ICMJE DISCLOSURE FORM

Date: __26th January 2022___________________________________________________________
Your Name: __Isabel Molwitz______________________________________________________
Manuscript Title: ___Importance of CT Muscle Quality and continuous versus cut-off-based Sarcopenia Detection in Majro Hepatic Surgery__________________________________________________________
Manuscript number (if known): _ATM-21-5948-R1________________________________________

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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|   | 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) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| **Time frame: Since the initial 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.** | _X__None |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X__None |
| 3 | Royalties or licenses | _X__None |
| 4 | Consulting fees | _X__None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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

None.

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Date: __26th January 2022______________________________

Your Name: __Marius Kemper______________________________

Manuscript Title: __Importance of CT Muscle Quality and continuous versus cut-off-based Sarcopenia Detection in Majro Hepatic Surgery______________________________

Manuscript number (if known): __ATM-21-5948-R1______________________________

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| **Time frame: Since the initial 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.** | Marius Kemper was supported with a partial exemption from his clinical duties by the Clinician Scientist Program of the University Medical Center Hamburg-Eppendorf. | |
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| | | | |
| | | | |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated) **X None** | | |
| | | | |
|   | Description                                                                 | X | None |   |
|---|-----------------------------------------------------------------------------|----|------|---|
| 3 | Royalties or licenses                                                       | X  | None |   |
| 4 | Consulting fees                                                             | X  | None |   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,        | X  | None |   |
|   | manuscript writing or educational events                                     |    |      |   |
| 6 | Payment for expert testimony                                                | X  | None |   |
| 7 | Support for attending meetings and/or travel                                 | X  | None |   |
| 8 | Patents planned, issued or pending                                          | X  | None |   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X  | None |   |
|10 | Leadership or fiduciary role in other board, society, committee or         | X  | None |   |
|   | advocacy group, paid or unpaid                                              |    |      |   |
|11 | Stock or stock options                                                      | X  | None |   |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other    | X  | None |   |
|   | services                                                                     |    |      |   |
|13 | Other financial or non-financial interests                                   | X  | None |   |

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

Marius Kemper was supported by the Clinician Scientist Program of the University Medical Center Hamburg-Eppendorf.

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:__26th January 2022________________________________________________________
Your Name:__Linda Krause_____________________________________________________
Manuscript Title:__Importance of CT Muscle Quality and continuous versus cut-off-based Sarcopenia Detection in Majro Hepatic Surgery________________________________________________________
Manuscript number (if known):_ATM-21-5948-R1________________________________________________________

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| 1  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X__None                                                                            |
|    | **No time limit for this item.**                                                                 |                                                                                  |
| Time frame: past 36 months |                                      |                                                                                  |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X__None                                                                            |
| 3  | Royalties or licenses                                                                         | _X__None                                                                            |
| 4  | Consulting fees                                                                               | _X__None                                                                            |
|   |   |   |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
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| 7 | Support for attending meetings and/or travel | _X_ None |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
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| 13 | Other financial or non-financial interests | _X_ None |

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ICMJE DISCLOSURE FORM

Date: ___26th January 2022___________________________________________
Your Name: ___Gerhard Adam_________________________________________
Manuscript Title: ___Importance of CT Muscle Quality and continuous versus cut-off-based Sarcopenia Detection in Major Hepatic Surgery ________________________________________________
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X__None |
| 3 | Royalties or licenses | _X__None |
| 4 | Consulting fees | _X__None |
|   | Description                                                                                     | X | Notes |
|---|-----------------------------------------------------------------------------------------------|---|-------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None  |
| 6 | Payment for expert testimony                                                                     | X | None  |
| 7 | Support for attending meetings and/or travel                                                     | X | None  |
| 8 | Patents planned, issued or pending                                                                | X | None  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                | X | None  |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None  |
| 11| Stock or stock options                                                                           | X | None  |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | X | None  |
| 13| Other financial or non-financial interests                                                        | X | None  |

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Date: __26th January 2022__

Your Name: __Jakob R. Izbicki__

Manuscript Title: __Importance of CT Muscle Quality and continuous versus cut-off-based Sarcopenia Detection in Majro Hepatic Surgery__

Manuscript number (if known): _ATM-21-5948-R1_

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No time limit for this item. | _X_ None | |
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| 3 | Royalties or licenses | _X_ None | |
| 4 | Consulting fees | _X_ None | |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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

None.

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Date: __26th January 2022______________________________________________________________
Your Name: __Christoph Burdelski__________________________________________________
Manuscript Title: _Importance of CT Muscle Quality and continuous versus cut-off-based Sarcopenia Detection in Majro Hepatic Surgery______________________________________________________________
Manuscript number (if known): _ATM-21-5948-R1______________________________________________________________

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| 3 | Royalties or licenses                                                                         | _X__None                                                                 |
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|   | **Time frame: past 36 months**                                                               |                                                                                  |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   | Description                                                                 | X   | None |
|---|------------------------------------------------------------------------------|-----|------|
|5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ | None |
|6  | Payment for expert testimony                                                  | _X_ | None |
|7  | Support for attending meetings and/or travel                                  | _X_ | None |
|8  | Patents planned, issued or pending                                            | _X_ | None |
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|11 | Stock or stock options                                                        | _X_ | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ | None |
|13 | Other financial or non-financial interests                                    | _X_ | None |

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Date: __26th January 2022__________________________
Your Name: __Geraldine de Heer__________________________
Manuscript Title: __Importance of CT Muscle Quality and continuous versus cut-off-based Sarcopenia Detection in Majro Hepatic Surgery__________________________
Manuscript number (if known): __ATM-21-5948-R1__________________________

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

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Date: __26th__ January 2022
Your Name: __Laura Gerdes__

Manuscript Title: __Importance of CT Muscle Quality and continuous versus cut-off-based Sarcopenia Detection in Majro Hepatic Surgery__
Manuscript number (if known): __ATM-21-5948-R1__

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|   | **No time limit for this item.** | |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | __X__None |
|   | manuscript writing or educational events                                     |          |
| 6 | Payment for expert testimony                                                 | __X__None |
| 7 | Support for attending meetings and/or travel                                  | __X__None |
| 8 | Patents planned, issued or pending                                           | __X__None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | __X__None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy  | __X__None |
|   | group, paid or unpaid                                                         |          |
| 11| Stock or stock options                                                       | __X__None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      | __X__None |
|   | services                                                                     |          |
| 13| Other financial or non-financial interests                                    | __X__None |

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None.

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Date: __26th January 2022__________________________
Your Name: __Jin Yamamura_______________________________
Manuscript Title: __Importance of CT Muscle Quality and continuous versus cut-off-based Sarcopenia Detection in Majro Hepatic Surgery_______________________________
Manuscript number (if known): __ATM-21-5948-R1_______________________________

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|   |                                                                                           |     |
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| 6 | Payment for expert testimony                                                                | _X_ None |
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| 8 | Patents planned, issued or pending                                                          | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                           | _X_ None |
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| 11| Stock or stock options                                                                      | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services             | _X_ None |
| 13| Other financial or non-financial interests                                                   | _X_ None |

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ICMJE DISCLOSURE FORM

Date: __26th__ January 2022

Your Name: __Jun Li__

Manuscript Title: __Importance of CT Muscle Quality and continuous versus cut-off-based Sarcopenia Detection in Majro Hepatic Surgery__

Manuscript number (if known): __ATM-21-5948-R1__

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|   | No time limit for this item.                                                                   |                                                                                  |

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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.