| Date: | 5/18/2021 |
|-------------|--|
| Your Name: | Yuchen Wu |
| Manuscript: | itle: Risk scoring system for recurrence after simultaneous resection of colorectal cancer liver |
| | netastasis |
| Manuscript | umber (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 | 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 | |
| | | |
| | | |
| 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 | 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: | 5/18/2021 |
|--------------|---|
| Your Name: | Tianan Guo |
| Manuscript: | Title: Risk scoring system for recurrence after simultaneous resection of colorectal cancer liver |
| | netastasis |
| Manuscript i | umber (if known): |

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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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|---|-------------------------------|--|---|
| | | 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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| 4 | Consulting fees | None | |
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| | speakers bureaus, | |
| | manuscript writing or | |
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| | in other board, society, committee or advocacy | |
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| 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: | 5/18/2021 |
|-------------|---|
| Your Name: | Zhenhong Xu |
| Manuscript: | Title: Risk scoring system for recurrence after simultaneous resection of colorectal cancer liver |
| - | metastasis |
| 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) |
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| | | Time frame: Since the initial | planning of the work |
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| | manuscript (e.g., funding, | | |
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| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | | |
| | | 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 | |
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| | , lectures, presentations, | |
| | speakers bureaus, | |
| | manuscript writing or | |
| | educational events | |
| 6 | Payment for expert | None |
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| 7 | Support for attending | None |
| | meetings and/or travel | |
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| 8 | Patents planned, issued or | None |
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| 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 | 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: | 5/18/2021 |
|-------------|---|
| Your Name: | Fanggi Liu |
| Manuscript: | Title: Risk scoring system for recurrence after simultaneous resection of colorectal cancer liver |
| - | metastasis |
| 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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| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | None | |
| | manuscript (e.g., funding, | | |
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| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
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| | , lectures, presentations, | |
| | speakers bureaus, | |
| | manuscript writing or | |
| | educational events | |
| 6 | Payment for expert | None |
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| 7 | Support for attending | None |
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| 8 | Patents planned, issued or | None |
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| 9 | Participation on a Data | None |
| | Safety Monitoring Board or | |
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| 10 | Leadership or fiduciary role | None |
| | in other board, society, 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: | 5/18/2021 |
|--------------|---|
| Your Name: | Sanjun Cai |
| Manuscript: | Title: Risk scoring system for recurrence after simultaneous resection of colorectal cancer liver |
| • | metastasis |
| Manuscript I | 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.

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| 10 | Leadership or fiduciary role | None |
| | in other board, society, | |
| | committee or advocacy | |
| 11 | group, paid or unpaid Stock or stock options | None |
| 11 | Stock of Stock options | |
| | | |
| 12 | Receipt of equipment, | None |
| 12 | materials, drugs, medical | |
| | writing, gifts or other | |
| | services | |
| 13 | Other financial or non- | None |
| | financial interests | |
| | | |
| 13 | services Other financial or non- | None Contraction C |

None.

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

| Date: | 5/18/2021 | |
|--------------|-------------------------------|--|
| Your Name: | Lu Wang | |
| Manuscript: | Title: Risk scoring system fo | r recurrence after simultaneous resection of colorectal cancer liver |
| | <u>metastasis</u> | |
| Manuscript i | 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.

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| | , lectures, presentations, | |
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| 6 | Payment for expert | None |
| | testimony | |
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| 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 | Leadership or fiduciary role | None |
| | in other board, society, 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: | 5/18/2021 | |
|--------------|------------------------------|---|
| Your Name: | Ye Xu | |
| Manuscript: | Title: Risk scoring system f | or recurrence after simultaneous resection of colorectal cancer liver |
| | <u>metastasis</u> | |
| Manuscript I | number (if known): | |

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