

ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Bin-yong Liang

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Er-lei Zhang

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: [Jian Li]

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): [HBSN-22-410]

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Date: 10/27/2022

Your Name: Xin Long

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Manuscript Number (if known): HBSN-22-410

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Date: 10/27/2022

Your Name: Wen-qiang Wang

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

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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: 10/27/2022

Your Name: Zhi-wei Zhang

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Yi-fa Chen

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Wan-guang Zhang

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Bin Mei

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Zhen-yu Xiao

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Jin Gu

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							

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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: 10/27/2022

Your Name: Zun-yi Zhang

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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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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" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></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" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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

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: 10/27/2022

Your Name: Shuai Xiang

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Han-hua Dong

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Lei Zhang

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Peng Zhu

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Qi Cheng

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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

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: 10/27/2022

Your Name: Lin Chen

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Zhan-guo Zhang

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Bin-hao Zhang

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Wei Dong

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Xiao-feng Liao

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Tao Yin

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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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: 10/27/2022

Your Name: Dong-de Wu

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Bin-Jiang

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Yu-feng Yuan

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Zhong-Lin Zhang

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Yao-bing Chen

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Kai-yan Li

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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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: 10/27/2022

Your Name: Wan Yee Lau

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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 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.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 10/27/2022

Your Name: Xiao-ping Chen

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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Date: 10/27/2022

Your Name: Zhi-yong Huang

Manuscript Title: A Combined Pre- and Intra-Operative Nomogram in Evaluation of Degrees of Liver Cirrhosis Predicts Post-Hepatectomy Liver Failure: A Multicenter Prospective Study

Manuscript Number (if known): HBSN-22-410

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