Date: 12	/10/2021			
Your Name:	ROBERTO	BRUSADIN		

Manuscript Title: Development and internal validation of the Comprehensive ALPPS Preoperative Risk Assessment (CAPRA) Score: is the patient suitable for Associating Liver Partition and Portal vein ligation for Staged hepatectomy (ALPPS)?

Manuscript number (if known): HBSN-21-396

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 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.

		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 initi	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	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses		
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 testimony	_X_None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
13	Other financial or non- financial interests	None	

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

Minin

Date:12-10-2021					
Your Name	e:Ricardo Robles- Campos				
•	•	he Comprehensive ALPPS Preoperative Risk Assess Partition and Portal vein ligation for Staged hepate			

Manuscript number (if known): HBSN-21-396

(ALPPS)?

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.

		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) 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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	News	
13	financial interests	None	
	iniancial interests		
Ple	ase summarize the above co	nflict of interest in the fol	lowing hox:
	ase summarize the above to	inner or interest in the ro	
- 1			

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

Date: 11.10, 2021		
Your Name: Prof Dr mod	Franch Molinati	

Manuscript Title: Development and internal validation of the Comprehensive ALPPS Preoperative Risk Assessment (CAPRA) Score: is the patient suitable for Associating Liver Partition and Portal vein ligation for Staged hepatectomy (ALPPS)?

Manuscript number (if known): HBSN-21-396

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 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.

		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 initia	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		N/5
	No time limit for this item.		/ / /
			L.
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		100
	in item #1 above).		100
3	Royalties or licenses	None	
			Λ/D
			/ / /
4	Consulting fees	None	1

Payment or honoraria for	None	
ectures, presentations, speakers bureaus, manuscript writing or		No
educational events		
Payment for expert	None	
testimony		Na
		/ * 0
Support for attending meetings and/or travel	None	
		No
		L
Patents planned, issued or	None	
pending		100
Participation on a Data	None	
Safety Monitoring Board or		26
Advisory Board		10
Leadership or fiduciary role in other board, society,	None	1

		\mathcal{N} \mathcal{D}
	NI	
Stock or stock options		
	3/1	1/0
Receipt of equipment	None	
materials, drugs, medical writing, gifts or other	None	
		No
Other financial or non-	None	No
financial interests		1 2
F E F S A L i C E S F F N S C	Patents planned, issued or pending Board or Advisory Board Board Seadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	nanuscript writing or educational events Payment for expert estimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data and participation on a

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

Ch. ch

Prof. Dr. med. Katrin HoffmanpCMJE DISCLOSURE FORM

Date:	Universitätskiinikum Heidelberg Klinik für Allgemein-, Viszeral-		M.	10.7-1	, <u>, , , , , , , , , , , , , , , , , , </u>	
Your Name:	Im Neuenheimer Feld 420	MGI.	ON.	HOMMain		
Manuscript Ti	tle: Develଙ୍କ୍ରୀୟଥମାଖୋମ୍ୟାନୟ rnal v	álid á tior	of the (Comprehensive ALPP	S Preoperative Risk As	sessment
(CAPRA) Score	: is the patient suitable for Asso	ciating L	iver Part	ition and Portal vein	ligation for Staged he	patectomy
(ALPPS)?						

Manuscript number (if known): HBSN-21-396

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) Il 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 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	
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	

	•	
	•	

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

of, C Jaiv Kin Laiv

Date:12.10.2021_	1Fard-Aghaie, Mohammed-Hossein Development and internal validation of the Comprehensive ALPPS Preoperative Risk Assessment the patient suitable for Associating Liver Partition and Portal vein ligation for Staged hepatectomy
Your Name:	_ Fard-Aghaie, Mohammed-Hossein
Manuscript Title: De	evelopment and internal validation of the Comprehensive ALPPS Preoperative Risk Assessment
(CAPRA) Score: is the	e patient suitable for Associating Liver Partition and Portal vein ligation for Staged hepatectomy
(ALPPS)?	
Manuscript number	(if known): HBSN-21-396

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.

		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.	x_None	
		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 lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	x_None x_None	
	testimony		
7	Support for attending meetings and/or travel	xNone	
0	Datants planned issued or	v None	
8	Patents planned, issued or pending	x_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	x_None	

Please summarize the above conflict of interest in the following box:

None			

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

form.

Date:12.10.2021_	
Your Name:	Oldhafer, Karl Jürgen
Manuscript Title: De	evelopment and internal validation of the Comprehensive ALPPS Preoperative Risk Assessment
(CAPRA) Score: is the	e patient suitable for Associating Liver Partition and Portal vein ligation for Staged hepatectomy
(ALPPS)?	
Manuscript number	· (if known)· HBSN-21-396

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 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.

