Date: 2022-8-18	
Your Name:Tong Zhang	
Manuscript Title: Preoperative evaluation of liver regeneration following hepatectomy in hepatocellular carcinoma us	ing
magnetic resonance elastography	
Manuscript number (if known): QIMS-22-306-R3	

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 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)
		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

				_
5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
6	educational events	V None		
6	Payment for expert testimony	XNone		
	testimony			
7	Support for attending	× None		
′	meetings and/or travel	None		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
42	Advisory Board			
10	Leadership or fiduciary role	X_None		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	× None		
				Г
12	Receipt of equipment,	× None		
	materials, drugs, medical			_
	writing, gifts or other			
	services			_
13	Other financial or non-	XNone		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the fol	lowing box:	
	No conflict of interest to declare	2		
1				

Date:	2022-8-18
Your Nar	ne: Qian Li
Manuscr	ipt Title: Preoperative evaluation of liver regeneration following hepatectomy in hepatocellular carcinoma using
magnetic	c resonance elastography
Manuscr	ipt number (if known): QIMS-22-306-R3

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

				_
5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
6	educational events	V None		
6	Payment for expert testimony	XNone		
	testimony			
7	Support for attending	× None		
′	meetings and/or travel	None		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
42	Advisory Board			
10	Leadership or fiduciary role	X_None		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	× None		
				Г
12	Receipt of equipment,	× None		
	materials, drugs, medical			_
	writing, gifts or other			
	services			_
13	Other financial or non-	XNone		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the fol	lowing box:	
	No conflict of interest to declare	2		
1				

Date:	<u>2022-8-18</u>
Your Nai	me: <u>Yi Wei</u>
Manuscr	ript Title: Preoperative evaluation of liver regeneration following hepatectomy in hepatocellular carcinoma using
magneti	c resonance elastography
Manuscr	ript number (if known): OIMS-22-306-R3

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Science and Technology Support Program of Sichuan Province (No. 2021YFS0144) China Postdoctoral Science	To my institution (West China Hospital, Sichuan University) To my institution (West China Hospital, Sichuan
	No time limit for this item.	Foundation (No. 2021M692289) Post-Doctor Research Project, West China Hospital, Sichuan University (No. 2020HXBH130)	University) To my institution (West China Hospital, Sichuan University)
		Time frame: past	36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
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	XNone	
13	Other financial or non- financial interests	XNone	

Please summarize the above conflict of interest in the following box:

No conflict of interest to declare

Date:	<u>2022-8-18</u>
Your Na	me: <u>Shan Yao</u>
Manusc	ript Title: Preoperative evaluation of liver regeneration following hepatectomy in hepatocellular carcinoma using
magnet	ic resonance elastography
Manusc	ript number (if known): QIMS-22-306-R3

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

				_
5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
6	educational events	V None		
6	Payment for expert testimony	XNone		
	testimony			
7	Support for attending	× None		
′	meetings and/or travel	None		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
42	Advisory Board			
10	Leadership or fiduciary role	X_None		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	× None		
				Г
12	Receipt of equipment,	× None		
	materials, drugs, medical			_
	writing, gifts or other			
	services			_
13	Other financial or non-	XNone		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the fol	lowing box:	
	No conflict of interest to declare	2		
1				

Date: 2022-8-18	
Your Name: Yuan Yuan	
Manuscript Title: Preoperative evaluation of liver regeneration following hepatectomy in hepatocellular carcinom	ia using
magnetic resonance elastography	
Manuscript number (if known): QIMS-22-306-R3	

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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	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
6	educational events	V None		
6	Payment for expert testimony	XNone		
	testimony			
7	Support for attending	× None		
′	meetings and/or travel	None		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
40	Advisory Board			
10	Leadership or fiduciary role	X_None		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	× None		
				Г
12	Receipt of equipment,	× None		
	materials, drugs, medical			_
	writing, gifts or other			
	services			_
13	Other financial or non-	XNone		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the fol	lowing box:	
	No conflict of interest to declare	2		
1				

Date:	<u>2022-8-18</u>
Your Na	me: <u>Liping Deng</u>
Manusc	ript Title: <u>Preoperative evaluation of liver regeneration following hepatectomy in hepatocellular carcinoma using</u>
magneti	c resonance elastography
Manusc	ript number (if known): QIMS-22-306-R3

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
6	educational events	V None		
6	Payment for expert testimony	XNone		
	testimony			
7	Support for attending	× None		
′	meetings and/or travel	None		
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	XNone		
	Safety Monitoring Board or			
40	Advisory Board			
10	Leadership or fiduciary role	X_None		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	× None		
				Г
12	Receipt of equipment,	× None		
	materials, drugs, medical			_
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Plea	ase summarize the above co	nflict of interest in the fol	lowing box:	
	No conflict of interest to declare	2		
1				

