| Date:               | 2023/07/11         |   |
|---------------------|--------------------|---|
| Your Name:          | Jie Zhao           |   |
| Manuscript Title:   | Efficacy and saf   | ety of regorafenib plus immune checkpoint inhibitor in patients with advanced     |
| hepatocellular carc | inoma following th | ne failure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor |
| therapy: a retrospe | ctive study        |   |
| Manuscript number   | r (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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                               | 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   | None   |   |
|   | manuscript (e.g., funding,    |  |   |
|   | provision of study materials, |  |   |
|   | medical writing, article      |  |   |
|   | processing charges, etc.)     |  |   |
|   | No time limit for this item.  |  |   |
|   |                               |  |   |
|   |                               |  |   |
|   |                               | Time frame: past   | 36 months   |
| 2 | Grants or contracts from      | None   |   |
|   | any entity (if not indicated  |  |   |
|   | in item #1 above).            |  |   |
| 3 | Royalties or licenses         | None   |   |
|   |                               |  |   |
|   |                               |  |   |
| 4 | Consulting fees               | None   |   |

| 5    | Payment or honoraria for                              | None                           |            |
|------|---|--------------------------------|------------|
|      | lectures, presentations,                              |                                |            |
|      | speakers bureaus,                                     |                                |            |
|      | manuscript writing or educational events              |                                |            |
| 6    | Payment for expert                                    | None                           |            |
|      | testimony   |                                |            |
|      | ,   |                                |            |
| 7    | Support for attending meetings and/or travel          | None                           |            |
|      | meetings and, or travel                               |                                |            |
|      |   |                                |            |
| 8    | Patents planned, issued or                            | None                           |            |
|      | pending   |                                |            |
|      |   |                                |            |
| 9    | Participation on a Data                               | None                           |            |
|      | Safety Monitoring Board or                            |                                |            |
| 10   | Advisory Board  | Nana                           |            |
| 10   | Leadership or fiduciary role in other board, society, | None                           |            |
|      | committee or advocacy                                 |                                |            |
|      | group, paid or unpaid                                 |                                |            |
| 11   | Stock or stock options                                | None                           |            |
|      | ·   |                                |            |
|      |   |                                |            |
| 12   | Receipt of equipment,                                 | None                           |            |
|      | materials, drugs, medical                             |                                |            |
|      | writing, gifts or other services                      |                                |            |
| 13   | Other financial or non-                               | None                           |            |
|      | financial interests                                   |                                |            |
|      |   |                                |            |
|      |   |                                |            |
| D!   | and a community of the control of                     | uflick of interest to the fell | audea hau  |
| riea | ise summarize the above co                            | miner of interest in the foll  | UWING DUX: |

| None |  |  |  |
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|      |  |  |  |

| Date:               | 2023/07/14                |  |
|---------------------|---------------------------|--|
| Your Name:          | Yongzhong Guo             |  |
| Manuscript Title:   | Efficacy and safety of r  | egorafenib plus immune checkpoint inhibitor in patients with advanced            |
| hepatocellular carc | inoma following the failu | <u>re of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor</u> |
| therapy: a retrospe | ctive study               |  |
| Manuscript numbe    | r (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 <u>current manuscript only</u>.

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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) |
|---|-------------------------------|--|---|
|   |                               | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present   | None   |   |
|   | manuscript (e.g., funding,    |  |   |
|   | provision of study materials, |  |   |
|   | medical writing, article      |  |   |
|   | processing charges, etc.)     |  |   |
|   | No time limit for this item.  |  |   |
|   |                               |  |   |
|   |                               |  |   |
|   |                               | Time frame: past   | 36 months   |
| 2 | Grants or contracts from      | None   |   |
|   | any entity (if not indicated  |  |   |
|   | in item #1 above).            |  |   |
| 3 | Royalties or licenses         | None   |   |
|   |                               |  |   |
|   |                               |  |   |
| 4 | Consulting fees               | None   |   |