		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	
2	Grants or contracts from any entity (if not indicated	Time frame: past x_None	36 months
3	in item #1 above). 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		
6	Payment for expert	x None	
	testimony	<u>XNone</u>	
7	Support for attending meetings and/or travel	xNone	
	meetings and/or traver		
8	Patents planned, issued or	x_None	
	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		
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		

Please summarize the above conflict of interest in the following box:

None			

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

ICMJE DISCLOSUI	RE FORM
Date: 18/10/2021	
Your Name: As MUS 145 up 1	W
Manuscript Title: Development and internal validation of the Co	mprehensive ALPPS Preoperative Risk Assessment
(CAPRA) Score: is the patient suitable for Associating Liver Partit	on and Portal vein ligation for Staged hepatectomy
(ALPPS)?	
Manuscript number (if known): HBSN-21-396	
In the interest of transparency, we ask you to disclose all relationship arties whose interests may be affected by the content of the relationship/activity/interest, it is preferable that you do so.	y relation with for-profit or not-for-profit third nanuscript. Disclosure represents a commitment
The following questions apply to the author's relationships/act manuscript only.	ivities/interests as they relate to the <u>current</u>
The author's relationships/activities/interests should be <u>define</u> to the epidemiology of hypertension, you should declare all relamedication, even if that medication is not mentioned in the ma	ationships with manufacturers of antihypertensive
In item #1 below, report all support for the work reported in th the time frame for disclosure is the past 36 months.	is manuscript without time limit. For all other items,
Name all entities with Speci	fications/Comments
	if payments were made to you or to your
relationship or indicate institu	ution)
none (add rows as needed)	
Time frame: Since the initial planni	ng of the work
1 All support for the present None	

		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	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 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	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	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	

ease summarize the above conflict of interest in the following box:						

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

HH, 2 18/10/2021

Date	e:13.10.2021		
	r Name:Jun Li		
	PRA) Score: is the patient sui		the Comprehensive ALPPS Preoperative Risk Assessment Partition and Portal vein ligation for Staged hepatectomy
Man	uscript number (if known):	HBSN-21-396	
relat part to tr	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to th	_	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is	•	d in this manuscript without time limit. For all other items,
		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 initia	l 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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pas	t 36 months
3	Royalties or licenses	_xNone	

Consulting fees

x

_None

5	Payment or honoraria for	x None				
5		_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					
	<i>.</i>					
8	Patents planned, issued or	xNone				
	pending					
9	Participation on a Data	_xNone				
	Safety Monitoring Board or					
	Advisory Board					
10	Leadership or fiduciary role	x None				
10	in other board, society,	xnone				
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	x None				
11	Stock of Stock options	_xNone				
12	Receipt of equipment,	x_None				
	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or non-	xNone				
	financial interests					
Dloa	Please summarize the above conflict of interest in the following box:					
1 160	Se sammanze the above to	innet of interest in the folio	741116 80A.			

	Prof. ELIO JOVINE
ICMJE DISCLOSURE FORM	
ICIVISE DISCEOSORE FORIA	C.E. JVN LEI 56R14 F20511

	1 11 1		
Date:	10 Holal	2021	
Your Name:		JOULNE	

Manuscript Title: Development and internal validation of the Comprehensive ALPPS Preoperative Risk Assessment (CAPRA) Score: is the patient suitable for Associating Liver Partition and Portal vein ligation for Staged hepatectomy (ALPPS)?

Manuscript number (if known): HBSN-21-396

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.

		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)
	等的分别是一条。在	Time frame: Since the initi	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	
N/A		Time frame: pas	st 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	

;	products miles 23		
	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
	Payment for expert	None	
	testimony	None	
100	Support for attending	None	
	meetings and/or travel		
		Bully a State of Street of the State of	
	Patents planned, issued or	None	
	pending	Z	
	Participation on a Data	None	
	Safety Monitoring Board or	7	The second secon
4	Advisory Board		
0	Leadership or fiduciary role	None	
	in other board, society,	/	
	committee or advocacy		
	group, paid or unpaid	0	
1	Stock or stock options	None	
		2	
2	Receipt of equipment,	None	
_	materials, drugs, medical	None	
	writing, gifts or other	,	
	services	. /	
3	Other financial or non-	X None	
	financial interests		
		AND AND POST OF THE PROPERTY OF THE PARTY OF	

Date:_11 October 2021 **Your Name:** Matteo Serenari

Manuscript Title: Development and internal validation of the Comprehensive ALPPS Preoperative Risk Assessment (CAPRA) Score: is the patient suitable for Associating Liver Partition and Portal vein ligation for Staged hepatectomy

(ALPPS)?

