

ICMJE DISCLOSURE FORM

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	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:

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



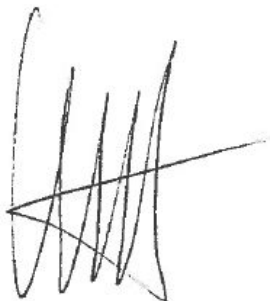
	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
charges, etc.) No time limit for this item.										
Time frame: past 36 months										
2 Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 726 1409 842"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
3 Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1058 1409 1176"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
4 Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1302 1409 1455"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1556 1409 1673"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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	I events							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 510 1411 632"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 726 1411 848"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 942 1411 1064"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1159 1411 1281"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1493 1411 1614"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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 1	Stock or stock options	<input checked="" type="checkbox"/> None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
1 3	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 5/18/2022

Your Name: Christian Hobeika

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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13	Other financial or non-financial interests	None	

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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.

ICMJE DISCLOSURE FORM

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	<p>X None</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 20px;"></td> <td style="width: 40%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>						Click the tab key to add additional rows.
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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 <table border="1" data-bbox="464 762 1409 953"> <tr> <td data-bbox="464 762 1036 877">grant from the national transplant agency (agence de la biomédecine) for a separate project</td> <td data-bbox="1036 762 1409 877">to the institution</td> </tr> <tr> <td data-bbox="464 877 1036 953"></td> <td data-bbox="1036 877 1409 953"></td> </tr> </table>		grant from the national transplant agency (agence de la biomédecine) for a separate project	to the institution						
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3 Royalties or licenses	X None <table border="1" data-bbox="464 1094 1409 1209"> <tr> <td data-bbox="464 1094 1036 1136"></td> <td data-bbox="1036 1094 1409 1136"></td> </tr> <tr> <td data-bbox="464 1136 1036 1178"></td> <td data-bbox="1036 1136 1409 1178"></td> </tr> <tr> <td data-bbox="464 1178 1036 1209"></td> <td data-bbox="1036 1178 1409 1209"></td> </tr> </table>									
4 Consulting fees	X None <table border="1" data-bbox="464 1335 1409 1486"> <tr> <td data-bbox="464 1335 1036 1377"></td> <td data-bbox="1036 1335 1409 1377"></td> </tr> <tr> <td data-bbox="464 1377 1036 1419"></td> <td data-bbox="1036 1377 1409 1419"></td> </tr> <tr> <td data-bbox="464 1419 1036 1461"></td> <td data-bbox="1036 1419 1409 1461"></td> </tr> <tr> <td data-bbox="464 1461 1036 1486"></td> <td data-bbox="1036 1461 1409 1486"></td> </tr> </table>									
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	X None <table border="1" data-bbox="464 1587 1409 1703"> <tr> <td data-bbox="464 1587 1036 1629"></td> <td data-bbox="1036 1587 1409 1629"></td> </tr> <tr> <td data-bbox="464 1629 1036 1671"></td> <td data-bbox="1036 1629 1409 1671"></td> </tr> <tr> <td data-bbox="464 1671 1036 1703"></td> <td data-bbox="1036 1671 1409 1703"></td> </tr> </table>									

		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)
	educational 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	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		yes for national RCT on antibiotics in appendicitis (ABAP study)	no payment
10	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)	no payment
		past board member of the french surgical association (association francaise de chirurgie)	no payment
		past board member of the french association of HPB surgeon (ACHBT)	no payment

		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 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	<input checked="" type="checkbox"/> None	

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

LB receives grant to the institution from the national transplant agency (agence de la biomédecine) for a separate project, and payment for legal expertise in liability cases. LB participates on national RCT on antibiotics in appendicitis (ABAP study) without payment. LB is past board member of the french association for the study of liver diseases (AFEF), past board member of the french surgical association (association française de chirurgie), and past board member of the french association of HPB surgeon (ACHBT) with no payment.

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

ICMJE DISCLOSURE FORM

Date: 5/18/2022

Your Name: Astrid Herrero

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, speakers bureaus, manuscript writing or educational events	None	
6	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	

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No conflict of interest to declare.

