ICMJE DISCLOSURE FORM

Date: 12/10/2021				
/our Name: Olivier Seror				
Manuscript Title: No touch radiofrequency ablation for hepatocellular carcinoma: a conceptual approach rather				
han an iron law				
Manuscript number (if known):HBSN-21-512				

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 <u>current</u> <u>manuscript only</u>.

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.

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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	Safety Monitoring Board or		
10	Advisory Board	Nese	
10	Leadership or fiduciary role in other board, society,	None	
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4.2			
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13	Other financial or non-	None	
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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:

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