| 5    | Payment or honoraria for lectures, presentations, | None                          |            |
|------|---|-------------------------------|------------|
|      |   |                               |            |
|      | speakers bureaus,                                 |                               |            |
|      | manuscript writing or                             |                               |            |
|      | educational events                                |                               |            |
| 6    | Payment for expert                                | None                          |            |
|      | testimony   |                               |            |
|      |   |                               |            |
| 7    | Support for attending                             | None                          |            |
|      | meetings and/or travel                            |                               |            |
|      |   |                               |            |
|      |   |                               |            |
|      |   |                               |            |
| 8    | Patents planned, issued or                        | None                          |            |
|      | pending   |                               |            |
|      |   |                               |            |
| 9    | Participation on a Data                           | None                          |            |
|      | Safety Monitoring Board or                        |                               |            |
|      | Advisory Board                                    |                               |            |
| 10   | Leadership or fiduciary role                      | None                          |            |
|      | in other board, society,                          |                               |            |
|      | committee or advocacy                             |                               |            |
|      | group, paid or unpaid                             |                               |            |
| 11   | Stock or stock options                            | None                          |            |
|      |   |                               |            |
|      |   |                               |            |
| 12   | Receipt of equipment,                             | None                          | _          |
|      | materials, drugs, medical                         |                               | _          |
|      | writing, gifts or other                           |                               |            |
| 4.0  | services  |                               |            |
| 13   | Other financial or non-                           | None                          |            |
|      | financial interests                               |                               |            |
|      |   |                               |            |
|      |   |                               |            |
| Plea | ase summarize the above co                        | nflict of interest in the fol | owing hox: |
|      |   |                               |            |
| N    | lone  |                               |            |
| '`   |   |                               |            |
|      |   |                               |            |
|      |   |                               |            |

| Date:               | 2023/07/13           |   |
|---------------------|----------------------|---|
| Your Name:          | Tianshuo Feng        |   |
| Manuscript Title:   | Efficacy and safety  | of regorafenib plus immune checkpoint inhibitor in patients with advanced     |
| hepatocellular carc | noma following the f | ailure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor |
| therapy: a retrospe | ctive study          |   |
| Manuscript number   | r (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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution)  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                          | None                           |            |   |
|------|---|--------------------------------|------------|---|
|      | lectures, presentations,                          |                                |            |   |
|      | speakers bureaus,<br>manuscript writing or        |                                |            |   |
|      | educational events                                |                                |            |   |
| 6    | Payment for expert                                | None                           |            | _ |
|      | testimony   |                                |            |   |
|      |   |                                |            |   |
| 7    | Support for attending meetings and/or travel      | None                           |            |   |
|      |   |                                |            |   |
|      |   |                                |            |   |
| 8    | Patents planned, issued or                        | None                           |            |   |
|      | pending   |                                |            |   |
| 9    | Participation on a Data                           | None                           |            |   |
|      | Safety Monitoring Board or                        | None                           |            |   |
|      | Advisory Board                                    |                                |            | Т |
| 10   | Leadership or fiduciary role                      | None                           |            |   |
|      | in other board, society,                          |                                |            |   |
|      | committee or advocacy group, paid or unpaid       |                                |            |   |
| 11   | Stock or stock options                            | None                           |            |   |
|      |   |                                |            |   |
|      |   |                                |            |   |
| 12   | Receipt of equipment,                             | None                           |            |   |
|      | materials, drugs, medical writing, gifts or other |                                |            |   |
|      | services  |                                |            |   |
| 13   | Other financial or non-                           | None                           |            | Т |
|      | financial interests                               |                                |            |   |
|      |   |                                |            |   |
| Plea | se summarize the above co                         | nflict of interest in the foll | owing box: |   |
|      |   |                                |            |   |
| N    | one   |                                |            |   |
|      |   |                                |            |   |
|      |   |                                |            |   |

| Date:               | 2023/07/11          |  |
|---------------------|---------------------|--|
| Your Name:          | Dawei Rong          |  |
| Manuscript Title:   | Efficacy and safet  | y of regorafenib plus immune checkpoint inhibitor in patients with advanced    |
| hepatocellular carc | inoma following the | failure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor |
| therapy: a retrospe | ctive study         |  |
| Manuscript numbe    | r (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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                               | 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   | None   |   |
|   | manuscript (e.g., funding,    |  |   |
|   | provision of study materials, |  |   |
|   | medical writing, article      |  |   |
|   | processing charges, etc.)     |  |   |
|   | No time limit for this item.  |  |   |
|   |                               |  |   |
|   |                               |  |   |
|   |                               | Time frame: past   | 36 months   |
| 2 | Grants or contracts from      | None   |   |
|   | any entity (if not indicated  |  |   |
|   | in item #1 above).            |  |   |
| 3 | Royalties or licenses         | None   |   |
|   |                               |  |   |
|   |                               |  |   |
| 4 | Consulting fees               | None   |   |

