

## ICMJE DISCLOSURE FORM

Date: 2021.11.16

Your Name: Yuanwen Zheng

Manuscript Title: Specific genomic alterations and prognostic analysis of perihilar cholangiocarcinoma and distal cholangiocarcinoma

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non-financial interests	<u>X</u> None	

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## ICMJE DISCLOSURE FORM

Date: 2021.11.16

Your Name: Yejun Qin

Manuscript Title: Specific genomic alterations and prognostic analysis of perihilar cholangiocarcinoma and distal cholangiocarcinoma

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## ICMJE DISCLOSURE FORM

Date: 2021.11.16

Your Name: Wei Gong

Manuscript Title: Specific genomic alterations and prognostic analysis of perihilar cholangiocarcinoma and distal cholangiocarcinoma

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## ICMJE DISCLOSURE FORM

Date: 2021.11.16

Your Name: Hongguang Li

Manuscript Title: Specific genomic alterations and prognostic analysis of perihilar cholangiocarcinoma and distal cholangiocarcinoma

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Your Name: Bin Li

Manuscript Title: Specific genomic alterations and prognostic analysis of perihilar cholangiocarcinoma and distal cholangiocarcinoma

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## ICMJE DISCLOSURE FORM

Date: 2021.11.16

Your Name: Yu Wang

Manuscript Title: Specific genomic alterations and prognostic analysis of perihilar cholangiocarcinoma and distal cholangiocarcinoma

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## ICMJE DISCLOSURE FORM

Date: 2021.11.16

Your Name: Shulei Zhao

Manuscript Title: Specific genomic alterations and prognostic analysis of perihilar cholangiocarcinoma and distal cholangiocarcinoma

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Your Name: Luguang Liu

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Your Name: Shuzhan Yao

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Your Name: Junping Shi

Manuscript Title: Specific genomic alterations and prognostic analysis of perihilar cholangiocarcinoma and distal cholangiocarcinoma

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4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: 2021.11.16

Your Name: Xiaoliang Shi

Manuscript Title: Specific genomic alterations and prognostic analysis of perihilar cholangiocarcinoma and distal cholangiocarcinoma

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

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date: 2021.11.16

Your Name: Kai Wang

Manuscript Title: Specific genomic alterations and prognostic analysis of perihilar cholangiocarcinoma and distal cholangiocarcinoma

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

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## ICMJE DISCLOSURE FORM

Date: 2021.11.16

Your Name: Shifeng Xu

Manuscript Title: Specific genomic alterations and prognostic analysis of perihilar cholangiocarcinoma and distal cholangiocarcinoma

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

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