

ICMJE DISCLOSURE FORM

Date: 9/15/2021

Your Name: Roberto Cannella

Manuscript Title: Imaging features of histological subtypes of hepatocellular carcinoma: implication for the LI-RADS

Manuscript Number (if known): JHEPR-D-21-00245

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 defined broadly. 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.

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.

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

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: 9/15/2021

Your Name: Marco Dioguardi Burgio

Manuscript Title: Imaging features of histological subtypes of hepatocellular carcinoma: implication for the LI-RADS

Manuscript Number (if known): JHEPR-D-21-00245

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Date: 9/15/2021

Your Name: Beaufrère Aurélie

Manuscript Title: Imaging features of histological subtypes of hepatocellular carcinoma: implication for the LI-RADS

Manuscript Number (if known): JHEPR-D-21-00245

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Date: 9/15/2021

Your Name: Trapani Loïc

Manuscript Title: Imaging features of histological subtypes of hepatocellular carcinoma: implication for the LI-RADS

Manuscript Number (if known): JHEPR-D-21-00245

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Date: 9/15/2021

Your Name: Paradis Valérie

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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: 9/15/2021

Your Name: Riccardo Sartoris

Manuscript Title: Imaging features of histological subtypes of hepatocellular carcinoma: implication for the LI-RADS

Manuscript Number (if known): JHEPR-D-21-00245

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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ICMJE DISCLOSURE FORM

Date: 9/15/2021

Your Name: Mohamed BOUATTOUR

Manuscript Title: Imaging features of histological subtypes of hepatocellular carcinoma: implication for the LI-RADS

Manuscript Number (if known): JHEPR-D-21-00245

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ICMJE DISCLOSURE FORM

Date: 9/16/2021

Your Name: Maxime Ronot

Manuscript Title: Imaging features of histological subtypes of hepatocellular carcinoma: implication for the LI-RADS

Manuscript Number (if known): JHEPR-D-21-00245

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Date: 9/16/2021

Your Name: François CAUCHY

Manuscript Title: Imaging features of histological subtypes of hepatocellular carcinoma: implication for the LI-RADS

Manuscript Number (if known): JHEPR-D-21-00245

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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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Date: 9/16/2021

Your Name: VILGRAIN Valérie

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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		European School of Radiology (Leadership role)	Scientific director of ESOR, no financial compensation

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Date: 9/16/2021

Your Name: Hobeika Christian

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