

## ICMJE DISCLOSURE FORM

Date: 2021-4-25

Your Name: Hai-Tao Jai

Manuscript Title: Prognostic value of splenic volume in hepatocellular carcinoma patients receiving transarterial chemoembolization

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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4	Consulting fees	____ None	

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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	

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

<p>I have no conflict to disclose</p> <p style="text-align: right;"><i>Has - tas Pai</i></p>
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

### ICMJE DISCLOSURE FORM

Date: 2021-4-25

Your Name: Bin Chen

Manuscript Title: Prognostic value of splenic volume in hepatocellular carcinoma patients receiving transarterial chemoembolization

Manuscript number (if known): \_\_\_\_\_

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

I have no conflict to disclose	<i>Bin Chen</i>
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Please place an "X" next to the following statement to indicate your agreement: |

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**ICMJE DISCLOSURE FORM**

Date: 2021-4-25

Your Name: Ke-ya Tang

Manuscript Title: Prognostic value of splenic volume in hepatocellular carcinoma patients receiving transarterial chemoembolization

Manuscript number (if known): \_\_\_\_\_

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

<p>I have no conflict to disclose</p> <p style="text-align: right;"><i>Ke-yu Tang</i></p>
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Please place an "X" next to the following statement to indicate your agreement:

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### ICMJE DISCLOSURE FORM

Date: 2021-4-25

Your Name: Gui-yuan Zhang

Manuscript Title: Prognostic value of splenic volume in hepatocellular carcinoma patients receiving transarterial chemoembolization

Manuscript number (if known): \_\_\_\_\_

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13	Other financial or non-financial interests	___ None	

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

I have no conflict to disclose	<i>Cui-yuan Zhang</i>
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



### ICMJE DISCLOSURE FORM

Date: 2021-4-25

Your Name: Chun-Jong Lee

Manuscript Title: Prognostic value of splenic volume in hepatocellular carcinoma patients receiving transarterial chemoembolization

Manuscript number (if known): \_\_\_\_\_

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13	Other financial or non-financial interests	<u>    </u> None	

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

I have no conflict to disclose	<i>Chun Yong Wen</i>
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Please place an "X" next to the following statement to indicate your agreement:

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## ICMJE DISCLOSURE FORM

Date: 2021-4-25

Your Name: Xian-Hong Xiang

Manuscript Title: Prognostic value of splenic volume in hepatocellular carcinoma patients receiving transarterial chemoembolization

Manuscript number (if known): \_\_\_\_\_

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13	Other financial or non-financial interests	___ None	

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

<p>I have no conflict to disclose</p> <p style="text-align: right;"><i>Xian Hong Xiang.</i></p>
---

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

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## ICMJE DISCLOSURE FORM

Date: 2021-4-25

Your Name: Stan-yang Yang

Manuscript Title: Prognostic value of splenic volume in hepatocellular carcinoma patients receiving transarterial chemoembolization

Manuscript number (if known): \_\_\_\_\_

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

<p>I have no conflict to disclose</p> <p style="text-align: right;"><i>Jian yong Yang</i></p>
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## ICMJJE DISCLOSURE FORM

Date: 2021-4-25

Your Name: Jan Crow

Manuscript Title: Prognostic value of splenic volume in hepatocellular carcinoma patients receiving transarterial chemoembolization

Manuscript number (if known): \_\_\_\_\_

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

<p>I have no conflict to disclose</p> <p style="text-align: right;"><i>Yan Guo</i></p>
--

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

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### ICMJE DISCLOSURE FORM

Date: 2021-4-25

Your Name: Rui Lin

Manuscript Title: Prognostic value of splenic volume in hepatocellular carcinoma patients receiving transarterial chemoembolization

Manuscript number (if known): \_\_\_\_\_

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

I have no conflict to disclose	<i>Reulin</i>
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**ICMJE DISCLOSURE FORM**

Date: 2021-4-25

Your Name: *Josephine Huang*

Manuscript Title: Prognostic value of splenic volume in hepatocellular carcinoma patients receiving transarterial chemoembolization

Manuscript number (if known): \_\_\_\_\_

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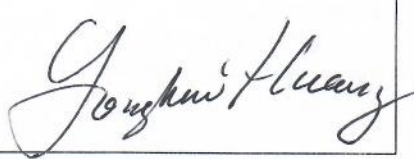
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I have no conflict to disclose	
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