| 5    | Payment or honoraria for  | None |  |   |  |
|------|---|------|--|---|--|
|      | lectures, presentations,  |      |  |   |  |
|      | speakers bureaus,   |      |  |   |  |
|      | manuscript writing or   |      |  |   |  |
|      | educational events  |      |  |   |  |
| 6    | Payment for expert  | None |  |   |  |
|      | testimony   |      |  |   |  |
|      |   |      |  |   |  |
| 7    | Support for attending meetings and/or travel                          | None |  |   |  |
|      |   |      |  |   |  |
|      |   |      |  |   |  |
| 8    | Patents planned, issued or  | None |  |   |  |
|      | pending   |      |  |   |  |
|      |   |      |  | _ |  |
| 9    | Participation on a Data   | None |  |   |  |
|      | Safety Monitoring Board or  |      |  |   |  |
|      | Advisory Board  |      |  |   |  |
| 10   | Leadership or fiduciary role  | None |  |   |  |
|      | in other board, society,  |      |  |   |  |
|      | committee or advocacy   |      |  |   |  |
| 11   | group, paid or unpaid   | Name |  |   |  |
| 11   | Stock or stock options  | None |  | - |  |
|      |   |      |  | _ |  |
| 12   | Receipt of equipment,   | None |  | _ |  |
| 12   | materials, drugs, medical   | None |  | _ |  |
|      | writing, gifts or other   |      |  | _ |  |
|      | services  |      |  |   |  |
| 13   | Other financial or non-   | None |  |   |  |
| 13   | financial interests   |      |  |   |  |
|      | manda meereses  |      |  |   |  |
|      |   |      |  |   |  |
|      |   |      |  |   |  |
| Plea | Please summarize the above conflict of interest in the following box: |      |  |   |  |
| N    | one   |      |  |   |  |
|      |   |      |  |   |  |
|      |   |      |  |   |  |

| Date:               | 2023/07/04          |   |
|---------------------|---------------------|---|
| Your Name:          | Xiangyi Kong_       |   |
| Manuscript Title:   | Efficacy and safety | of regorafenib plus immune checkpoint inhibitor in patients with advanced             |
| hepatocellular carc | inoma following the | <u>failure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor</u> |
| therapy: a retrospe | ctive study         |   |
| Manuscript number   | r (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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                               | 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   | None   |   |
|   | manuscript (e.g., funding,    |  |   |
|   | provision of study materials, |  |   |
|   | medical writing, article      |  |   |
|   | processing charges, etc.)     |  |   |
|   | No time limit for this item.  |  |   |
|   |                               |  |   |
|   |                               |  |   |
|   |                               | Time frame: past   | 36 months   |
| 2 | Grants or contracts from      | None   |   |
|   | any entity (if not indicated  |  |   |
|   | in item #1 above).            |  |   |
| 3 | Royalties or licenses         | None   |   |
|   |                               |  |   |
|   |                               |  |   |
| 4 | Consulting fees               | None   |   |

