

## ICMJE DISCLOSURE FORM

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.

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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>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

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.

*Primer*

## ICMJE DISCLOSURE FORM

Date: 12-10-2021

Your Name: Ricardo Robles- Campos

**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

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**ICMJE DISCLOSURE FORM**

Date: 11.10.2021

Your Name: Prof. Dr. med. Arianeh Mehrabi

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

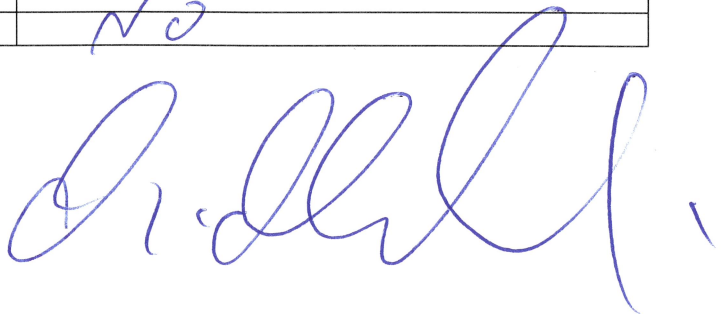
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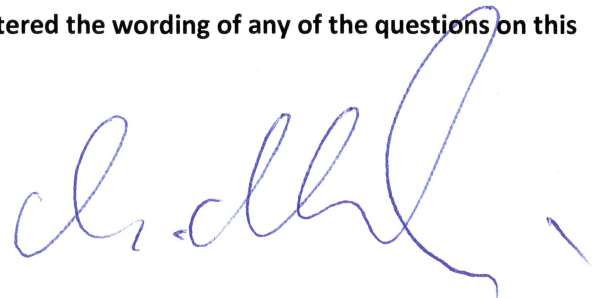


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**Prof. Dr. med. Katrin Hoffmann CMJE DISCLOSURE FORM**

Universitätsklinikum Heidelberg

Klinik für Allgemein-, Viszeral-

und Transplantationschirurgie

Im Neuenheimer Feld 420

*11.10.21*

*Prof. Dr. Hoffmann Kamm*

Date:

Your Name:

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)?

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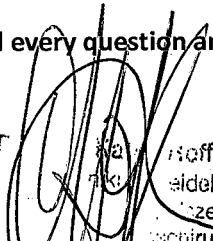
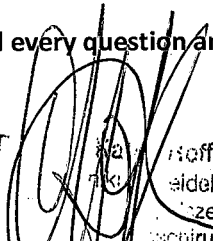
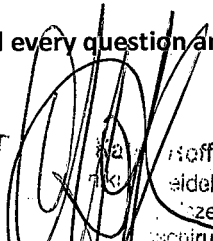
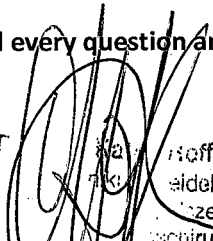


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Prof. Dr.  Hoffmann  
 Univ.  Heidelberg  
 Klin.  Herzal-  
 Lin.  Medizinische

## ICMJE DISCLOSURE FORM

Date: 12.10.2021

Your Name: Fard-Aghaie, Mohammed-Hossein

**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

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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).	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	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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**form.**

## ICMJE DISCLOSURE FORM

Date: 12.10.2021

Your Name: Oldhafer, Karl Jürgen

**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)?

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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	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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None

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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.**

**ICMJE DISCLOSURE FORM**

Date: 18/10/2021

Your Name: AS MLC HSE4DAMN

**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

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HH, 2 18/10/2021 



## ICMJE DISCLOSURE FORM

Date: 13.10.2021

Your Name: Jun Li

**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

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ICMJE DISCLOSURE FORM

Prof. ELIO JOVINE  
C.F. JVN LEI 56R14 F205U

Date: 11/04/2021

Your Name: ELIO JOVINE

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)?

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## ICMJE DISCLOSURE FORM

**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)?

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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:**

**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: 13-10-21

Your Name: Pim B Oltorf

**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 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.

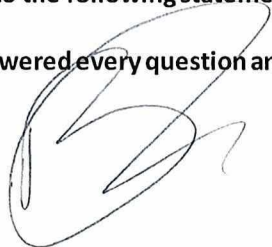
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_____ None	
3	Royalties or licenses	_____ None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____ None	
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11	Stock or stock options	_____ None	
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13	Other financial or non-financial interests	_____ None	

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

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:** October 12, 2021 \_\_\_\_\_

**Your Name:** TM van Gulik \_\_\_\_\_

**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

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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	
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:**

I have no disclosures

**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: October 12, 2021

Your Name: **Ruslan Alikhanov**

**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

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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	
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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:**

**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: October 12, 2021

Your Name: Mikhail Efanov

**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

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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	
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:**

**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: 11.10.202

Your Name: Gregor A. Stavrou

**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

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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:**

**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: 11/10/2021

Your Name: BERGTHOR BJORNSSON

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.

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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>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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

*Nothing to disclose*

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.

*Boyd S.*

## ICMJE DISCLOSURE FORM

Date: 12.10.2021

Your Name: Sandström, Per \_\_\_\_\_

**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

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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>	x_None	
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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	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:**

**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: 13.10.2021

Your Name: Ivan Capobianco

**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

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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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.**

## ICMJE DISCLOSURE FORM

**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

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13	Other financial or non-financial interests	___ None	

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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





## ICMJE DISCLOSURE FORM

Date: 13.10.2021

Your Name: Silvio Nadalin

**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

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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.**

## ICMJE DISCLOSURE FORM

**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.

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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).	<b>X</b> None	
3	Royalties or licenses	<b>X</b> None	
4	Consulting fees	<b>X</b> None	

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

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

**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: 12.10.2021

Your Name: Muiesan, Paolo

**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

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## ICMJE DISCLOSURE FORM

Date: 12.10.2021

Your Name: Andrea Schlegel

**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

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## ICMJE DISCLOSURE FORM

Date: Nov 10<sup>th</sup> 2021 \_\_\_\_\_

Your Name: Roberto Hernandez-Alejandro \_\_\_\_\_

**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

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## ICMJE DISCLOSURE FORM

Date: 12.10.2021

Your Name: Tun-Abraham, Mauro Enrique

**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

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## ICMJE DISCLOSURE FORM

Date: 12.10.2021

Your Name: Linecker, Michael

**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)?

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## ICMJE DISCLOSURE FORM

Date: 12.10.2021

Your Name: Petrowsky, Henrik

**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)?

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