Manuscript number (if known): HBSN-21-396

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.

		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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	ivo time inint for tims item.		
		Time from a real	26 m and h a
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
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	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
	. 5		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
DI		uflict of interest in the fell	owing how
riea	se summarize the above co	innet of interest in the foll	owing box:

Date:	5-10-21	
Your Name:	m B Olthot.	
Manuscript Title: D	velopment and internal validation	of the Comprehensive ALPPS Preoperative Risk Assessment
(CAPRA) Score: is th	patient suitable for Associating Liv	er Partition and Portal vein ligation for Staged hepatectomy
(ALPPS)?		
Manuscript numbe	(if known): HBSN-21-396	

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 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.

		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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
0	pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy	II'	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
_	materials, drugs, medical		
N.	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

lease summarize the above conflict of interest in the following box:			
		9	

Date: October 12, 2021	
Your Name: TM van Gulik_	
Manuscript Title: Developn	nent and internal validation of the Comprehensive ALPPS Preoperative Risk Assessme

Manuscript Title: Development and internal validation of the Comprehensive ALPPS Preoperative Risk Assessment (CAPRA) Score: is the patient suitable for Associating Liver Partition and Portal vein ligation for Staged hepatectomy (ALPPS)?

Manuscript number (if known): HBSN-21-396

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 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.

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

I have no disclosures			

Date	e:October 12, 202	21	
You	r Name: Ruslan Alikhanov		
(CAF			the Comprehensive ALPPS Preoperative Risk Assessment Partition and Portal vein ligation for Staged hepatectomy
-	nuscript number (if known):	HBSN-21-396	
relate part	ted to the content of your nies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are one any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply touscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to th	•	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	em #1 below, report all sup time frame for disclosure is		d in this manuscript without time limit. For all other items,
		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 initia	l 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 36 months
2	Grants or contracts from	None	

any entity (if not indicated

None

None

in item #1 above).

Royalties or licenses

Consulting fees

3

4

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:

Mikhail Efanov has no conflicts of interest or financial ties to disclose.
--

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

Date:	_October 12, 2021	
Your Name:	Mikhail Efanov	<i></i>
Manuscript Titl	le: Development and in	nternal validation of the Comprehensive ALPPS Preoperative Risk Assessment
(CAPRA) Score:	is the patient suitable	for Associating Liver Partition and Portal vein ligation for Staged hepatectomy
(ALPPS)?	·	
Manuscript nui	mber (if known): HBSN	I-21-396

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 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.

		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	
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	

Ρ	lease summarize tl	าe abo	ve confl	lict of	interest i	in t	he fo	llowir	ng k	OOX
---	--------------------	--------	----------	---------	------------	------	-------	--------	------	-----

w has no conflicts of interest or financial ties to disclose.

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

Epd-

Date	e:11.10.202_		
You	r Name:Gregor A. S	tavrou	
(CAF	· · · · · · · · · · · · · · · · · · ·		the Comprehensive ALPPS Preoperative Risk Assessment Partition and Portal vein ligation for Staged hepatectomy
Mar	nuscript number (if known):	HBSN-21-396	
rela part to ti	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	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 of you are in doubt about whether to list a soo.
	following questions apply touscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to th	• •	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all sup time frame for disclosure is		d in this manuscript without time limit. For all other items,
		Name all analates with	Constitution (Comments
		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 initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		

Royalties or licenses

Consulting fees

4

None

None

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
	. 5		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
DI		uflict of interest in the fell	owing how
riea	se summarize the above co	innet of interest in the foll	owing box:

Date: 11/10	2021		
Your Name:	BERGITHER	BOORNSON	

Manuscript Title: Development and internal validation of the Comprehensive ALPPS Preoperative Risk Assessment (CAPRA) Score: is the patient suitable for Associating Liver Partition and Portal vein ligation for Staged hepatectomy (ALPPS)?

Manuscript number (if known): HBSN-21-396

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 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.

