: Since the initial plan	ning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	None None	Click the tab key to add additional rows.

		you	ne all entities with whom have this relationship or cate none (add rows as ded)	(e.g., i	fications/Comments If payments were made If or to your institution)
	charges, etc.) No time limit for this item.				
2	Grants or		Time frame: past 36 me	onths	
	contracts				
	from any entity (if				
	not				
	indicated in item #1 above).				
3	Royalties or licenses	\boxtimes	None		
4	Consulting fees		None		
5	Payment or	\boxtimes	None		
	honoraria				
	for lectures,				
	presentati				I
	ons, speakers				
	bureaus,				
	manuscript				
	writing or educationa				

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., i	fications/Comments if payments were made a or to your institution)
	I events		•	
6	Payment for expert testimony	⊠ None		
7	Support for attending meetings and/or travel	⊠ None		
8	Patents planned, issued or pending	[⊠] None		
9	Participati on on a Data Safety Monitoring Board or Advisory Board	⊠ None		
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		

Date:	5/18/2021
Your Name:	TRANCHART Hadrien
Manuscript Title:	[Prognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma - A multicenter study under the aegis of the French Association of Hepato-Biliary Surgery and liver Transplantation (ACHBT)
Manuscript Number (if known):	HBSN-22-33

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial plans	ning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	None	Click the tab key to add additional rows.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	processing charges, etc.) No time limit for this item.		
		Time frame: past 36	months
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None ■	
4	Consulting fees	None	
5		None	
3	Payment or honoraria for lectures, presentati ons, speakers bureaus, manuscript writing or		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	educationa I events	na	
6	Payment for expert testimony	rt	
7	Support for attending meetings and/or travel	g	
8	Patents planned, issued or pending		
9	Participati on on a Data Safety Monitoring Board or Advisory Board	ng	
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	ee /	

Date:	5/23/2022
Your Name:	[REGIMBEAU]
Manuscript Title:	Prognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma - A multicenter study under the aegis of the French Association of Hepato-Biliary Surgery and liver Transplantation (ACHBT)"
Manuscript Number (if known):	HBSN-22-33

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		you ind	have t	ntities with wh his relationshi one (add rows	p or	(e.g., i	fications/Comments f payments were made i or to your institution)
		Ti	me fran	e: Since the init	tial planı	ning of t	he work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	X	None				Click the tab key to add additional rows.

		you indi	ne all entities with whom have this relationship or icate none (add rows as ded)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	article processing charges, etc.) No time limit for this item.			
			Time frame: past 36 m	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	M	None	
3	Royalties or licenses	X	None	
4	Consulting fees	X	None	
5	Payment	χ	None	
	or honoraria for lectures, presentati ons, speakers bureaus, manuscript			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	writing or educationa I events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participati on on a Data Safety Monitoring Board or Advisory Board	X None	
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

		lame all entities wo ou have this relat ndicate none (add needed)	ionship or (e.g.,	ifications/Comments if payments were made u or to your institution)
1 1	Stock or stock options	X None		
1 2	Receipt of equipment , materials, drugs, medical writing, gifts or other services	X None		
1 3	Other financial or non-financial interests	X None		

I certify that I have answered every question and have not altered the wording of $[\boxtimes]$ any of the questions on this form.

JM.

Date:	5/19/2022
Your Name:	David Fuks
Manuscript Title:	Prognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma – a multicenter study under the aegis of the French Association of the HPB (ACHBT)
Manuscript Number (if known):	Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed be that are related to the content of your manuscript. "Related" means any relation with for-profit or n for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in dou about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Time frame: Since the initial plans	ning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	None	Click the tab key to add additional rows.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	processing charges, etc.) No time limit for this item.		
		Time frame: past 36	months
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None ■	
4	Consulting fees	None	
5		None	
3	Payment or honoraria for lectures, presentati ons, speakers bureaus, manuscript writing or		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	educationa I events	а	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	r [⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participati on on a Data Safety Monitoring Board or Advisory Board		
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		

Date:	5/23/2022	
Your Name:	Francois CAUCHY	
Manuscript Title:	Prognostication algorithm for non-cirrhotic non-B non-C hepatocellula carcinoma - A multicenter study under the aegis of the French Association of Hepato-Biliary Surgery and liver Transplantation (ACH	
Manuscript Number (if known):	HBSN-22-33	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed be that are related to the content of your manuscript. "Related" means any relation with for-profit or n for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in dou about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		you ha	all entities with whom ve this relationship or te none (add rows as d)	Specifications/Comments (e.g., if payments were man to you or to your institution	
		Time	frame: Since the initial plan	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	⊠ N	one	Click the tab key to add additiona	al rows.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	processing charges, etc.) No time limit for this item.		
		Time frame: past 36	months
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None ■	
4	Consulting fees	None	
5	Daying sight	None	
3	Payment or honoraria for lectures, presentati ons, speakers bureaus, manuscript writing or		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	educationa I events	na	
6	Payment for expert testimony	rt	
7	Support for attending meetings and/or travel	g	
8	Patents planned, issued or pending		
9	Participati on on a Data Safety Monitoring Board or Advisory Board	ng	
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	ee /	

Please place an "X" next to the following statement to indicate your agreement:

Date: 25/05/2022

Your Name: Prodeau Mathieu

Manuscript Title: Prognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma - *A multicenter study under the aegis of the French Association of Hepato-Biliary Surgery and liver*

Transplantation (ACHBT)"

