Da	te:November 23,2	022	
Yo	ur Name: Tianji Luan		
		-	of the adult liver with paraneoplastic syndrome: a case report
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a o so.
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,
		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)
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		Time frame: pas	t 26 months
)	Grants or contracts from	None	ot 30 months
-	any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

Consulting fees

None

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

Ma	-	ted embryonic sarcoma of	the adult liver with paraneoplastic syndrome: a case report
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	e time frame for disclosure i		d in this manuscript without time limit. For all other items,
		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)
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3	Royalties or licenses	None	
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5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	None		
6	testimony	None		
	testimony			
7	Support for attending	None		
,	meetings and/or travel	None		
	meetings and, or traver			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
4.4	group, paid or unpaid	Niere		
11	Stock or stock options	None		
12	Receipt of equipment,	None		
12	materials, drugs, medical	None		
	writing, gifts or other			
	services			
13	Other financial or non-	None		
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Da	te:November 23,2	022	
Yo	ur Name:Ling Yuan		
Ma	nuscript Title:Undifferentia	ted embryonic sarcoma of	the adult liver with paraneoplastic syndrome: a case report
	,		
In t	the interest of transparency	. we ask vou to disclose all	relationships/activities/interests listed below that are
		-	ans any relation with for-profit or not-for-profit third
	-	-	of the manuscript. Disclosure represents a commitment
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	ationship/activity/interest,	•	
rei	ationship/activity/interest,	it is preferable that you do) SO.
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		to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
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me	dication, even if that medic	cation is not mentioned in t	the manuscript.
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		needed)	
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1	All support for the present	None	
_	manuscript (e.g., funding,	None	
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	medical writing, article		
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2	Grants or contracts from	None	
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	in item #1 above).		
3	Royalties or licenses	None	
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4	Consulting fees	None	

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

Da	te:November 23,2	022	
Υo	ur Name:YiLin Hu		
			f the adult liver with paraneoplastic syndrome: a case report
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content on necessarily indicate a bias it is preferable that you do	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment. If you are in doubt about whether to list a poso.
	nuscript only.	to the author's relationship	ips/activities/interests as they relate to the <u>current</u>
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		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 initia	l planning of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: pas	t 36 months
<u>)</u>	Grants or contracts from any entity (if not indicated in item #1 above).	None	
}	Royalties or licenses	None	
ļ	Consulting fees	None	

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