Date:______18/01/2022______ Your Name:______Jacopo Galvanin______

Manuscript Title: Minimally invasive repeat liver resection for recurrent HCC. A systematic review of the current literature.

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.

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| | | Time frame: Since the initial | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, | None | |
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| | | Time frame: past | 36 months |
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| 3 | Royalties or licenses | None | |
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| | | | |
| 4 | Consulting fees | None | |
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| | | | |

| 5 | Payment or honoraria for lectures, presentations, | None | |
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| | speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 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 | None | |
| 13 | Other financial or non- financial interests | None | |

I have no conflicts of interest to disclose

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

Date:______18/01/2022____ _____ Your Name:______ Luca Cerri_____ Manuscript Title: ___ Minimally invasive repeat liver resection for recurrent HCC. A systematic review of the current literature. Manuscript number (if known):_____

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| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for lectures, presentations, | None | |
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| | speakers bureaus, manuscript writing or educational events | | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
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| 11 | Stock or stock options | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non- financial interests | None | |

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

 Date:______18/01/2022______

 Your Name:______ Carola Anna Paolina Ferro______

 Manuscript Title:___ Minimally invasive repeat liver resection for recurrent HCC. A systematic review of the current literature.

Manuscript number (if known):_____

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| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non- financial interests | None | |

I have no conflicts of interest to disclose

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

Date:______18/01/2022_____ Your Name:______ Camilla Pasetti______

Manuscript Title: Minimally invasive repeat liver resection for recurrent HCC. A systematic review of the current literature.

Manuscript number (if known):_____

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| 4 | Consulting fees | None | |
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| 5 6 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | None | |
|--------|---|------|--|
| 7 | Support for attending meetings and/or travel | None | |
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Please place an "X" next to the following statement to indicate your agreement:

Date:_____18/01/2022_____

Your Name:_____ Carolina Romero_____ Manuscript Title:__ Minimally invasive repeat liver resection for recurrent HCC. A systematic review of the current literature.

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.

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

 Date:______18/01/2022_____

 Your Name:______Luca Viganò______

 Manuscript Title:___ Minimally invasive repeat liver resection for recurrent HCC. A systematic review of the current literature.

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