

ICMJE DISCLOSURE FORM

Date: March 17, 2023

Your Name: Raphael L. C. Araujo

Manuscript Title: Molecular Profiling and Patient Selection for the Multimodal Approaches for Patients

with Resectable Colorectal Liver Metastases

Manuscript number (if known): HBSN-22-616

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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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	
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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:

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

Dr. Raphael L. C. Araujo
 Cirurgião Oncológico
 CRM-SP 119076

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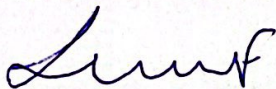
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MAR 17

Leonardo Gomes da Fonseca (co-author)

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Date: March 17, 2023

Your Name: Raphael de Oliveira e Silva

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DISCLOSURE FORM

Date: March 17, 2023

Your Name: Marcelo Moura Linhares

Manuscript Title: Molecular Profiling and Patient Selection for the Multimodal Approaches for Patients

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provision of study materials, medical writing, article processing charges, etc.)
No time limit for this item.

Time frame: past 36 months

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Dr. Marcelo Linhares
Médico
CRM - 64829

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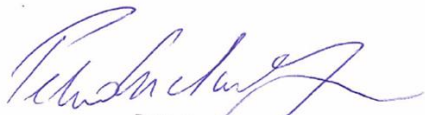
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Dr. Pedro Luiz S. Uson Junior
ONCOLOGISTA
CRM 148243