		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		Time frame: Since the initi	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 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	X_None	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
l,	lectures, presentations, speakers bureaus, manuscript writing or educational events		la jakan		
6	Payment for expert testimony	<u>X</u> None			
7	Support for attending meetings and/or travel	None	1,2111		
	1				
8	Patents planned, issued or pending	_XNone			
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	 The second secon		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None			
11	Stock or stock options	None		4998-4	
L2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non- financial interests	<u> </u>			

Please summarize the above conflict of interest in the following box:

NOTA	ing to disclose	

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

Date:12.10.2021	
Your Name: Sandström, Per	
Manuscript Title: Developm	ent and internal validation of the Comprehensive ALPPS Preoperative Risk Assessment
(CAPRA) Score: is the patient	suitable for Associating Liver Partition and Portal vein ligation for Staged hepatectomy
(ALPPS)?	
Manuscript number (if know	/n): HBSN-21-396

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 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.

		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	
		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		
6	Payment for expert	x None	
	testimony	<u>XNone</u>	
7	Support for attending meetings and/or travel	xNone	
	meetings and/or traver		
8	Patents planned, issued or	x_None	
	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		
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		

Please summarize the above conflict of interest in the following box:

None			

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

Date:	13.10.2021
	:Ivan Capobianco
•	Title: Development and internal validation of the Comprehensive ALPPS Preoperative Risk Assessment ore: is the patient suitable for Associating Liver Partition and Portal vein ligation for Staged hepatectomy
Manuscript	number (if known): HBSN-21-396
related to t parties who to transpar	est of transparency, we ask you to disclose all relationships/activities/interests listed below that are he content of your manuscript. "Related" means any relation with for-profit or not-for-profit third ose interests may be affected by the content of the manuscript. Disclosure represents a commitment ency and does not necessarily indicate a bias. If you are in doubt about whether to list a o/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 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.

		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	x None			
5		_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				
	<i>.</i>				
8	Patents planned, issued or	xNone			
	pending				
9	Participation on a Data	_xNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	x None			
10	in other board, society,	xnone			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	x None			
11	Stock of Stock options	_xNone			
12	Receipt of equipment,	x_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	xNone			
	financial interests				
Dloa	Please summarize the above conflict of interest in the following box:				
1 160	Se sammanze the above to	innet of interest in the folio	741116 80A.		

Date: 11-10-2021

Your Name: Alfred Königsrainer

Manuscript Title: Development and internal validation of the Comprehensive ALPPS Preoperative Risk Assessment (CAPRA) Score: is the patient suitable for Associating Liver Partition and Portal vein ligation for Staged hepatectomy

(ALPPS)?

Manuscript number (if known): HBSN-21-396

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.

		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 initi	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	st 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	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		
5	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	

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

11-10-2021

Date	e:13.10.2021		
	r Name:Silvio Nadali		
(CAF	PRA) Score: is the patient sui PPS)?	table for Associating Liver I	he Comprehensive ALPPS Preoperative Risk Assessment Partition and Portal vein ligation for Staged hepatectomy
Mar	nuscript number (if known):	HBSN-21-396	
relate part to tr	ted to the content of your nies whose interests may be	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to th		nsion, you should declare	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript.
	em #1 below, report all sup time frame for disclosure is	•	l in this manuscript without time limit. For all other items,
		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 initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	_xNone	
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
2		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	_xNone	
	in item #1 above).		

Royalties or licenses

Consulting fees

4

None

_None

_x__

x

5	Payment or honoraria for	x None			
5		_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				
	<i>.</i>				
8	Patents planned, issued or	xNone			
	pending				
9	Participation on a Data	_xNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	x None			
10	in other board, society,	xnone			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	x None			
11	Stock of Stock options	_xNone			
12	Receipt of equipment,	x_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	xNone			
	financial interests				
Dloa	Please summarize the above conflict of interest in the following box:				
1 160	Se sammanze the above to	innet of interest in the folio	741116 80A.		

Date: 11.10.2021

Your Name: Lina Maria Serna Higuita

Manuscript Title: Development and internal validation of the Comprehensive ALPPS Preoperative Risk Assessment (CAPRA) Score: is the patient suitable for Associating Liver Partition and Portal vein ligation for Staged hepatectomy

(ALPPS)?

Manuscript number (if known): HBSN-21-396

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 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.

		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)
	L	Time frame: Since the initial	planning of the work
1	All support for the present	X None	
	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	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	X None	
	testimony		
_			
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
4.0	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	Artone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Diaa	usa suummarisa tha ahausa sa	nflist of interest in the falls	nuing hove
riea	se summarize the above co	muct of interest in the folio	AMILIE DOY:
1			

Date:12.10.2021_	
Your Name:	_ Muiesan, Paolo
Manuscript Title: De	evelopment and internal validation of the Comprehensive ALPPS Preoperative Risk Assessment
(CAPRA) Score: is th	e patient suitable for Associating Liver Partition and Portal vein ligation for Staged hepatectomy
(ALPPS)?	
Manuscrint number	· (if known)· HRSN-21-396

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 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.

