

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ **1 September 2021** \_\_\_\_\_

Your Name: \_\_\_\_\_ **Tan To Cheung** \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ **Minimally-invasive liver resection for huge ( $\geq 10$  cm) tumors: an international multicenter matched cohort study with regression discontinuity analyses** \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_ **HBSN-21- 327** \_\_\_\_\_

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
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	
		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.**



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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ **1 September 2021** \_\_\_\_\_

Your Name: \_\_\_\_\_ **Rong Liu** \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ **Minimally-invasive liver resection for huge ( $\geq 10$  cm) tumors: an international multicenter matched cohort study with regression discontinuity analyses** \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_ **HBSN-21- 327** \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ **1 September 2021** \_\_\_\_\_

Your Name: \_\_\_\_\_ Gi-Hong Choi \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Minimally-invasive liver resection for huge ( $\geq 10$  cm) tumors: an international multicenter matched cohort study with regression discontinuity analyses

Manuscript number (if known): \_\_\_\_\_ **HBSN-21- 327** \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ **1 September 2021** \_\_\_\_\_

Your Name: \_\_\_\_\_ Nicholas L. Syn \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Minimally-invasive liver resection for huge ( $\geq 10$  cm) tumors: an international multicenter matched cohort study with regression discontinuity analyses

Manuscript number (if known): \_\_\_\_\_ **HBSN-21- 327** \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ **1 September 2021** \_\_\_\_\_

Your Name: \_\_\_\_\_ Charing C. Chong \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Minimally-invasive liver resection for huge ( $\geq 10$  cm) tumors: an international multicenter matched cohort study with regression discontinuity analyses

Manuscript number (if known): \_\_\_\_\_ **HBSN-21- 327** \_\_\_\_\_

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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	
		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	
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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	
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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ **1 September 2021** \_\_\_\_\_

Your Name: \_\_\_\_\_ **Marco Marino** \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ **Minimally-invasive liver resection for huge ( $\geq 10$  cm) tumors: an international multicenter matched cohort study with regression discontinuity analyses** \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_ **HBSN-21- 327** \_\_\_\_\_

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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	CAVA robotics LLC	Consultant fees
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:**

Dr Marino MV is a consultant for CAVA robotics LLC

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

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ **1 September 2021** \_\_\_\_\_

Your Name: \_\_\_\_\_ Mikel Gastaca \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Minimally-invasive liver resection for huge ( $\geq 10$  cm) tumors: an international multicenter matched cohort study with regression discontinuity analyses

Manuscript number (if known): \_\_\_\_\_ **HBSN-21- 327** \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ **1 September 2021** \_\_\_\_\_

Your Name: \_\_\_\_\_ Jae Hoon Lee \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Minimally-invasive liver resection for huge ( $\geq 10$  cm) tumors: an international multicenter matched cohort study with regression discontinuity analyses

Manuscript number (if known): \_\_\_\_\_ **HBSN-21- 327** \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ **1 September 2021** \_\_\_\_\_

Your Name: \_\_\_\_\_ T. Peter Kingham \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Minimally-invasive liver resection for huge ( $\geq 10$  cm) tumors: an international multicenter matched cohort study with regression discontinuity analyses

Manuscript number (if known): \_\_\_\_\_ **HBSN-21- 327** \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ **1 September 2021** \_\_\_\_\_

Your Name: \_\_\_\_\_ Mathieu D'Hondt

Manuscript Title: \_\_\_\_\_ Minimally-invasive liver resection for huge ( $\geq 10$  cm) tumors: an international multicenter matched cohort study with regression discontinuity analyses

Manuscript number (if known): \_\_\_\_\_ **HBSN-21- 327** \_\_\_\_\_

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
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	
		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: \_\_\_\_\_ **1 September 2021** \_\_\_\_\_

Your Name: \_\_\_\_\_ Sung Hoon Choi

Manuscript Title: \_\_\_\_\_ Minimally-invasive liver resection for huge ( $\geq 10$  cm) tumors: an international multicenter matched cohort study with regression discontinuity analyses

Manuscript number (if known): \_\_\_\_\_ **HBSN-21- 327** \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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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	
		None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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No conflict of interest to declare.
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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ **1 September 2021** \_\_\_\_\_

Your Name: \_\_\_\_\_ i Robert P. Sutcliffe

Manuscript Title: \_\_\_\_\_ Minimally-invasive liver resection for huge ( $\geq 10$  cm) tumors: an international multicenter matched cohort study with regression discontinuity analyses

Manuscript number (if known): \_\_\_\_\_ **HBSN-21- 327** \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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	
		None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ **1 September 2021** \_\_\_\_\_

Your Name: \_\_\_\_\_ Ho-Seong Han

Manuscript Title: \_\_\_\_\_ Minimally-invasive liver resection for huge ( $\geq 10$  cm) tumors: an international multicenter matched cohort study with regression discontinuity analyses

Manuscript number (if known): \_\_\_\_\_ **HBSN-21- 327** \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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	
		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	
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13	Other financial or non-financial interests	None	

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## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 2 September 2021 \_\_\_\_\_

Your Name: \_\_\_\_\_ Tang Chung Ngai \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Minimally-invasive liver resection for huge ( $\geq 10$  cm) tumors: an international multicenter matched cohort study with regression discontinuity analyses

Manuscript number (if known): \_\_\_\_\_ HBSN-21- 327 \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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:**

Nil
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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: \_\_\_\_\_ **1 September 2021** \_\_\_\_\_

Your Name: \_\_\_\_\_ **Johann Pratschke** \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ **Minimally-invasive liver resection for huge ( $\geq 10$  cm) tumors: an international multicenter matched cohort study with regression discontinuity analyses** \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_ **HBSN-21- 327** \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Intuitive Surgical	Research grant
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Johnson and Johnson Medtronic	honoraria honoraria
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:

Johann Pratschke reports a research grant from Intuitive Surgical Deutschland GmbH and personal fees or non-financial support from Johnson & Johnson, Medtronic, AFS Medical, Astellas, CHG Meridian, Chiesi, Falk Foundation, La Fource Group, Merck, Novartis, NCCCO, pharma consult Peterson, and Promedica.

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: \_\_\_\_\_ **1 September 2021** \_\_\_\_\_

Your Name: \_\_\_\_\_ Roberto I. Troisi

Manuscript Title: \_\_\_\_\_ Minimally-invasive liver resection for huge ( $\geq 10$  cm) tumors: an international multicenter matched cohort study with regression discontinuity analyses

Manuscript number (if known): \_\_\_\_\_ **HBSN-21- 327** \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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	
		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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**X I certify that I have answered every question and have not altered the wording of any of the questions on this form.**



5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Johnson & Johnson Transmedic	Speaker fees Proctor fees
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:**

Dr Goh BK has received travel grants and honorarium from Johnson and Johnson and Transmedic the local distributor for the Da Vinci Robot.

**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.**