| 5    | Payment or honoraria for  | None |  |  |  |
|------|---|------|--|--|--|
|      | lectures, presentations,  |      |  |  |  |
|      | speakers bureaus,   |      |  |  |  |
|      | manuscript writing or   |      |  |  |  |
|      | educational events  |      |  |  |  |
| 6    | Payment for expert  | None |  |  |  |
|      | testimony   |      |  |  |  |
|      |   |      |  |  |  |
| 7    | Support for attending   | None |  |  |  |
|      | meetings and/or travel  |      |  |  |  |
|      |   |      |  |  |  |
|      |   |      |  |  |  |
|      |   |      |  |  |  |
| 8    | Patents planned, issued or  | None |  |  |  |
|      | pending   |      |  |  |  |
|      |   |      |  |  |  |
| 9    | Participation on a Data   | None |  |  |  |
|      | Safety Monitoring Board or  |      |  |  |  |
|      | Advisory Board  |      |  |  |  |
| 10   | Leadership or fiduciary role  | None |  |  |  |
| -~   | in other board, society,  |      |  |  |  |
|      | committee or advocacy   |      |  |  |  |
|      | group, paid or unpaid   |      |  |  |  |
| 11   | Stock or stock options  | None |  |  |  |
| _    | 1,2.5.13  |      |  |  |  |
|      |   |      |  |  |  |
| 12   | Receipt of equipment,   | None |  |  |  |
|      | materials, drugs, medical   |      |  |  |  |
|      | writing, gifts or other   |      |  |  |  |
|      | services  |      |  |  |  |
| 13   | Other financial or non-   | None |  |  |  |
|      | financial interests   |      |  |  |  |
|      |   |      |  |  |  |
|      |   |      |  |  |  |
|      |   |      |  |  |  |
| Plea | Please summarize the above conflict of interest in the following box: |      |  |  |  |
|      |   |      |  |  |  |
| N    | lone  |      |  |  |  |
|      |   |      |  |  |  |
|      |   |      |  |  |  |
|      |   |      |  |  |  |

| Date:               | 2023/07/17          |  |
|---------------------|---------------------|--|
| Your Name:          | Tian Huang          |  |
| Manuscript Title:   | Efficacy and safet  | y of regorafenib plus immune checkpoint inhibitor in patients with advanced    |
| hepatocellular carc | inoma following the | failure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor |
| therapy: a retrospe | ctive study         |  |
| Manuscript number   | r (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 <u>current manuscript only</u>.

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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) |
|---|-------------------------------|--|---|
|   |                               | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present   | None   |   |
|   | manuscript (e.g., funding,    |  |   |
|   | provision of study materials, |  |   |
|   | medical writing, article      |  |   |
|   | processing charges, etc.)     |  |   |
|   | No time limit for this item.  |  |   |
|   |                               |  |   |
|   |                               |  |   |
|   |                               | Time frame: past   | 36 months   |
| 2 | Grants or contracts from      | None   |   |
|   | any entity (if not indicated  |  |   |
|   | in item #1 above).            |  |   |
| 3 | Royalties or licenses         | None   |   |
|   |                               |  |   |
|   |                               |  |   |
| 4 | Consulting fees               | None   |   |

| 5    | Payment or honoraria for  | None |            |  |  |
|------|---|------|------------|--|--|
|      | lectures, presentations,  |      |            |  |  |
|      | speakers bureaus,   |      |            |  |  |
|      | manuscript writing or   |      |            |  |  |
|      | educational events  | N    |            |  |  |
| 6    | Payment for expert  | None |            |  |  |
|      | testimony   |      |            |  |  |
| -    | Compant for a think   | N.c  |            |  |  |
| 7    | Support for attending meetings and/or travel                          | None |            |  |  |
|      | by ana, or travel   |      |            |  |  |
|      |   |      |            |  |  |
|      |   |      |            |  |  |
| 8    | Patents planned, issued or  | None |            |  |  |
|      | pending   |      |            |  |  |
|      |   |      |            |  |  |
| 9    | Participation on a Data   | None |            |  |  |
|      | Safety Monitoring Board or  |      |            |  |  |
|      | Advisory Board  |      |            |  |  |
| 10   | Leadership or fiduciary role in other board, society,                 | None |            |  |  |
|      |   |      |            |  |  |
|      | committee or advocacy group, paid or unpaid                           |      |            |  |  |
| 11   | Stock or stock options  | None |            |  |  |
|      |   |      |            |  |  |
|      |   |      |            |  |  |
| 12   | Receipt of equipment,   | None |            |  |  |
|      | materials, drugs, medical writing, gifts or other                     |      |            |  |  |
|      |   |      |            |  |  |
|      | services  |      |            |  |  |
| 13   | Other financial or non-   | None |            |  |  |
|      | financial interests   |      |            |  |  |
|      |   |      |            |  |  |
|      |   |      |            |  |  |
| Diag | Please summarize the above conflict of interest in the following box: |      |            |  |  |
| ried |   |      | owing box. |  |  |
| N    | lone  |      |            |  |  |
| '    |   |      |            |  |  |
|      |   |      |            |  |  |
|      |   |      |            |  |  |