		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	pranning of the work
		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		
6	Payment for expert	x None	
	testimony	<u>XNone</u>	
7	Support for attending meetings and/or travel	xNone	
	meetings and/or traver		
8	Patents planned, issued or	x_None	
	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		
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		

Please summarize the above conflict of interest in the following box:

None			

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

Date:12.10.2021_		
Your Name:	Andrea Schlegel	
Manuscript Title: De	elopment and internal validation of the Comprehensive ALPPS Preoperative Risk Asses	sment
(CAPRA) Score: is the	patient suitable for Associating Liver Partition and Portal vein ligation for Staged hepat	ectomy
(ALPPS)?		
Manuscript number	if known): HBSN-21-396	

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 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.

		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,	x_None	
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time mint for this item.		
		Time frame: past	26 months
2	Grants or contracts from	x_None	50 months
_	any entity (if not indicated	^_NONE	
	in item #1 above).		
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		
6	Payment for expert	x None	
	testimony	XNOTIC	
	testimony		
-	C	N.	
7	Support for attending	xNone	
	meetings and/or travel		
8	Patents planned, issued or	x_None	
	pending	<u>x_itolic</u>	
	periumg		
9	Participation on a Data	x None	
9	Safety Monitoring Board or	x_None	
	Advisory Board		
10		Nava	
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, 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 fo	llowing hox:
	ase sammanze the above t		notting som
	None		
	None		

Date: Nov 10 th 2021			
our Name: Roberto Hernandez-Alejandro Ianuscript Title: Development and internal validation of the Comprehensive ALPPS Preoperative Risk Assessment			
Manuscript Title: Development and internal validation of the Comprehensive ALPPS Preoperative Risk Assessment			
CAPRA) Score: is the patient suitable for Associating Liver Partition and Portal vein ligation for Staged hepatectomy			
ALPPS)?			
Manuscript number (if known): HBSN-21-396			

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.

		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	_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	XNone	
4	Consulting fees	X_None	

		-	
5	Payment or honoraria for	X None	
,	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	g. aa, a. a.a.a.		
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	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the f	ollowing box:

form.

Date:12.10.20	21
Your Name:	Tun-Abraham, Mauro Enrique
Manuscript Title	: Development and internal validation of the Comprehensive ALPPS Preoperative Risk Assessment
(CAPRA) Score: is	s the patient suitable for Associating Liver Partition and Portal vein ligation for Staged hepatectomy
(ALPPS)?	
Manuscript num	ber (if known): HBSN-21-396

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.

		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) 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.	x_None	
		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 lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	x_None x_None	
	testimony		
7	Support for attending meetings and/or travel	xNone	
0	Datants planned issued or	v None	
8	Patents planned, issued or pending	x_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	x_None	

Please summarize the above conflict of interest in the following box:

None			

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

form.

Date:12.10.2021_		
Your Name:	Linecker, Michael	_
Manuscript Title: De	velopment and internal validation of the Comprehensive ALPPS Preoperative Risk Assessm	ent
(CAPRA) Score: is th	patient suitable for Associating Liver Partition and Portal vein ligation for Staged hepatect	omy
(ALPPS)?		·
Manuscript number	(if known): HBSN-21-396	

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 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.

		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	
2	Grants or contracts from	Time frame: past x_None	36 months
	any entity (if not indicated in item #1 above).		
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		
6	Payment for expert	x None	
	testimony	<u>XNone</u>	
7	Support for attending meetings and/or travel	xNone	
	meetings and/or traver		
8	Patents planned, issued or	x_None	
	pending		
	1 · · · · · · · · · · · · · · · · · · ·		
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		
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		

Please summarize the above conflict of interest in the following box:

None			

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

Date:12.10.2021_	
Your Name:	Petrowsky, Henrik
Manuscript Title: De	evelopment and internal validation of the Comprehensive ALPPS Preoperative Risk Assessment
(CAPRA) Score: is the	e patient suitable for Associating Liver Partition and Portal vein ligation for Staged hepatectomy
(ALPPS)?	
Manuscrint number	(if known): HRSN-21-396

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 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.

		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	
		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		
6	Payment for expert	x None	
	testimony	<u>XNone</u>	
7	Support for attending meetings and/or travel	xNone	
	meetings and/or traver		
8	Patents planned, issued or	x_None	
	pending		
	1 · · · · · · · · · · · · · · · · · · ·		
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		
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	x None	
	financial interests		

Please summarize the above conflict of interest in the following box:

None			

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