

ICMJE DISCLOSURE FORM

Date: 12/31/2022

Your Name: Claudia Angela Maria Fulgenzi

Manuscript Title: Efficacy and safety of frontline systemic therapy for advanced HCC: a network meta-analysis of landmark phase III trials

Manuscript Number (if known): JHEPR-D-22-00680

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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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: 12/31/2022

Your Name: Alessio Cortellini

Manuscript Title: Efficacy and safety of frontline systemic therapy for advanced HCC: a network meta-analysis of landmark phase III trials

Manuscript Number (if known): JHEPR-D-22-00680

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Date: 12/31/2022

Your Name: Antonio D'Alessio

Manuscript Title: Efficacy and safety of frontline systemic therapy for advanced HCC: a network meta-analysis of landmark phase III trials

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Date: 12/31/2022

Your Name: Bruno Vincenzi

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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: 12/31/2022

Your Name: Charalampos-Vlasios Stikas

Manuscript Title: Efficacy and safety of frontline systemic therapy for advanced HCC: a network meta-analysis of landmark phase III trials

Manuscript Number (if known): JHEPR-D-22-00680

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 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.

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ICMJE DISCLOSURE FORM

Date: 12/31/2022

Your Name: David James Pinato

Manuscript Title: Efficacy and safety of frontline systemic therapy for advanced HCC: a network meta-analysis of landmark phase III trials

Manuscript Number (if known): JHEPR-D-22-00680

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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| 4 | Consulting fees | <input type="checkbox"/> None | |
| | | Mina Therapeutics, DaVolterra, Mursla, IPSEN, Exact Sciences, Avamune, Eisai, Roche, and Astra Zeneca | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | ViiV Healthcare, Bayer Healthcare, Eisai, BMS, Roche | Lectures fees |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
| | | BMS and Bayer Healthcare | Travel expenses |
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ICMJE DISCLOSURE FORM

Date: 12/31/2022

Your Name: James Korolewicz

Manuscript Title: Efficacy and safety of frontline systemic therapy for advanced HCC: a network meta-analysis of landmark phase III trials

Manuscript Number (if known): JHEPR-D-22-00680

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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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: 12/31/2022

Your Name: Lorenza Scotti

Manuscript Title: Efficacy and safety of frontline systemic therapy for advanced HCC: a network meta-analysis of landmark phase III trials

Manuscript Number (if known): JHEPR-D-22-00680

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 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.

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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: 12/31/2022

Your Name: Mark R. Openshaw

Manuscript Title: Efficacy and safety of frontline systemic therapy for advanced HCC: a network meta-analysis of landmark phase III trials

Manuscript Number (if known): JHEPR-D-22-00680

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: 12/31/2022

Your Name: Marianna Silletta

Manuscript Title: Efficacy and safety of frontline systemic therapy for advanced HCC: a network meta-analysis of landmark phase III trials

Manuscript Number (if known): JHEPR-D-22-00680

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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: 12/31/2022

Your Name: Bernhard Scheiner

Manuscript Title: Efficacy and safety of frontline systemic therapy for advanced HCC: a network meta-analysis of landmark phase III trials

Manuscript Number (if known): JHEPR-D-22-00680

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 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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| Time frame: Since the initial planning of the work | | | | | | | | |
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ICMJE DISCLOSURE FORM

Date: 12/31/2022

Your Name: Alessandra Gennari

Manuscript Title: Efficacy and safety of frontline systemic therapy for advanced HCC: a network meta-analysis of landmark phase III trials

Manuscript Number (if known): JHEPR-D-22-00680

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: 12/31/2022

Your Name: Matthias Pinter

Manuscript Title: Efficacy and safety of frontline systemic therapy for advanced HCC: a network meta-analysis of landmark phase III trials

Manuscript Number (if known): JHEPR-D-22-00680

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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| | | | | | | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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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) |
|----|--|--|---|
| 4 | Consulting fees | <input type="checkbox"/> None | |
| | | Bayer, BMS, Eisai, Ipsen, Lilly, MSD, and Roche | |
| | | | |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | Bayer, BMS, Eisai, Lilly, MSD, and Roche | Speaker honoraria |
| | | | |
| | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
| | | Bayer and BMS | Travel support |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
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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) | | | | | | |
|--|--|--|---|--|--|--|--|--|--|
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | | | | | | | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | | | | | | | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 15px;">Investigator for Bayer, BMS, Ipsen, Lilly, and Roche</td> <td style="width: 50%;"></td> </tr> <tr> <td style="height: 15px;"></td> <td></td> </tr> <tr> <td style="height: 15px;"></td> <td></td> </tr> </table> | Investigator for Bayer, BMS, Ipsen, Lilly, and Roche | | | | | | |
| Investigator for Bayer, BMS, Ipsen, Lilly, and Roche | | | | | | | | | |
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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.