

ICMJE DISCLOSURE FORM

Date: September 6th, 2022
 Your Name: Caterina Cusumano
 Manuscript Title: Prevention of Post-Hepatectomy Liver Failure after Major Resection of Colorectal Liver Metastases: Is Hepato-Biliary Scintigraphy the Optimal Tool?
 Manuscript number (if known): ATM-22-3665

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)
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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
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:

None.

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: 02/09/2022
 Your Name: Emmanuel Deshayes
 Manuscript Title: Prevention of Post-Hepatectomy Liver Failure after Major Resection of Colorectal Liver Metastases: Is Hepato-Biliary Scintigraphy the Optimal Tool?
 Manuscript number (if known): ATM-22-3665

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None.

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ICMJE DISCLOSURE FORM

Date: September 6th, 2022 _____

Your Name: Boris Guiu _____

Manuscript Title: **Prevention of Post-Hepatectomy Liver Failure after Major Resection of Colorectal Liver Metastases: Is Hepato-Biliary Scintigraphy the optimal tool?**

Manuscript number (if known): _____

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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: 06/09/2022

Your Name: de MEEUS Guillaume

Manuscript Title: Prevention of Post-Hepatectomy Liver Failure after Major Resection of Colorectal Liver Metastases: Is Hepato-Biliary Scintigraphy the Optimal Tool ?

Manuscript number (if known):

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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	
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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: September 5th, 2022 _____

Your Name: Sébastien Carrère

Manuscript Title: **Prevention of Post-Hepatectomy Liver Failure after Major Resection of Colorectal Liver Metastases: Is Hepato-Biliary Scintigraphy the optimal tool?**

Manuscript number (if known): _____

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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: 02/09/2022

Your Name: Bouillin Alix

Manuscript Title: **Prevention of Post-Hepatectomy Liver Failure after Major Resection of Colorectal Liver Metastases: Is Hepato-Biliary Scintigraphy the Optimal Tool?**

Manuscript number (if known):

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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: 07/09/2022

Your Name: Diana Ilonca

Manuscript Title: **Prevention of Post-Hepatectomy Liver Failure after Major Resection of Colorectal Liver Metastases: Is Hepato-Biliary Scintigraphy the Optimal Tool?**

Manuscript number (if known):

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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: 07/09/2022

Your Name: Marie Claude Eberle

Manuscript Title: **Prevention of Post-Hepatectomy Liver Failure after Major Resection of Colorectal Liver Metastases: Is Hepato-Biliary Scintigraphy the Optimal Tool?**

Manuscript number (if known):

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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: 07/09/2022

Your Name: __Sophie Guillemard

Manuscript Title: Prevention of Post-Hepatectomy Liver Failure after Major Resection of Colorectal Liver Metastases: Is Hepato-Biliary Scintigraphy the Optimal Tool?

Manuscript number (if known):

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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: Septembre 2nd 2022

Your Name: Cyril FERSING

Manuscript Title: Prevention of Post-Hepatectomy Liver Failure after Major Resection of Colorectal Liver Metastases: Is Hepato-Biliary Scintigraphy the Optimal Tool?

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 7th of September 2022

Your Name: _____Olivia Sgarbura_

Manuscript Title: Prevention of Post-Hepatectomy Liver Failure after Major Resection of Colorectal Liver Metastases: Is Hepato-Biliary Scintigraphy the Optimal Tool ?

Manuscript number (if known): _____

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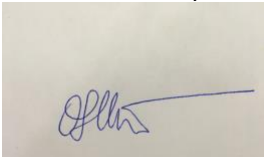
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4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	Lecturer for the <i>Seoul International Symposium of Surgical Oncology 2022</i>
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 type="checkbox"/> None	European Society for Surgical Oncology – communication board French Society for Surgical Oncology – director’s board French Network for the Peritoneum (RENAPE) - board
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:

The author is honoraria as a lecturer at the Seoul International Symposium of Surgical Oncology 2022, and the member in the communication board of the European Society for Surgical Oncology and in the directors’ board for the French Society for Surgical Oncology and the French Network for the Peritoneum (RENAPE).



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

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ICMJE DISCLOSURE FORM

Date: September 6th

Your Name: Francois Quenet

Manuscript Title: Prevention of Post-Hepatectomy Liver Failure after Major Resection of Colorectal Liver Metastases: Is Hepato-Biliary Scintigraphy the Optimal Tool?

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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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