ICMJE DISCLOSURE FORM

Date:_2023-01-14
Your Name:___Rong Yin
Manuscript Title: Analysis of the risk factors of biliary fistula after radical resection of perihilar cholangiocarcinoma in elderly patients and its influence on prognosis
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	__X__None	
13	Other financial or non-financial interests	__X__None	

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The authors have no conflicts of interest to declare.

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Date:_2023-01-14
Your Name:___Shasha Xu
Manuscript Title: Analysis of the risk factors of biliary fistula after radical resection of perihilar cholangiocarcinoma in elderly patients and its influence on prognosis
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Date:_2023-01-14
Your Name:___Yin Gong
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Date:_2023-01-14
Your Name:___Jing Zhu
Manuscript Title: Analysis of the risk factors of biliary fistula after radical resection of perihilar cholangiocarcinoma in elderly patients and its influence on prognosis
Manuscript number (if known):

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Date:_2023-01-14
Your Name:___Haiou Zhu
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Date:_2023-01-14
Your Name:___Yan Tao
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