Date: <u>2022-8-18</u>	
Your Name: Dongbo Wu	
Manuscript Title: Preoperative evaluation of liver regeneration following hepatectomy in hepatocellular of	carcinoma using
magnetic resonance elastography	
Manuscript number (if known): QIMS-22-306-R3	_

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

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5	'	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
6	educational events	V None			
6	Payment for expert testimony	XNone			
	testimony				
7	Support for attending	× None			
′	meetings and/or travel	None			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
40	Advisory Board				
10	Leadership or fiduciary role	X_None			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	× None			
				Г	
12	Receipt of equipment,	× None			
	materials, drugs, medical			_	
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
	No conflict of interest to declare				
1					

Date:	2022-8-18
Your Nan	ne: Lisha Nie
Manuscri	ipt Title: Preoperative evaluation of liver regeneration following hepatectomy in hepatocellular carcinoma using
magnetic	resonance elastography
Manuscri	ipt number (if known): QIMS-22-306-R3

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	X_None			
	testimony				
7	Command for add and the se	\/ NI			
7	Support for attending meetings and/or travel	XNone			
	,				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data Safety Monitoring Board or	XNone			
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
11	group, paid or unpaid Stock or stock options	× None			
11	Stock of Stock options	None			
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other services				
13	Other financial or non-	None	Lisha Nie is the employee of GE Healthcare		
	financial interests				
Dlea	Please summarize the above conflict of interest in the following box:				
-160	riease summanze the above torrict of interest in the following box.				

Lisha Nie is the emp	oloyee of GE Healthcare		

Date:_	<u>2022-8-18</u>
Your N	ame: Xiaocheng Wei
Manus	cript Title: Preoperative evaluation of liver regeneration following hepatectomy in hepatocellular carcinoma using
magne	tic resonance elastography
Manus	cript number (if known): QIMS-22-306-R3

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone					
	lectures, presentations,						
	speakers bureaus,						
	manuscript writing or educational events						
6	Payment for expert	× None					
	testimony						
	•						
7	Support for attending meetings and/or travel	XNone					
	g ,						
8	Patents planned, issued or	XNone					
	pending						
9	Participation on a Data	× None					
	Safety Monitoring Board or	IVOITE					
	Advisory Board						
10	Leadership or fiduciary role	XNone					
	in other board, society,						
	committee or advocacy group, paid or unpaid						
11	Stock or stock options	XNone					
42	D : 1 (: 1						
12	Receipt of equipment, materials, drugs, medical	XNone					
	writing, gifts or other						
	services						
13	Other financial or non-	None	Xiaocheng Wei is the employee of GE Healthcare				
	financial interests						
Plea	se summarize the above co	nflict of interest in the fol	Please summarize the above conflict of interest in the following box:				

Xiaocheng Wei is the employee of GE Healthcare		

Date:	<u>2022-8-18</u>
Your Na	me: <u>Hehan Tang</u>
Manusci	ript Title: Preoperative evaluation of liver regeneration following hepatectomy in hepatocellular carcinoma using
magneti	c resonance elastography
Manusci	ript number (if known):_QIMS-22-306-R3

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		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.	Science and Technology Support Program of Sichuan Province (No. 2020YFS0121)	To my institution (West China Hospital, Sichuan University)		
	Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone			
3	Royalties or licenses	XNone			

			_ _
4	Consulting fees	XNone	
5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	·	\/ NI	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	× None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	onflict of interest in the fo	llowing box:
l N	Io conflict of interest to declare	è	

\leq I certify that I have answered every question and have not altered the wording of any of the q form.	uestions on this

Date:	2022-8-18
Your Na	me: Bin Song
Manusc	ript Title: Preoperative evaluation of liver regeneration following hepatectomy in hepatocellular carcinoma using
magnet	ic resonance elastography
Manusc	ript number (if known): QIMS-22-306-R3

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		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.	Science and Technology Support Program of Sichuan Province (No 2021YFS0021)	To my institution (West China Hospital, Sichuan University)			
	Time frame: past 36 months					
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone				
3	Royalties or licenses	XNone				

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4	Consulting fees	<u>×</u> None	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	<u>×</u> None	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	<u>×</u> None	
	pending		
	5 5 .	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	× None	
10	in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	× None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		
Dlo	ase summarize the above co	unflict of interest in the fol	lowing hov
FIE	ase summanize the above co	innict of interest in the for	lowing box.
	No conflict of interest to declare	3	
No connect of interest to decide			

$\underline{ imes}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.	