## **ICMJE DISCLOSURE FORM**

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	te:06/11/2023			
	ur Name:Edoardo Pole		sive Complication Index in perihilar cholangiocarcinor	ma curgory
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	e following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the current	
to i me In i	the epidemiology of hypertodication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript per all relationships with manufacturers of antihyperten the manuscript.  In this manuscript without time limit. For all other	sive
		Name all entities with	Specifications/Comments	1
		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 initia	l planning of the work	
	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.			_
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		Time frame: past	36 months	ļ
	Grants or contracts from	x_None		1
	any entity (if not indicated			

in item #1 above).

Royalties or licenses

Consulting fees

x\_\_None

\_x\_\_None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_xNone	
6	Payment for expert testimony	_xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	_xNone	
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		ICMJE DISC	LOSURE FORM	
Dat	te:06/11/2023			
Υοι	ur Name:Simone Conci			
			sive Complication Index in perihilar cholangiocarcinon	na surgery
Ma	nuscript number (if known)	):		
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	e following questions apply nuscript only.	to the author's relationshi	ips/activities/interests as they relate to the <u>current</u>	
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	tem #1 below, report all su time frame for disclosure i	•	ed in this manuscript without time limit. For all other	items,
		Name all entities with	Specifications/Comments	
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		relationship or indicate	institution)	
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	All support for the present	xNone		
	manuscript (e.g., funding,			
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	medical writing, article			
	processing charges, etc.)	i		I

Time frame: past 36 months

\_x\_\_None

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No time limit for this item.

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Royalties or licenses

Consulting fees

any entity (if not indicated

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_xNone	
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	Advisory Board		
10	Leadership or fiduciary role	xNone	
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12	Receipt of equipment,	x_None	
	materials, drugs, medical		
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	financial interests		
	ease summarize the above of		llowing box:
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		ICMJE DISCI	OSURE FORM	
Date	e:06/11/2023			
You	r Name:Tommaso Ca	mpagnaro		
Mar	nuscript Title:A nov	el use of the Comprehensiv	ve Complication Index in perihilar cholangiocarcinoma s	urgery
rela part to ti	ted to the content of you ties whose interests may be ransparency and does not	manuscript. "Related" mea	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	following questions apply nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
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	em #1 below, report all su time frame for disclosure		d in this manuscript without time limit. For all other ite	ems,
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	
		relationship or indicate none (add rows as needed)	institution)	
		Time frame: Since the initial	planning of the work	
	All support for the present manuscript (e.g., funding,	xNone		

Time frame: past 36 months

\_x\_\_None

\_x\_\_None

\_x\_\_None

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

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

any entity (if not indicated

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5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
	Company for attanding	v. None	
7	Support for attending meetings and/or travel	xNone	
	meetings and/or travel		
8	Patents planned, issued or	x None	
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9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society,		
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11	Stock or stock options	x_None	
12	Receipt of equipment,	x None	
12	materials, drugs, medical	xNone	
	writing, gifts or other		
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13	Other financial or non-	x None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the	following box:
	The Author has no conflict of ir	nterest to declare.	

	ICMJE DISCLOSURE FORM					
Da	te:06/11/2023					
	ur Name: Mario De Bell	 is				
Ma	anuscript Title:A novel use of the Comprehensive Complication Index in perihilar cholangiocarcinoma surgery anuscript number (if known):					
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to me	the epidemiology of hypertedication, even if that medic	ension, you should declare cation is not mentioned in	·	ive		
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other it	tems,		
		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)			
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		needed)				
		Time frame: Since the initia	l planning of the work			
	All support for the present	xNone				
	manuscript (e.g., funding,					
	provision of study materials,					

Time frame: past 36 months

\_x\_\_None

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medical writing, article processing charges, etc.)

No time limit for this item.

Grants or contracts from

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Consulting fees

Royalties or licenses

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	educational events		
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7	Support for attending meetings and/or travel	xNone	
	meetings and/or travel		
8	Patents planned, issued or	x None	
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	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society,		
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11	Stock or stock options	x_None	
12	Receipt of equipment,	x None	
12	materials, drugs, medical	xNone	
	writing, gifts or other		
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13	Other financial or non-	x None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the	following box:
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## **ICMJE DISCLOSURE FORM**

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rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that ar ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmer If you are in doubt about whether to list a so.	
	e following questions apply	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertonication, even if that medic	ension, you should declare ation is not mentioned in topport for the work reporte	defined broadly. For example, if your manuscript pert all relationships with manufacturers of antihypertens the manuscript. d in this manuscript without time limit. For all other i	sive
		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.			
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		Time frame: past	36 months	
2	Grants or contracts from	xNone		
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	in item #1 above)			

Royalties or licenses

Consulting fees

x\_\_None

\_x\_\_None

5	Payment or honoraria for	_xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_xNone	
	testimony		
	Company for attanding	v. None	
7	Support for attending meetings and/or travel	xNone	
	meetings and/or travel		
8	Patents planned, issued or	x None	
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9	Participation on a Data	_xNone	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	xNone	
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11	Stock or stock options	x_None	
12	Receipt of equipment,	x None	
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	writing, gifts or other		
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13	Other financial or non-	x None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the	following box:
	The Author has no conflict of ir	nterest to declare.	

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	ICMJE DISCLOSURE FORM				
Dat	06/11/2023				
Υοι	Name:Andrea Ruzzenente				
Ma	uscript Title: A novel use of the Comprehensive Complication Index in perihilar cholangiocarcinoma surgery				
Ma	uscript number (if known):				
rela par to t	e interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are ed to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third es whose interests may be affected by the content of the manuscript. Disclosure represents a commitment insparency and does not necessarily indicate a bias. If you are in doubt about whether to list a conship/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 <u>current</u> manuscript only.				
to t	The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.				
	m #1 below, report all support for the work reported in this manuscript without time limit. For all other items, me frame for disclosure is the past 36 months.				
	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)				

		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).	x_None	
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	

5	Payment or honoraria for	_xNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events	• 1		
6	Payment for expert	_xNone		
	testimony			
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7	Support for attending meetings and/or travel	xNone		
	meetings and/or travel			
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9	Participation on a Data	_xNone		
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10	Leadership or fiduciary role	xNone		
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11	Stock or stock options	x_None		
12	Receipt of equipment,	x None		
12	materials, drugs, medical	xNone		
	writing, gifts or other			
	services			
13	Other financial or non-	_xNone		
	financial interests			
Please summarize the above conflict of interest in the following box:				
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	The Author has no conflict of interest to declare.			