

ICMJE DISCLOSURE FORM

Date: 30.10.2021

Your Name: Stefan Heinrich

Manuscript Title: Microvascular invasion of hepatocellular carcinoma predicts microvascular invasion of its recurrence

Manuscript number (if known): HBSN-21-346

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

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.

		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.	None	
Time frame: past 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, speakers bureaus, manuscript writing or educational events	None	
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	

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

No conflict of interest to declare.

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: 30.10.2021

Your Name: Dr. Jens Mittler

Manuscript Title: Microvascular invasion of hepatocellular carcinoma predicts microvascular invasion of its recurrence - Potential implications for salvage liver transplantation?

Manuscript number (if known): __HBSN-21-346

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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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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No conflict of interest to declare.

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.

Jens Miller, M.D.

ICMJE DISCLOSURE FORM

Date: 30.10.2021

Your Name: Juliane Theurer, MD

Manuscript Title: Microvascular invasion of hepatocellular carcinoma predicts microvascular invasion of its recurrence - Potential implications for salvage liver transplantation?

Manuscript number (if known): __HBSN-21-346

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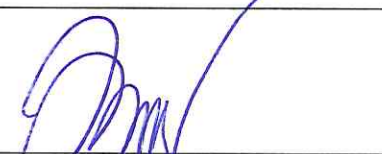
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11	Stock or stock options	None	
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13	Other financial or non-financial interests	None	

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

No conflict of interest to declare.



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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.

ICMJJE DISCLOSURE FORM

Date: 30.10.2021

Your Name: Dirk A Ridder, MD

Manuscript Title: Microvascular invasion of hepatocellular carcinoma predicts microvascular invasion of its recurrence - Potential implications for salvage liver transplantation?

Manuscript number (if known): __HBSN-21-346

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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7	Support for attending meetings and/or travel	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, 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	

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

<p>No conflict of interest to declare.</p> <p>30.10.21 <i>Woll</i></p>
--

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: 31.10.2021

Your Name: Prof. Jens Marquardt

Manuscript Title: Microvascular invasion of hepatocellular carcinoma predicts microvascular invasion of its recurrence - Potential implications for salvage liver transplantation?

Manuscript number (if known): __HBSN-21-346

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	JUM received honoraria from Bayer, Roche, Ipsen, LeapTx, AstraZeneca	Payments were made to me
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	JUM participated in advisory boards for Bayer, Eisai, AstraZeneca, Roche	Payments were made to me
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	

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

<p>No conflict of interest to declare.</p> <p style="color: red; text-align: center;">这里请改为: JUM participated in advisory boards for Bayer, Eisai, AstraZeneca, Roche.</p>
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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.

31.01.2021



Man Engel

ICMJE DISCLOSURE FORM

Date: 30.10.2021

Your Name: Arndt Weinmann, MD

Manuscript Title: Microvascular invasion of hepatocellular carcinoma predicts microvascular invasion of its recurrence - Potential implications for salvage liver transplantation?

Manuscript number (if known): __HBSN-21-346

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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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No conflict of interest to declare.

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.

20-05-2021


ICMJE DISCLOSURE FORM

Date: 30.10.2021

Your Name: Uwe Scheuermann, MD

Manuscript Title: Microvascular invasion of hepatocellular carcinoma predicts microvascular invasion of its recurrence - Potential implications for salvage liver transplantation?

