Date:	10.07.2022
Your Name:	Stephanie Kampf
Manuscript Title:	Obesity and its influence on liver dysfunction, morbidity and mortality after live resection
Manuscript number (if 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)
		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.	_xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
	·		
7	Support for attending	xNone	
•	meetings and/or travel		
	meetings and, or traver		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	x None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
	Stock of Stock options		
12	Descipt of annipusant	v. Nana	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:

Your Name:	Dr. Michael Sponder
Manuscript Title:	Obesity and its influence on liver dysfunction, morbidity and mortality after live
	resection
Manuscript number (if known):_	

10.07.22

Date:

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
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7	Support for attending	xNone	
•	meetings and/or travel		
	meetings and, or traver		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	x None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
	Stock of Stock options		
12	Descipt of annipusant	v. Nana	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:

Date:	13.06.2022	_
Your Name:	Dr. Fitschek Fabian	
Manuscript Title:	Obesity and its influence on the postoperative course after liver resection	
Manuscript number	(if known):	

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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)
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.	_X_None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: past _X_NoneX_None	36 months
4	Consulting fees	_X_None	

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

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

Filel Felin

Date: 15.06.202	22
Your Name:_ Daniel	Laxar
	Obesity and its influence on the postoperative course after liver resection (if known):
related to the conte parties whose interes to transparency and	nsparency, we ask you to disclose all relationships/activities/interests listed below that are nt of your manuscript. "Related" means any relation with for-profit or not-for-profit third ests may be affected by the content of the manuscript. Disclosure represents a commitment does not necessarily indicate a bias. If you are in doubt about whether to list a relativistic first interest, it is preferable that you do so.
The following quest manuscript only.	ons apply to the author's relationships/activities/interests as they relate to the <u>current</u>

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

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

Date:	12.06.20	22		
Your Name:	9	DR. HARTIM	BODINGKANTR	
Manuscript Title:_	OBEVIT	AND ITS	INTLUENCE ON	MOKKIBITY AND
Manuscript number	er (if known):		TOR TALITY	ATTER LIVER
				RESECTION

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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 (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	planning of the work
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, 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	<u>X</u> None
13	Other financial or non- financial interests	None
Ple	ease summarize the above o	conflict of interest in the following box:
Ple		ered every question and have not altered the wording of any of the questions on this

Date:_14 June 2022	
Your Name: Carina Binder	•
Manuscript Title: Obesity and its influence on the postoperative course after liver resection	
Manuscript number (if known):	

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		Time frame: Since the initia	al 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: pas	t 26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None 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 testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	
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
Ple	ease summarize the above c	onflict of interest in the following box:

Your Name:	Dr. Stefan Stremitzer
Manuscript Title:	Obesity and its influence on liver dysfunction, morbidity and mortality after liver
	resection
Manuscript number (if known):_	

01.07.2022

Date:

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3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
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7	Support for attending	xNone	
•	meetings and/or travel		
	meetings and, or traver		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	x None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
	Stock of Stock options		
12	Descipt of annipusant	v. Nana	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:

Your Name:	Prof. Dr. Klaus Kaczirek
Manuscript Title:	Obesity and its influence on liver dysfunction, morbidity and mortality after liver
	resection
Manuscript number (if known):	

10.07.22

Date:

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3	Royalties or licenses	_xNone	
4	Consulting fees	_xNone	

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

Date:	10.07.2022
Your Name:	Christoph Schwarz
Manuscript Title:	Obesity and its influence on liver dysfunction, morbidity and mortality after liver resection
Manuscript number (if known):_	

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	Time frame: past 36 months					
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3	Royalties or licenses	_xNone				
4	Consulting fees	_xNone				

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