## **ICMJE DISCLOSURE FORM**

Date: August 16<sup>th</sup>, 2022 Your Name: Xindi Ke

Manuscript Title: Resection and thermal hepatic ablation of pancreatic neuroendocrine tumor liver metastases for

prolonged survival

Manuscript number (if known): JGO-22-725

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</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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
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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	X None	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert testimony	XNone			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
	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			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Please summarize the above conflict of interest in the following box:					
	None.				
L					

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

\_\_X\_ 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: August 16<sup>th</sup>, 2022 Your Name: Huayu Yang

Manuscript Title: Resection and thermal hepatic ablation of pancreatic neuroendocrine tumor liver metastases for

prolonged survival

Manuscript number (if known): JGO-22-725

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3	Royalties or licenses	XNone	
4	Consulting fees	X None	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or flduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Patents planned, issued or pending  X None  Y None  To the financial or non-financial interests  Please summarize the above conflict of interest in the following box:  None.						
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Advisory Board  10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  11 Stock or stock options  X_None  X_None  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:	9	-	XNone			
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		None.				

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

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