ICMJE DISCLOSURE FORM

ate: Mar (9, 202/		
our Name: Junichi Arita		
lanuscript Title: Management of neuroendocrine liver metastasis: Searching for new prognostic factor and		
appraising repeat hepatectomy		
lanuscript number (if known): HBSN-21-88		

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</u> <u>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 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)
			planning of the work
1	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.	<u>✓ None</u>	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>✓ None</u>	
3	Royalties or licenses	<u>✓ None</u>	
4	Consulting fees	<u>✓ None</u>	

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

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.

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Da	te:		*/	
	ur Name: Kiyoshi Hase		wight the	
	Manuscript Title: Management of neuroendocrine liver metastasis: Searching for new prognostic factor and appraising			
	peat hepatectomy			
M	anuscript number (if known)) <u>: HBSN-21-88</u>		
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		Name all entities with	Specifications/Comments	
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		relationship or indicate	institution)	
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	medical writing, article			
	processing charges, etc.)			
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		Time frame: past	36 months	
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- 1	None		

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Da	te: <u>Mar</u> 22	202/		
Your Name: Sho Kiritani Sho Kiritani				
Manuscript Title: Management of neuroendocrine liver metastasis: Searching for new prognostic factor and appraising				nσ
	peat hepatectomy	The Grand Grand Grand Trees	The castasts. Searching for hew prognostic factor and appraish	4
	nuscript number (if known)	: HBSN-21-88		
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Consulting fees

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✓ None

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