| 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):   |  |  |  |

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| 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. | XNone   |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | Time frame: pastXNone   | 36 months   |
| 3 | Royalties or licenses   | XNone   |   |
| 4 | Consulting fees   | _XNone  |   |

| 5  | Payment or honoraria for   | X None  |  |  |
|----|--|---------|--|--|
| )  | lectures, presentations,   |         |  |  |
|    | speakers bureaus,  |         |  |  |
|    | manuscript writing or  |         |  |  |
|    | educational events   |         |  |  |
| 6  | Payment for expert   | _XNone  |  |  |
|    | testimony  |         |  |  |
|    |  |         |  |  |
| 7  | Support for attending meetings and/or travel   | _XNone  |  |  |
|    | meetings and/or traver   |         |  |  |
|    |  |         |  |  |
|    |  |         |  |  |
| 8  | Patents planned, issued or   | X None  |  |  |
| 0  | pending  |         |  |  |
|    | perioriB   |         |  |  |
| 9  | Participation on a Data  | X None  |  |  |
|    | Safety Monitoring Board or   |         |  |  |
|    | Advisory Board   |         |  |  |
| 10 | Leadership or fiduciary role   | _XNone  |  |  |
|    | in other board, society,   |         |  |  |
|    | committee or advocacy  |         |  |  |
|    | group, paid or unpaid  | .,      |  |  |
| 11 | Stock or stock options   | _XNone  |  |  |
|    |  |         |  |  |
| 12 | Descipt of aguinment   | V. None |  |  |
| 12 | Receipt of equipment, materials, drugs, medical  | XNone   |  |  |
|    | writing, gifts or other  |         |  |  |
|    | services   |         |  |  |
| 13 | Other financial or non-  | XNone   |  |  |
|    | financial interests  |         |  |  |
|    |  |         |  |  |
|    | Please summarize the above conflict of interest in the following box:  I declare no conflict of interest |         |  |  |
|    |  |         |  |  |

7/0/2022

| 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):   |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution)  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<br>Safety Monitoring Board or<br>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,<br>materials, drugs, medical<br>writing, gifts or other<br>services                    | None                          |              |
| 13 | Other financial or non-<br>financial interests   | None                          |              |
|    | ease summarize the above co  | onflict of interest in the fo | llowing box: |

Date: 9<sup>th</sup> 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| 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  | None |  |  |  |
|-----|---|------|--|--|--|
|     | lectures, presentations,  |      |  |  |  |
|     | speakers bureaus,   |      |  |  |  |
|     | manuscript writing or   |      |  |  |  |
|     | educational events  |      |  |  |  |
| 6   | Payment for expert  | None |  |  |  |
|     | testimony   |      |  |  |  |
|     |   |      |  |  |  |
| 7   | Support for attending meetings and/or travel                          | None |  |  |  |
|     |   |      |  |  |  |
|     |   |      |  |  |  |
| 8   | Patents planned, issued or  | None |  |  |  |
|     | pending   |      |  |  |  |
|     |   |      |  |  |  |
| 9   | Participation on a Data   | None |  |  |  |
|     | Safety Monitoring Board or  |      |  |  |  |
|     | Advisory Board  |      |  |  |  |
| 10  | Leadership or fiduciary role  | None |  |  |  |
|     | in other board, society,  |      |  |  |  |
|     | committee or advocacy group, paid or unpaid                           |      |  |  |  |
| 11  | Stock or stock options  | None |  |  |  |
|     |   |      |  |  |  |
|     |   |      |  |  |  |
| 12  | Receipt of equipment,   | None |  |  |  |
|     | materials, drugs, medical   |      |  |  |  |
|     | writing, gifts or other   |      |  |  |  |
|     | services  |      |  |  |  |
| 13  | Other financial or non-   | None |  |  |  |
|     | financial interests   |      |  |  |  |
|     |   |      |  |  |  |
|     |   |      |  |  |  |
| Dle | Please summarize the above conflict of interest in the following box: |      |  |  |  |
| rit | riease summanze the above commet of interest in the following box.    |      |  |  |  |

