

ICMJE DISCLOSURE FORM

Date: 9/6/2023

Your Name: A.E. Braat

Manuscript Title: Survival benefit from liver transplantation for patients with and without hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00062R1

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 8/9/2023

Your Name: B.F.J. Goudsmit

Manuscript Title: Survival benefit from liver transplantation for patients with and without hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00062R1

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ICMJE DISCLOSURE FORM

Date: 9/6/2023

Your Name: H. Putter

Manuscript Title: Survival benefit from liver transplantation for patients with and without hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00062R1

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Your Name: B. Van Hoek

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Date: 9/3/2023

Your Name: Ian Patrick Joseph ALWAYN

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Astellas Pharma	Institution
		Chiese	Institution
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Metra study UHN, Toronto	None
		PLUS study, UK	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	

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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	

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: 9/4/2023

Your Name: Ilaria Prospe

Manuscript Title: Survival benefit from liver transplantation for patients with and without hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00062R1

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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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: 9/2/2023

Your Name: M.E. Tushuizen

Manuscript Title: Survival benefit from liver transplantation for patients with and without hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00062R1

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: 9/4/2023

Your Name: VINCENZO MAZZAFERRO

Manuscript Title: [Click or tap here to enter text.](#)

Manuscript Number (if known): JHEPR-D-22-00062R1

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 SEPT 23

