

ICMJE DISCLOSURE FORM

Date: Dec. 18th, 2023

Your Name: Minghao Zou

Manuscript Title: Perineural invasion confers poorer clinical outcomes in patients with T1/T2 intrahepatic cholangiocarcinoma: a single centre, retrospective cohort study

Manuscript number (if known): JGO-23-950

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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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.

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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.

Date: Dec. 18th, 2023

Your Name: Jie Sheng

Manuscript Title: Perineural invasion confers poorer clinical outcomes in patients with T1/T2 intrahepatic cholangiocarcinoma: a single centre, retrospective cohort study

Manuscript number (if known): JGO-23-950

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Date: Dec. 18th, 2023
 Your Name: Minghao Ruan
 Manuscript Title: Perineural invasion confers poorer clinical outcomes in patients with T1/T2 intrahepatic cholangiocarcinoma: a single centre, retrospective cohort study
 Manuscript number (if known): JGO-23-950

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Date: Dec. 18th, 2023
 Your Name: Wenxuan Zhou
 Manuscript Title: Perineural invasion confers poorer clinical outcomes in patients with T1/T2 intrahepatic cholangiocarcinoma: a single centre, retrospective cohort study
 Manuscript number (if known): JGO-23-950

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Date: Dec. 18th, 2023

Your Name: Feivang Ye

Manuscript Title: Perineural invasion confers poorer clinical outcomes in patients with T1/T2 intrahepatic cholangiocarcinoma: a single centre, retrospective cohort study

Manuscript number (if known): JGO-23-950

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Date: Dec. 18th, 2023

Your Name: Gaowei Yang

Manuscript Title: Perineural invasion confers poorer clinical outcomes in patients with T1/T2 intrahepatic cholangiocarcinoma: a single centre, retrospective cohort study

Manuscript number (if known): JGO-23-950

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Date: Dec. 18th, 2023
 Your Name: Ye Qian
 Manuscript Title: Perineural invasion confers poorer clinical outcomes in patients with T1/T2 intrahepatic cholangiocarcinoma: a single centre, retrospective cohort study
 Manuscript number (if known): JGO-23-950

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Date: Dec. 18th, 2023
 Your Name: Jian Wang
 Manuscript Title: Perineural invasion confers poorer clinical outcomes in patients with T1/T2 intrahepatic cholangiocarcinoma: a single centre, retrospective cohort study
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Date: Dec. 18th, 2023
 Your Name: Ruoyu Wang
 Manuscript Title: Perineural invasion confers poorer clinical outcomes in patients with T1/T2 intrahepatic cholangiocarcinoma: a single centre, retrospective cohort study
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Date: Dec. 18th, 2023

Your Name: Suiyi Liu

Manuscript Title: Perineural invasion confers poorer clinical outcomes in patients with T1/T2 intrahepatic cholangiocarcinoma: a single centre, retrospective cohort study

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Date: Dec. 18th, 2023
 Your Name: Hui Liu
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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.