None

| Date:               | 2023/07/12          | <del>-</del>   |
|---------------------|---------------------|--|
| Your Name:          | Deming Zhu          |  |
| Manuscript Title:   | Efficacy and safet  | y of regorafenib plus immune checkpoint inhibitor in patients with advanced    |
| hepatocellular carc | inoma following the | failure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor |
| therapy: a retrospe | ctive study         |  |
| Manuscript number   | r (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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |                               | 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   | None   |   |
|   | manuscript (e.g., funding,    |  |   |
|   | provision of study materials, |  |   |
|   | medical writing, article      |  |   |
|   | processing charges, etc.)     |  |   |
|   | No time limit for this item.  |  |   |
|   |                               |  |   |
|   |                               |  |   |
|   |                               | Time frame: past   | 36 months   |
| 2 | Grants or contracts from      | None   |   |
|   | any entity (if not indicated  |  |   |
|   | in item #1 above).            |  |   |
| 3 | Royalties or licenses         | None   |   |
|   |                               |  |   |
|   |                               |  |   |
| 4 | Consulting fees               | None   |   |

| 5   | Payment or honoraria for                              | None |  |  |
|---|---|------|--|--|
|   | lectures, presentations,                              |      |  |  |
|   | speakers bureaus,                                     |      |  |  |
|   | manuscript writing or                                 |      |  |  |
|   | educational events                                    |      |  |  |
| 6   | Payment for expert                                    | None |  |  |
|   | testimony   |      |  |  |
|   |   |      |  |  |
| 7   | Support for attending meetings and/or travel          | None |  |  |
|   |   |      |  |  |
|   |   |      |  |  |
| 8   | Patents planned, issued or                            | None |  |  |
|   | pending   |      |  |  |
|   |   |      |  |  |
| 9   | Participation on a Data                               | None |  |  |
|   | Safety Monitoring Board or                            |      |  |  |
|   | Advisory Board  |      |  |  |
| 10  | Leadership or fiduciary role in other board, society, | None |  |  |
|   |   |      |  |  |
|   | committee or advocacy group, paid or unpaid           |      |  |  |
| 11  | Stock or stock options                                | None |  |  |
|   |   |      |  |  |
|   |   |      |  |  |
| 12  | Receipt of equipment,                                 | None |  |  |
|   | materials, drugs, medical                             |      |  |  |
|   | writing, gifts or other                               |      |  |  |
|   | services  |      |  |  |
| 13  | Other financial or non-                               | None |  |  |
|   | financial interests                                   |      |  |  |
|   |   |      |  |  |
| Please summarize the above conflict of interest in the following box: |   |      |  |  |
| N   | one   |      |  |  |
|   |   |      |  |  |
|   |   |      |  |  |
| - 1   |   |      |  |  |

| Date:               | 2023/07/14         | <del>_</del>   |
|---------------------|--------------------|--|
| Your Name:          | Aihua Yao          |  |
| Manuscript Title:   | Efficacy and safe  | ty of regorafenib plus immune checkpoint inhibitor in patients with advanced   |
| hepatocellular carc | noma following the | failure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor |
| therapy: a retrospe | ctive study        |  |
| Manuscript number   | r (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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

|   |  | 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                        | None   |   |
|   | manuscript (e.g., funding,                         |  |   |
|   | provision of study materials,                      |  |   |
|   | medical writing, article processing charges, etc.) |  |   |
|   |  |  |   |
|   | No time limit for this item.                       |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                           | None   |   |
|   | any entity (if not indicated                       |  |   |
|   | in item #1 above).                                 |  |   |
| 3 | Royalties or licenses                              | None   |   |
|   |  |  |   |
|   |  |  |   |
| 4 | Consulting fees                                    | None   |   |

