ICMJE DISCLOSURE FORM

Date: Oct. 22, 2023
Your Name: Xin Wu

Manuscript Title: Retraction: Prognostic effect of systemic inflammation in patients undergoing surgery for

hepatocellular carcinoma: comparison of composite ratios and cumulative scores

Manuscript number (if known): TCR-2023-07

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

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

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ICMJE DISCLOSURE FORM

Date: Oct. 22, 2023
Your Name: Zhirong Sun

Manuscript Title: Retraction: Prognostic effect of systemic inflammation in patients undergoing surgery for

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	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events	Nege		
6	Payment for expert testimony	None		
	testimony			
7	Support for attending	None		
,	meetings and/or travel			
	0.1.1			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
40	Advisory Board	N.		
10	Leadership or fiduciary role in other board, society,	None		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
13	services Other financial or non-	None		
13	financial interests	None		
	Tillaticial intereses			
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ICMJE DISCLOSURE FORM

Date: Oct. 22, 2023 Your Name: Yun Zhu

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	pending			
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	Safety Monitoring Board or			
40	Advisory Board	N.		
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