ICMJE DISCLOSURE FORM

Date: _____Mar. 30th, 2021_____  
Your Name: Kun Lv  
Manuscript Title: _____ CT/MRI LI-RADS Version 2018 versus CEUS LI-RADS Version 2017 in the Diagnosis of Primary Hepatic Nodules in Patients with high-risk Hepatocellular Carcinoma _____  
Manuscript number (if known): ATM-21-1035

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The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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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) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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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.) | _X_ None                                                                          |
|   | **No time limit for this item.**                                                               |                                                                                   |
| **Time frame: past 36 months** |                                                                                   |                                                                                   |
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| 3 | Royalties or licenses                                                                         | _X_ None                                                                          |
| 4 | Consulting fees                                                                              | _X_ None                                                                          |
|   | Description                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
| 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 |

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

None.

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Date:____Mar. 30th, 2021____
Your Name:___Xin Cao___
Manuscript Title:_____ CT/MRI LI-RADS Version 2018 versus CEUS LI-RADS Version 2017 in the Diagnosis of Primary Hepatic Nodules in Patients with high-risk Hepatocellular Carcinoma _____
Manuscript number (if known):__ATM-21-1035________________________________________________________

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| 3 | Royalties or licenses                                                                       | __X__ None                                                                       |
| 4 | Consulting fees                                                                            | __X__ None                                                                       |
### Conflict of Interest Form

|   | Description                                                                 | None |
|---|------------------------------------------------------------------------------|------|
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| 6 | Payment for expert testimony                                                | _X_ None |
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Date: _____ Mar. 30th, 2021 _____
Your Name: ___ Yinlei Dong ___
Manuscript Title: ____ CT/MRI LI-RADS Version 2018 versus CEUS LI-RADS Version 2017 in the Diagnosis of Primary Hepatic Nodules in Patients with high-risk Hepatocellular Carcinoma _____
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**Time frame: Since the initial planning of the work**

|   |   |   |
|---|---|---|
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**Time frame: past 36 months**

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Date: _____Mar. 30th, 2021____
Your Name: ___Daoying Geng___
Manuscript Title: _____ CT/MRI LI-RADS Version 2018 versus CEUS LI-RADS Version 2017 in the Diagnosis of Primary Hepatic Nodules in Patients with high-risk Hepatocellular Carcinoma _____
Manuscript number (if known): ___ATM-21-1035_______________________________

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Date:____Mar. 30th, 2021____
Your Name:___Jun Zhang___
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