|      |  |                                  | 1          |  |  |
|------|--|----------------------------------|------------|--|--|
| _    |  | N.                               |            |  |  |
| 5    |  | None                             |            |  |  |
|      | lectures, presentations, speakers bureaus,     |                                  |            |  |  |
|      | manuscript writing or                          |                                  |            |  |  |
|      | educational events                             |                                  |            |  |  |
| 6    | Payment for expert                             | None                             |            |  |  |
|      | testimony                                      |                                  |            |  |  |
|      |  |                                  |            |  |  |
| 7    | Support for attending                          | None                             |            |  |  |
|      | meetings and/or travel                         |                                  |            |  |  |
|      |  |                                  |            |  |  |
|      |  |                                  |            |  |  |
| 0    | Datanta plannad issued ==                      | None                             |            |  |  |
| 8    | Patents planned, issued or pending             | None                             | +          |  |  |
|      | Lecusiup                                       |                                  |            |  |  |
| 9    | Participation on a Data                        | None                             |            |  |  |
|      | Safety Monitoring Board or                     |                                  |            |  |  |
|      | Advisory Board                                 |                                  |            |  |  |
| 10   | Leadership or fiduciary role                   | None                             |            |  |  |
|      | in other board, society,                       |                                  |            |  |  |
|      | committee or advocacy                          |                                  |            |  |  |
| 11   | group, paid or unpaid Stock or stock options   | None                             |            |  |  |
| 11   | Stock of Stock options                         | None                             |            |  |  |
|      |  |                                  |            |  |  |
| 12   | Receipt of equipment,                          | None                             |            |  |  |
|      | materials, drugs, medical                      |                                  |            |  |  |
|      | writing, gifts or other                        |                                  |            |  |  |
| 12   | Services Other financial or non                | None                             |            |  |  |
| 13   | Other financial or non-<br>financial interests | None                             |            |  |  |
|      | inialiciai inicerests                          |                                  |            |  |  |
|      |  |                                  |            |  |  |
|      |  |                                  |            |  |  |
| Plea | ase summarize the above co                     | nflict of interest in the follow | owing box: |  |  |
|      |  |                                  |            |  |  |
| N    | lone   |                                  |            |  |  |
|      |  |                                  |            |  |  |
| - 1  |  |                                  |            |  |  |

| Date:                | 2023/07/17          | <del>-</del>  |
|----------------------|---------------------|---|
| Your Name:           | Yongxiang Xia       |   |
| Manuscript Title:    | Efficacy and safety | of regorafenib plus immune checkpoint inhibitor in patients with advanced             |
| hepatocellular carci | noma following the  | <u>failure of combined tyrosine kinase inhibitor plus immune checkpoint inhibitor</u> |
| therapy: a retrospe  | ctive study         |   |
| Manuscript number    | r (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 <u>current manuscript only</u>.

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|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution)  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  |   |

| _    | Decimand and heart of                                 | News                           |            |
|------|---|--------------------------------|------------|
| 5    | •   | None                           |            |
|      | lectures, presentations, speakers bureaus,            |                                |            |
|      | manuscript writing or                                 |                                |            |
|      | educational events                                    |                                |            |
| 6    | Payment for expert                                    | None                           |            |
|      | testimony   |                                |            |
| _    |   |                                |            |
| 7    | Support for attending                                 | None                           |            |
|      | meetings and/or travel                                |                                |            |
|      |   |                                |            |
|      |   |                                |            |
| 8    | Patents planned, issued or                            | None                           |            |
|      | pending   |                                |            |
|      |   |                                |            |
| 9    | Participation on a Data                               | None                           |            |
|      | Safety Monitoring Board or                            |                                |            |
| 10   | Advisory Board  | None                           |            |
| 10   | Leadership or fiduciary role in other board, society, | None                           |            |
|      | committee or advocacy                                 |                                |            |
|      | group, paid or unpaid                                 |                                |            |
| 11   | Stock or stock options                                | None                           |            |
|      |   |                                |            |
|      |   |                                |            |
| 12   | Receipt of equipment,                                 | None                           |            |
|      | materials, drugs, medical writing, gifts or other     |                                |            |
|      | services  |                                |            |
| 13   | Other financial or non-                               | None                           |            |
|      | financial interests                                   |                                |            |
|      |   |                                |            |
|      |   |                                |            |
| Plea | ase summarize the above co                            | nflict of interest in the foll | owing box: |
|      |   |                                |            |
| ı    | lone  |                                |            |
|      |   |                                |            |
|      |   |                                |            |
|      |   |                                |            |