

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Xieling	2. Surname (Last Name) Yin	3. Date 24-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhong Chen
5. Manuscript Title Efficacy of re-resection versus radiofrequency ablation for recurrent Barcelona Clinic Liver Cancer stage 0/A hepatocellular carcinoma (HCC) after resection for primary HCC		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Yin has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Tianqi

2. Surname (Last Name)

Hua

3. Date

24-May-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Zhong Chen

5. Manuscript Title

Efficacy of re-resection versus radiofrequency ablation for recurrent Barcelona Clinic Liver Cancer stage 0/A hepatocellular carcinoma (HCC) after resection for primary HCC

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Dr. Hua has nothing to disclose.

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1. Given Name (First Name) Chi	2. Surname (Last Name) Liang	3. Date 24-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Zhong Chen
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Zhong

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24-May-2019

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