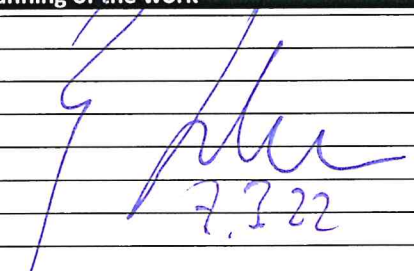
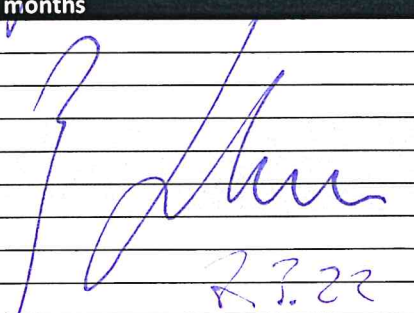
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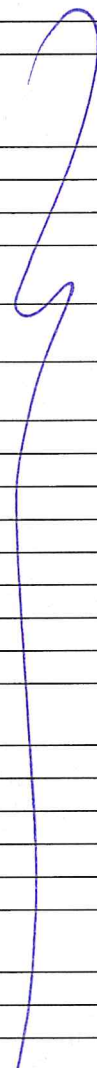
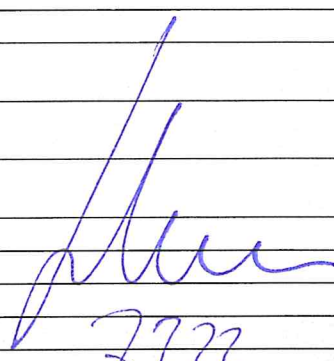
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None <input checked="" type="checkbox"/>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None <input checked="" type="checkbox"/>	
3	Royalties or licenses	None <input checked="" type="checkbox"/>	
4	Consulting fees	None <input checked="" type="checkbox"/>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	<input checked="" type="checkbox"/>		
6	Payment for expert testimony	None	<input checked="" type="checkbox"/>		
7	Support for attending meetings and/or travel	None	<input checked="" type="checkbox"/>		
8	Patents planned, issued or pending	None	<input checked="" type="checkbox"/>		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	<input checked="" type="checkbox"/>		7.7.22
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	<input checked="" type="checkbox"/>		
11	Stock or stock options	None	<input checked="" type="checkbox"/>		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	<input checked="" type="checkbox"/>		
13	Other financial or non-financial interests	None	<input checked="" type="checkbox"/>		

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

<p>No conflict of interest to declare.</p>  <p>Dr. med. Uwe Scheuermann Facharzt Klinik für Viszeral-, Transplantations-, Thorax- und Gefäßchirurgie</p>
--

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: 30.10.2021

Your Name: Prof. Gerd Otto

Manuscript Title: Microvascular invasion of hepatocellular carcinoma predicts microvascular invasion of its recurrence - Potential implications for salvage liver transplantation?

Manuscript number (if known): __HBSN-21-346

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4	Consulting fees	None	


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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	
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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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No conflict of interest to declare.

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ICMJE DISCLOSURE FORM

Date: 30.10.2021

Your Name: Prof. Peter R Galle

Manuscript Title: Microvascular invasion of hepatocellular carcinoma predicts microvascular invasion of its recurrence - Potential implications for salvage liver transplantation?

Manuscript number (if known): __HBSN-21-346

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Time frame: past 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	Bayer, Boston Scientific, AstraZeneca, Adaptimmune, BMS,	To me

		Eisai, MSD, Sirtex, Lilly, Roche, Guerbet, Ipsen.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Bayer Adaptimmune, , Sirtex, Lilly, Roche, Ipsen.	To me
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	
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13	Other financial or non-financial interests	None	

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

PRG receives consulting fees from Bayer, Boston Scientific, AstraZeneca, Adaptimmune, BMS, Eisai, MSD, Sirtex, Lilly, uerbet, Ipsen; and payment or honoraria from Bayer Adaptimmune, , Sirtex, Lilly, Roche, Ipsen.

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

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ICMJE DISCLOSURE FORM

Date: 30.10.2021

Your Name: Prof. Beate K. Straub

Manuscript Title: Microvascular invasion of hepatocellular carcinoma predicts microvascular invasion of its recurrence - Potential implications for salvage liver transplantation?

Manuscript number (if known): __HBSN-21-346

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 Prof. Dr. Peate Stroud

ICMJE DISCLOSURE FORM

Date: 30.10.2021

Your Name: Prof. Hauke Lang

Manuscript Title: Microvascular invasion of hepatocellular carcinoma predicts microvascular invasion of its recurrence - Potential implications for salvage liver transplantation?

Manuscript number (if known): __HBSN-21-346

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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	

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

No conflict of interest to declare.

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.