

ICMJE DISCLOSURE FORM

Date: 2023/07/11

Your Name: Jie Zhao

Manuscript Title: Efficacy and safety of regorafenib plus immune checkpoint inhibitor in patients with advanced hepatocellular carcinoma following the failure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor therapy: a retrospective study

Manuscript number (if known): _____

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	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

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

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: 2023/07/14
 Your Name: Yongzhong Guo
 Manuscript Title: Efficacy and safety of regorafenib plus immune checkpoint inhibitor in patients with advanced hepatocellular carcinoma following the failure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor therapy: a retrospective study
 Manuscript number (if known): _____

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: 2023/07/13

Your Name: Tianshuo Feng

Manuscript Title: Efficacy and safety of regorafenib plus immune checkpoint inhibitor in patients with advanced hepatocellular carcinoma following the failure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor therapy: a retrospective study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/07/11

Your Name: Dawei Rong

Manuscript Title: Efficacy and safety of regorafenib plus immune checkpoint inhibitor in patients with advanced hepatocellular carcinoma following the failure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor therapy: a retrospective study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/07/04

Your Name: Xiangyi Kong

Manuscript Title: Efficacy and safety of regorafenib plus immune checkpoint inhibitor in patients with advanced hepatocellular carcinoma following the failure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor therapy: a retrospective study

Manuscript number (if known): _____

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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: 2023/07/17

Your Name: Tian Huang

Manuscript Title: Efficacy and safety of regorafenib plus immune checkpoint inhibitor in patients with advanced hepatocellular carcinoma following the failure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor therapy: a retrospective study

Manuscript number (if known): _____

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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: 07-07-23

Your Name: Victor Lopez-Lopez

Manuscript Title: Efficacy and safety of regorafenib plus immune checkpoint inhibitor in patients with advanced hepatocellular carcinoma following the failure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor therapy: a retrospective study

Manuscript number (if known): _____

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

I declare no conflict of interest

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: 7/9/2023

Your Name: Hooman Yarmohammadi

Manuscript Title: Efficacy and safety of regorafenib plus immune checkpoint inhibitor in patients with advanced hepatocellular carcinoma following the failure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor therapy: a retrospective study

Manuscript number (if known): _____

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Nothing to disclose

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 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: 9th July, 2023

Your Name: Yoshihiro SAKAMOTO

Manuscript Title: Efficacy and safety of regorafenib in patients with advanced hepatocellular carcinoma following the failure of immune checkpoint inhibitor plus tyrosine kinase inhibitor therapy: a retrospective study

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: 2023/07/12

Your Name: Deming Zhu

Manuscript Title: Efficacy and safety of regorafenib plus immune checkpoint inhibitor in patients with advanced hepatocellular carcinoma following the failure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor therapy: a retrospective study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/07/14

Your Name: Aihua Yao

Manuscript Title: Efficacy and safety of regorafenib plus immune checkpoint inhibitor in patients with advanced hepatocellular carcinoma following the failure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor therapy: a retrospective study

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2023/07/17

Your Name: Yongxiang Xia

Manuscript Title: Efficacy and safety of regorafenib plus immune checkpoint inhibitor in patients with advanced hepatocellular carcinoma following the failure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor therapy: a retrospective study

Manuscript number (if known): _____

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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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