

ICMJE DISCLOSURE FORM

Date: 4/1/2022

Your Name: Cynthia Sin Nga Lam

Manuscript Title: A Machine Learning Model to Personalize Post-Hepatectomy Prognostications for Colorectal Liver Metastasis

Manuscript number (if known): HBSN-21-453

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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Time frame: past 36 months			
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4	Consulting fees	None	

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ICMJE DISCLOSURE FORM

Date: 4/1/2022

Your Name: Alina Ashok Bharwani

Manuscript Title: A Machine Learning Model to Personalize Post-Hepatectomy Prognostications for Colorectal Liver Metastasis

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ICMJE DISCLOSURE FORM

Date: 4/1/2022

Your Name: Evelyn Hui Yi Chan

Manuscript Title: A Machine Learning Model to Personalize Post-Hepatectomy Prognostications for Colorectal Liver Metastasis

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Evelyn Chan

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Date: 4/1/2022

Your Name: Vernice Hui Yan Chan

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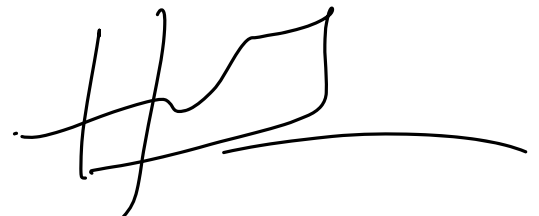
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Date: 4/1/2022

Your Name: Margaret Kay Ho

Manuscript Title: A Machine Learning Model to Personalize Post-Hepatectomy Prognostications for Colorectal Liver Metastasis

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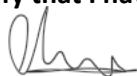
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Date: 4/1/2022

Your Name: Shireen Rashed

Manuscript Title: A Machine Learning Model to Personalize Post-Hepatectomy Prognostications for Colorectal Liver Metastasis

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Shirvan Rashed

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Date: 4/1/2022

Your Name: Bernard Ming Hong Kwong

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Date: 4/1/2022
 Your Name: FANG Wentao

Manuscript Title: A Machine Learning Model to Personalize Post-Hepatectomy Prognostications for Colorectal Liver Metastasis

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ICMJE DISCLOSURE FORM

Date: 05/01/2022

Your Name: Dr. Ma Ka Wing

Manuscript Title: A Machine Learning Model to Personalize Post-Hepatectomy Prognostications for Colorectal Liver Metastasis

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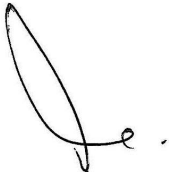
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Date: 05/01/2022

Your Name: Prof. Lo Chung Mau

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Date: 05/01/2022

Your Name: Dr. Cheung Tan To

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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:

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.