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

ICMJE DISCLOSURE FORM

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 Association of Hepato-Biliary Surgery and liver Transplantation (ACHBT) |

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article)	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
		Click the tab key to add additional rows.

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Time frame: past 36 months								
2 Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 764 1411 884"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
3 Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1094 1411 1213"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
4 Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1337 1411 1497"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1591 1411 1711"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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	educational events							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 548 1409 667"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 762 1409 882"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 976 1409 1096"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1190 1409 1310"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1530 1409 1650"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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 1	Stock or stock options	<input checked="" type="checkbox"/> None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
1 3	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 5/18/2022

Your Name: Johan Gagnière

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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ICMJE DISCLOSURE FORM

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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3 Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1058 1409 1176"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
4 Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1302 1409 1455"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1556 1409 1673"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

	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)						
	I events							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 510 1411 630"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 724 1411 844"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 938 1411 1058"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1152 1411 1272"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1491 1411 1610"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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 1	Stock or stock options	<input checked="" type="checkbox"/> None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
1 3	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

	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).	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 764 1409 884"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
3 Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1094 1409 1213"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
4 Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1335 1409 1497"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1591 1409 1711"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

	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)						
	educational events							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 548 1409 667"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 762 1409 882"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 976 1409 1096"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1190 1409 1310"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1530 1409 1650"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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 1	Stock or stock options	<input checked="" type="checkbox"/> None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
1 3	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

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

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 non-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.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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,	X None	
			<small>Click the tab key to add additional rows.</small>

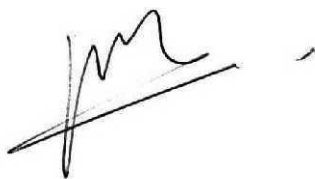
	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
	article processing charges, etc.) No time limit for this item.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 804 1409 919"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1129 1409 1245"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1375 1409 1491"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1627 1409 1743"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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 educational 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	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
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	

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.



ICMJE DISCLOSURE FORM

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 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 below that are related to the content of your manuscript. “Related” means any relation with for-profit or non-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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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	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: right; font-size: small;">Click the tab key to add additional rows.</div>

		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).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	<input checked="" type="checkbox"/> 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)						
	educational events							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 548 1409 667"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 762 1409 882"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 976 1409 1096"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1190 1409 1310"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1530 1409 1650"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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 1	Stock or stock options	<input checked="" type="checkbox"/> None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
1 3	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 5/23/2022

Your Name: [Francois CAUCHY]

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 (ACH

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	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="text-align: right; font-size: small;">Click the tab key to add additional rows.</div>

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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).	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 764 1409 884"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
3 Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1094 1409 1213"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
4 Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1335 1409 1497"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1591 1409 1711"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

	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)						
	educational events							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 548 1409 667"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 762 1409 882"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 976 1409 1096"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1190 1409 1310"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1530 1409 1650"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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 1	Stock or stock options	<input checked="" type="checkbox"/> None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
1 3	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

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

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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 lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	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:

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

ICMJE DISCLOSURE FORM

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: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	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	

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

ICMJE DISCLOSURE FORM

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	<input checked="" type="checkbox"/> None 	 <small>Click the tab key to add additional rows.</small>

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2 Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 764 1409 884"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
3 Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1094 1409 1213"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
4 Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1337 1409 1497"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1591 1409 1711"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

	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)						
	educational events							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 548 1409 667"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 764 1409 884"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 980 1409 1100"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1197 1409 1316"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="464 1533 1409 1652"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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 1	Stock or stock options	<input checked="" type="checkbox"/> None	
1 2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
1 3	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

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

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	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.

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ICMJE DISCLOSURE FORM

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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ICMJE DISCLOSURE FORM

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			
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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

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 known): HBSN-22-33

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			Click the tab key to add additional rows.
Time frame: past 36 months			

		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).	<input checked="" type="checkbox"/> None <table border="1" data-bbox="513 428 1593 548"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="513 701 1593 821"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="513 940 1593 1100"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="513 1220 1593 1339"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="513 1608 1593 1728"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="513 1848 1593 1967"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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ICMJE DISCLOSURE 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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Pr Bertrand SUC
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