ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Jordan

2. Surname (Last Name)  
   Cloyd

3. Date  
   24-March-2020

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Tim Pawlik

5. Manuscript Title  
   Neuroendocrine Liver Metastases: A Contemporary Review of Treatment Strategies

6. Manuscript Identifying Number (if you know it)  
   HBSN-20-304

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Are there any relevant conflicts of interest?  
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   [x] No

## Section 3. Relevant financial activities outside the submitted work.

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## Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Cloyd has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Aslam
2. Surname (Last Name)  Ejaz
3. Date  24-March-2020

4. Are you the corresponding author?  Yes  No  Corresponding Author’s Name  Tim Pawlik

5. Manuscript Title  Neuroendocrine Liver Metastases: A Contemporary Review of Treatment Strategies

6. Manuscript Identifying Number (if you know it)  HBSN-20-304

Section 2. The Work Under Consideration for Publication

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Dr. Ejaz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Bhavana
2. Surname (Last Name) Konda
3. Date 24-March-2020
4. Are you the corresponding author? Yes □ No □
   Corresponding Author’s Name Tim Pawlik
5. Manuscript Title
   Neuroendocrine Liver Metastases: A Contemporary Review of Treatment Strategies
6. Manuscript Identifying Number (if you know it)
   HBSN-20-304

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Mina

2. Surname (Last Name)  
Makary

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<th>3. Date</th>
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<tbody>
<tr>
<td>Tim</td>
<td>Pawlik</td>
<td>24-March-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No

5. Manuscript Title
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Pawlik
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