Manuscript number (if known): HBSN-22-33

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		Time frame: Since the initial	planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date: 25/05/2022

Your Name: Antoine Notte

Manuscript Title: Prognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma - *A multicenter study under the aegis of the French Association of Hepato-Biliary Surgery and liver*

Transplantation (ACHBT)"

Manuscript number (if known): HBSN-22-33

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:	5/20/2022
Your Name:	TOUBERT Cyprien
Manuscript Title:	Prognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma - A multicenter study under the aegis of the French Association of Hepato-Biliary Surgery and liver Transplantation (ACHBT)
Manuscript Number (if known):	HBSN-22-33

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if	cations/Comments payments were made or to your institution)
		Time frame: Since the initial plann	ing of th	ne work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	None		Click the tab key to add additional rows.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	processing charges, etc.) No time limit for this item.		
		Time frame: past 36	months
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None ■	
4	Consulting fees	None	
5	Daying sight	None	
3	Payment or honoraria for lectures, presentati ons, speakers bureaus, manuscript writing or		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	educationa I events	na	
6	Payment for expert testimony	rt	
7	Support for attending meetings and/or travel	g	
8	Patents planned, issued or pending		
9	Participati on on a Data Safety Monitoring Board or Advisory Board	ng	
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	ee /	

Please place an "X" next to the following statement to indicate your agreement:

Date: 25/05/2022

Your Name: Ephrem Salamé

Manuscript Title: Prognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma - *A multicenter study under the aegis of the French Association of Hepato-Biliary Surgery and liver*

Transplantation (ACHBT)"

Manuscript number (if known): HBSN-22-33

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date: 25/05/2022

Your Name: Mehdi El Amrani

Manuscript Title: Prognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma - *A multicenter study under the aegis of the French Association of Hepato-Biliary Surgery and liver*

Transplantation (ACHBT)"

Manuscript number (if known): HBSN-22-33

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date: 25/05/2022

Your Name: Sandrine Andrieu

Manuscript Title: Prognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma - *A multicenter study under the aegis of the French Association of Hepato-Biliary Surgery and liver*

Transplantation (ACHBT)"

Manuscript number (if known): HBSN-22-33

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:22/05/2022
Your Name: Fabrice Muscari
Manuscript Title:_ Prognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma - A
multicenter study under the aegis of the French Association of Hepato-Biliary Surgery and liver Transplantation
(ACHBT).
Manuscript number (if known): HBSN-22-33

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	lectures, presentations,	None
	speakers bureaus,	
	manuscript writing or educational events	
6	Payment for expert	None
	testimony	Notice
7	Support for attending	None
	meetings and/or travel	
8	Patents planned, issued or	None
	pending	
9	Participation on a Data	None
,	Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role	None
	in other board, society,	
	committee or advocacy	
11	group, paid or unpaid Stock or stock options	None
11	Stock of Stock options	None
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other	
12	services	Nege
13	Other financial or non- financial interests	None
	illianciai iliterests	

No conflict of interest to declare.		

Please place an "X" next to the following statement to indicate your agreement:

Date:	24/05/2022	
Your Name:	Shourick Jason	
Manuscript Title:	Prognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma - A multicenter study under the aegis of the French Association of	
	Hepato-Biliary Surgery and liver Transplantation (ACHBT)	
Manuscript Number (if	HBSN-22-33	
known):		

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		,	· · ·
1	All support for the present manuscript	Time frame: Since the initial plannin X None	ig of the work
	(e.g., funding,		
	provision of		
	study		Click the tab key to add additional rows.
	materials, medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 mon	ths

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
1 0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
1 1	Stock or stock options	X None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
1 3	Other financial or non-financial interests	None ■	

· · · · · · · · · · · · · · · · · · ·	Specifications/Comments (e.g., if payments were made to you or to
(add rows as needed)	your institution)

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:__22/05/2022

Your Name:__ Bertrand Suc

Manuscript Title:_ Prognostication algorithm for non-cirrhotic non-B non-C hepatocellular carcinoma - A multicenter study under the aegis of the French Association of Hepato-Biliary Surgery and liver Transplantation (ACHBT).

Manuscript number (if known):__ HBSN-22-33

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	Time frame: Since the initial	planning of the work
All support for the present manuscript (e.g., funding,	None	
9		
No time limit for this item.		
	Time frame: past	36 months
Grants or contracts from	None	
any entity (if not indicated		
in item #1 above).		
Royalties or licenses	None	
Consulting fees	None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses Whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial None

5	lectures, presentations, speakers bureaus,	None
	manuscript writing or	
-	educational events	None
6	Payment for expert testimony	None
	testimony	
7	Support for attending	None
	meetings and/or travel	
8	Patents planned, issued or	None
	pending	
9	Participation on a Data	None
	Safety Monitoring Board or	
40	Advisory Board	1,,
10	Leadership or fiduciary role in other board, society,	None
	committee or advocacy	
	group, paid or unpaid	
11	Stock or stock options	None
	·	
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	None
13	financial interests	None
	Dlease summarize th	ne above conflict of interest in the following box:

No conflict of interest to declare.	

Please place an "X" next to the following statement to indicate your agreement:

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Pr Bertrand SUC
Professeur des Universités - Praticien Hospitalier
Département de Chirurgie Digestive
CHU Toulouse - Hopital RANGUEIL
TSA 50032
31059 TOULOUSE Cédex 9
RPPS: 10002866167