

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Rodrigo

2. Surname (Last Name)  
Surjan

3. Date  
07-October-2018

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Advanced hepatocellular carcinoma with portal tumor thrombosis in cirrhotic patient: laparoscopic right hepatectomy with vascular reconstruction

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Surjan has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Fabio	2. Surname (Last Name) Makdissi	3. Date 07-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Rodrigo Canada Surjan
5. Manuscript Title Advanced hepatocellular carcinoma with portal tumor thrombosis in cirrhotic patient: laparoscopic right hepatectomy with vascular reconstruction		
6. Manuscript Identifying Number (if you know it)  		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Makdissi has nothing to disclose.

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1. Given Name (First Name) Tiago	2. Surname (Last Name) Basseres	3. Date 07-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Rodrigo Canada Surjan
5. Manuscript Title Advanced hepatocellular carcinoma with portal tumor thrombosis in cirrhotic patient: laparoscopic right hepatectomy with vascular reconstruction		
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Dr. Basseres has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Marcel

2. Surname (Last Name)  
Machado

3. Date  
07-October-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Rodrigo Canada Surjan

5. Manuscript Title

Advanced hepatocellular carcinoma with portal tumor thrombosis in cirrhotic patient: laparoscopic right hepatectomy with vascular reconstruction

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Dr. Machado has nothing to disclose.

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