

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name) guofang	2. Surname (Last Name) Liu	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name HePing Hu
5. Manuscript Title Influence of Postoperative Adjuvant Transarterial Chemoembolization on the Prognosis of Early-Stage Intrahepatic Cholangiocarcinoma – A Single Center Study		
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Dr. Liu has nothing to disclose.

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1. Given Name (First Name) Wei	2. Surname (Last Name) Guo	3. Date 28-October-2020
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5. Manuscript Title Influence of Postoperative Adjuvant Transarterial Chemoembolization on the Prognosis of Early-Stage Intrahepatic Cholangiocarcinoma – A Single Center Study		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name HePing Hu
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Dr. Lei 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) QiaoHua	2. Surname (Last Name) Xie	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name HePing Hu
5. Manuscript Title Influence of Postoperative Adjuvant Transarterial Chemoembolization on the Prognosis of Early-Stage Intrahepatic Cholangiocarcinoma – A Single Center Study		
6. Manuscript Identifying Number (if you know it) APM-20-1337-CL		

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Xie 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) XiaoYan	2. Surname (Last Name) Li	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name HePing Hu
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Dr. Li 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) ShanShan	2. Surname (Last Name) Zou	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name HePing Hu
5. Manuscript Title Influence of Postoperative Adjuvant Transarterial Chemoembolization on the Prognosis of Early-Stage Intrahepatic Cholangiocarcinoma – A Single Center Study		
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Dr. Zou 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) Peng	2. Surname (Last Name) Wang	3. Date 28-October-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name HePing Hu
5. Manuscript Title Influence of Postoperative Adjuvant Transarterial Chemoembolization on the Prognosis of Early-Stage Intrahepatic Cholangiocarcinoma – A Single Center Study		
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Are there any relevant conflicts of interest?  Yes  No

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Dr. Wang 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)

HuaBang

2. Surname (Last Name)

Zhou

3. Date

28-October-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Influence of Postoperative Adjuvant Transarterial Chemoembolization on the Prognosis of Early-Stage Intrahepatic Cholangiocarcinoma – A Single Center Study

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Dr. Zhou 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)

HePing

2. Surname (Last Name)

Hu

3. Date

28-October-2020

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Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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### Section 4. Intellectual Property -- Patents & Copyrights

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hu has nothing to disclose.

### Evaluation and Feedback

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