Date: September 20, 2022 Your Name: Keisuke Omiya Manuscript Title: Randomized controlled trial of the effect of hyperinsulinemic normoglycemia during liver resection on postoperative hepatic function and surgical site infection Manuscript number (if known):______

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. | | |
| | | | |
| | | | |
| | | 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 | | |
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| | | | |
| 8 | Patents planned, issued or | _✔None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | _√None | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | | | |
| 10 | Leadership or fiduciary role in other board, society, | _✓None | |
| | 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 | | |
| | | | |

None.

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

Date: September 20, 2022 Your Name: Bon-Wook Koo Manuscript Title: Randomized controlled trial of the effect of hyperinsulinemic normoglycemia during liver resection on postoperative hepatic function and surgical site infection Manuscript number (if known):______

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) |
|---|--|--|---|
| 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. | Time frame: Since the initial√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 | VNone | |
| 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 | | | |
| 10 | Leadership or fiduciary role in other board, society, | _✓None | |
| | 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 | | |
| | | | |

None.

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

Date: September 20, 2022 Your Name: Hiroaki Sato Manuscript Title: Randomized controlled trial of the effect of hyperinsulinemic normoglycemia during liver resection on postoperative hepatic function and surgical site infection Manuscript number (if known):______

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. | | |
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| | | | |
| | | Time from a locat | 26 months |
| 2 | | 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 | | |
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| 8 | Patents planned, issued or | _✔None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | _√None | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | | | |
| 10 | Leadership or fiduciary role in other board, society, | _✓None | |
| | 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 | | |
| | | | |

None.

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

Date: September 20, 2022 Your Name: Tamaki Sato Manuscript Title: Randomized controlled trial of the effect of hyperinsulinemic normoglycemia during liver resection on postoperative hepatic function and surgical site infection Manuscript number (if known):______

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) |
|---|--|--|---|
| 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. | Time frame: Since the initial✓None | planning of the work |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | VNone | |
| 4 | Consulting fees | VNone | |

| 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 | | |
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| | | | |
| 8 | Patents planned, issued or | _✔None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | _√None | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | | | |
| 10 | Leadership or fiduciary role in other board, society, | _✓None | |
| | 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 | | |
| | | | |

None.

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

Date: July 20, 2022 Your Name: Stanislas Kandelman Manuscript Title: Randomized controlled trial of the effect of hyperinsulinemic normoglycemia during liver resection on postoperative hepatic function and surgical site infection Manuscript number (if known):______

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>.

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| | | 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 | 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. | Time frame: Since the initial√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 | VNone | |
| 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 | | |
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| 8 | Patents planned, issued or | _✔None | |
| | pending | | |
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| 9 | Participation on a Data | _√None | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | | | |
| 10 | Leadership or fiduciary role in other board, society, | _✓None | |
| | 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 | | |
| | | | |

None.

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

Date: September 20, 2022 Your Name: Abdulwahaab Nooh Manuscript Title: Randomized controlled trial of the effect of hyperinsulinemic normoglycemia during liver resection on postoperative hepatic function and surgical site infection Manuscript number (if known):______

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>.

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| | | 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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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | VNone | |
| 4 | Consulting fees | VNone | |

| 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 | | |
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| | | | |
| 8 | Patents planned, issued or | _✔None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | _√None | |
| | Safety Monitoring Board or Advisory Board | | |
| 10 | | | |
| 10 | Leadership or fiduciary role in other board, society, | _✓None | |
| | 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 | | |
| | | | |

None.

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

Date: September 20, 2022 Your Name: Thomas Schricker Manuscript Title: Randomized controlled trial of the effect of hyperinsulinemic normoglycemia during liver resection on postoperative hepatic function and surgical site infection Manuscript number (if known):______

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. | _√None | | | |
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| | | T: | | | |
| | | 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 | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | _√None | |
|----|--|--------|--|
| | | | |
| | | | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert | ✓ None | |
| 0 | testimony | | |
| | testimony | | |
| 7 | Support for attending | ✓ None | |
| ' | meetings and/or travel | | |
| | с , | | |
| | | | |
| 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 | | _✔None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical | _✔None | |
| | | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | ✓ None | |
| 13 | financial interests | | |
| | | | |
| | | | |

None.

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