

## ICMJE DISCLOSURE FORM

Date: 26<sup>th</sup> August 2022

Your Name: Dr. Mizelle D'Silva

Manuscript Title: The Value of Analyzing Textbook Outcomes after Laparoscopic Hepatectomy

Manuscript number (if known): TCR-22-2122

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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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Dr. Jai Young Cho has no conflict of interest to declare.

**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: 26<sup>th</sup> August 2022

Your Name: Dr. Jai Young Cho

Manuscript Title: The Value of Analyzing Textbook Outcomes after Laparoscopic Hepatectomy

Manuscript number (if known): TCR-22-2122

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## ICMJE DISCLOSURE FORM

Date: 26<sup>th</sup> August 2022

Your Name: Dr. Ho-Seong Han

Manuscript Title: The Value of Analyzing Textbook Outcomes after Laparoscopic Hepatectomy

Manuscript number (if known): TCR-22-2122

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## ICMJE DISCLOSURE FORM

Date: 26<sup>th</sup> August 2022

Your Name: Dr. Yoo-Seok Yoon

Manuscript Title: The Value of Analyzing Textbook Outcomes after Laparoscopic Hepatectomy

Manuscript number (if known): TCR-22-2122

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## ICMJE DISCLOSURE FORM

Date: 26<sup>th</sup> August 2022

Your Name: Dr. Hae Won Lee

Manuscript Title: The Value of Analyzing Textbook Outcomes after Laparoscopic Hepatectomy

Manuscript number (if known): TCR-22-2122

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## ICMJE DISCLOSURE FORM

Date: 26<sup>th</sup> August 2022

Your Name: Dr. Jun Suh Lee

Manuscript Title: The Value of Analyzing Textbook Outcomes after Laparoscopic Hepatectomy

Manuscript number (if known): TCR-22-2122

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## ICMJE DISCLOSURE FORM

Date: 26<sup>th</sup> August 2022

Your Name: Dr. Boram Lee

Manuscript Title: The Value of Analyzing Textbook Outcomes after Laparoscopic Hepatectomy

Manuscript number (if known): TCR-22-2122

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## ICMJE DISCLOSURE FORM

Date: 26<sup>th</sup> August 2022

Your Name: Dr. Yeongsoo Jo

Manuscript Title: The Value of Analyzing Textbook Outcomes after Laparoscopic Hepatectomy

Manuscript number (if known): TCR-22-2122

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## ICMJE DISCLOSURE FORM

Date: 26<sup>th</sup> August 2022

Your Name: Dr. Eunhye Lee

Manuscript Title: The Value of Analyzing Textbook Outcomes after Laparoscopic Hepatectomy

Manuscript number (if known): TCR-22-2122

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## ICMJE DISCLOSURE FORM

Date: 26<sup>th</sup> August 2022

Your Name: Dr. MeeYoung Kang

Manuscript Title: The Value of Analyzing Textbook Outcomes after Laparoscopic Hepatectomy

Manuscript number (if known): TCR-22-2122

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## ICMJE DISCLOSURE FORM

Date: 26<sup>th</sup> August 2022

Your Name: Dr. Yeshong Park

Manuscript Title: The Value of Analyzing Textbook Outcomes after Laparoscopic Hepatectomy

Manuscript number (if known): TCR-22-2122

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**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.