### ICMJE DISCLOSURE FORM

Date:	2022-06-08	
Your Name:	Qingbo Fe	ng
Manuscript Title:	Is liver t	ransplantation superior to liver resection for hepatocellular carcinoma
within Mil	lan criteria?	
Manuscript numl	ber (if known):	HBSN-22- 196

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>

manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains

to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

the time frame for disclosure is the past 36 months.

	Ti	Name all entities with whom you have this relationship or indicate none (add rows as needed) me frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
1		None	- pranning or the morn
	All support for the present manuscript (e.g., funding,	None	
	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	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	Cupport for attanding	None	
1	Support for attending meetings and/or travel	None	
	· ·		
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data Safety Monitoring Board	None	
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	None	
' '	Stock of Stock options	140116	
12	Receipt of equipment,	None	
-	materials, drugs, medical	-	
	writing, gifts or other		
13	services Other financial or non-	None	
13	financial interests	INUITE	
	manolal intorosts		
DI	acco cummariza the cha	va conflict of interest i	n the following how

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

No conflict of interest to declare.

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

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

# **ICMJE DISCLOSURE FORM**

Dat	ate: 2022-06-08	<del></del>
YOU	our Name:Jiaxin Li	
IVIA	lanuscript Title: Is liver transplantation superior to li within Milan criteria?	ver resection for nepatocellular carcinoma
Maı	lanuscript number (if known):HBSN-22- 196	<del></del>
	n the interest of transparency, we ask you to disclo	se all relationships/activities/interests listed belov
rela thir	elated to the content of your manuscript. "Related" nird	means any relation with for-profit or not-for-profi
•	arties whose interests may be affected by the cont ommitment	ent of the manuscript. Disclosure represents a
	o transparency and does not necessarily indicate a elationship/activity/interest, it is preferable that you	
cur	he following questions apply to the author's relation urrent nanuscript only.	nships/activities/interests as they relate to the
	he author's relationships/activities/interests should	d be <u>defined broadly</u> . For example, if your
to t	o the epidemiology of hypertension, you should dentify the state of the properties of the state	
	n item #1 below, report all support for the work repo ther items,	orted in this manuscript without time limit. For all
the	ne time frame for disclosure is the past 36 months.	
	Name all entities with	pecifications/Comments
	whom you have this (	e.g., if payments were made to you or to your nstitution)

		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)
	Ti	me 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: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above)	None	
	in item #1 above).		

3	Royalties or licenses	None	
	.,		
4	Consulting fees	None	
	<del></del>		
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Company for attending	None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
44	unpaid	Nege	
11	Stock or stock options	None	
12	Descipt of equipment	None	
12	Receipt of equipment, materials, drugs, medical	NOTE	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

No conflict of interest to declare.		

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

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

#### ICMJE DISCLOSURE FORM

Date:2022-	06-08
Your Name:	Yong Zeng
Manuscript Title:	Is liver transplantation superior to liver resection for hepatocellular carcinoma
within Mil	an criteria?
Manuscript numb	per (if known):HBSN-22-196

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>

#### manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains

to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

the time frame for disclosure is the past 36 months.

		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)
	Ti	me 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: 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
_	Consuming rees	None
5	Payment or honoraria for	None
	lectures, presentations,	
	speakers bureaus, manuscript writing or	
6	educational events	None
О	Payment for expert testimony	None
	lestimony	
7	Support for attending	None
	meetings and/or travel	110.10
	<b>9</b> 2.2.2.2.2.0.	
8	Patents planned, issued or pending	None
0		None
	or penaling	
9	Participation on a Data	None
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary	None
	role in other board,	
	society, committee or	
	advocacy group, paid or	
11	unpaid Stock or stock options	None
''	Otook of Stook options	HOILO
12	Receipt of equipment,	None
	materials, drugs, medical	
	writing, gifts or other	
4.0	services	
13	Other financial or non- financial interests	None
	ilitaticiai interests	

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

No conflict of interest to declare		

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

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