Date:	2021-4-25	
Your Name	: Hai-Tao	Vai
Manuscript	Title: Prognos	tic value of splenic volume in hepatocellular carcinoma patients receiving transarterial
chemoemb	olization_	
Manuscript	number (if kn	own):

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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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.

		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)
13	· · · · · · · · · · · · · · · · · · ·	Time frame: Since the initi	al 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.	None	
25	6万克克克斯战争	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	40
	Costiniony		
7	Support for attending meetings and/or travel	None	
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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 group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of any invent	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

I have no conflict to disclose		
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Please place an "X" next to the following statement to indicate your agreement:

Date:___

Yo	our Name: Bin Chen		
M	anuscript Title: Prognostic va	alue of splenic volume in	hepatocellular carcinoma patients receiving transarterial
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M	anuscript number (if known)	:	
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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)
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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.	None	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	×
3	Royalties or licenses	None	
1	Consulting fees	None	

5	Payment or honoraria for	None	
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6	Payment for expert	None	
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8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society,	None	
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11	Stock or stock options	None	
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12	Receipt of equipment,	None	
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13	Other financial or non-	None	
	financial interests		

have no conflict to disclose	
	D
	Bin Chen

Please place an "X" next to the following statement to indicate your agreement:

\(\frac{\times}{\times}\) I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	2021-4-25
Your Name:	Ke-yn Tany
Manuscript	Title: Prognostic value of splenic volume in hepatocellular carcinoma patients receiving transarterial
chemoembo	plization
Manuscript	number (if known):

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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)
	则是特别的 的是一点公司得到	Time frame: Since the initi	al 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.	None	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
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	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
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8	Patents planned, issued or	None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society,	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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	Ke-yn Tang

Please place an "X" next to the following statement to indicate your agreement:

Date:	2021-4-25
Your Name:	Gui-yum Zhang
Manuscript	Title: Prognostic value of splenic volume in hepatocellular carcinoma patients receiving transarterial
chemoembo	plization_
Manuscript	number (if known):

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

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,	William College of the College of th	
	manuscript writing or		
	educational events		
6	Payment for expert	None	40.
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7	Support for attending	None	product and the same
	meetings and/or travel		
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8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	None	
	financial interests		
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have no conflict to disclose	
	Gui-yuan Zhang

Please place an "X" next to the following statement to indicate your agreement:

Date:	2021-4-25
Your Nam	e: changer wer
Manuscrip	t Title: Prognostic value of splenic volume in hepatocellular carcinoma patients receiving transarterial
chemoem	oolization
Manuscrip	t number (if known):
parties wh	rest of transparency, we ask you to disclose all relationships/activities/interests listed below that are the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third ose interests may be affected by the content of the manuscript. Disclosure represents a commitment

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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)
	A POST OFFICE AND A STATE OF THE STATE OF TH	Time frame: Since the initi	al 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.	None	
	A STATE OF THE STA	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
1	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
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	

I have no conflict to disclose	
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Please place an "X" next to the following statement to indicate your agreement:

Date:	2021-4-25	
Your Name	: Xian-Hong Xian	
Manuscrip	Title: Prognostic value of splenic volume in hepatocellular carcinoma patients receiving transarte	rial
chemoemk	olization _	
Manuscrip	number (if known):	_

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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)
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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.	None	
	See	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	19
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
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	
	financial interests		

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	Xian Long Xiang.
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Please place an "X" next to the following statement to indicate your agreement:

Date:	2021-4-25		
Your Nam	e: Jran -yng	Young	
Manuscrip	ot Title: Progno	stic value of splenic v	olume in hepatocellular carcinoma patients receiving transarterial
chemoem	bolization		
Manuscrip	ot number (if kr	10wn):	

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	经验的证明 是第二次	Time frame: Since the initi	al 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.	None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
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	

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Please place an "X" next to the following statement to indicate your agreement:

Date:	2021-4-25	
Your Name:	- Jan	Crus
Manuscript	Title: Progne	ostic value of splenic volume in hepatocellular carcinoma patients receiving transarterial
chemoembo	olization	
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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.	None	
Bish	STATE OF STATE OF STATE OF	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
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6	Payment for expert	None	
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7	Support for attending	None	
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8	Patents planned, issued or	None	
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9	Participation on a Data	None	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	None	
	in other board, society,		
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11	Stock or stock options	None	
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12	Receipt of equipment,	None	
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	writing, gifts or other		
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13	Other financial or non-	None	
	financial interests		

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Please place an "X" next to the following statement to indicate your agreement:

Date:2021-4-25	
Your Name: Run Lin	
Manuscript Title: Prognostic value of sple	nic volume in hepatocellular carcinoma patients receiving transarterial
chemoembolization	transarterial
Manuscript number (if known):	

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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)
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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.	None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	25 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
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9	Participation on a Data	None	
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	writing, gifts or other services		
13	Other financial or non-	None	
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Please place an "X" next to the following statement to indicate your agreement:

Date:	2021-4-25	-1	1	,				
Your Name:	:	Spanfl	mi /	Luony				
Manuscript	Title: Progno	stic valu	e of sple	enic volume	e in hepatocellu	lar carcinoma p	atients receivir	ng transarterial
chemoemb	olization_							
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5	Payment or honoraria for	None	
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-	educational events		
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7	Support for attending meetings and/or travel	None	
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10	Leadership or fiduciary role	None	
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11	Stock or stock options	None	
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13	Other financial or non-	None	
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