

ICMJE DISCLOSURE FORM

Date: 12/2/2023

Your Name: [Alexander Weich]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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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Time frame: past 36 months									
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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4	Consulting fees	<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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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: 12/2/2023

Your Name: [Andreas Geier]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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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 AbbVie, Alexion, Bayer, BMS, CSL Behring, Eisai, Falk, Gilead, Heel, Intercept, Ipsen, Merz, MSD, Novartis, Pfizer, Roche, Sanofi-Aventis, Sequana	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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 AbbVie, Alexion, Bayer, BMS, CSL Behring, Eisai, Falk, Gilead, Heel, Intercept, Ipsen, Merz, MSD, Novartis, Pfizer, Roche, Sanofi-Aventis, Sequana	
10	Leadership or fiduciary role in other board, society, committee or	<input checked="" type="checkbox"/> None	

		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)
	advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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	

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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: 12/2/2023

Your Name: Bernhard Scheiner

Manuscript Title: Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events

Manuscript Number (if known): JHEPR-D-23-01009

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ICMJE DISCLOSURE FORM

Date: 12/2/2023

Your Name: [Catherine Leyh]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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ICMJE DISCLOSURE FORM

Date: 12/2/2023

Your Name: [Enrico N. De Toni]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;">Arqule, AstraZeneca, BMS, Bayer, Eli Lilly, and Roche</td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Arqule, AstraZeneca, BMS, Bayer, Eli Lilly, and Roche					
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		AstraZeneca, Bayer, BMS, Eisai, Eli Lilly & Co, Pfizer, IPSEN, and Roche.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		BMS and Falk Foundation	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 12/2/2023

Your Name: [Florian P Reiter]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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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Time frame: past 36 months									
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>Gilead</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Gilead								
Gilead											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>Falk Foundation, AbbVie, Gilead, Ipsen, Astra Zeneca and Novartis</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Falk Foundation, AbbVie, Gilead, Ipsen, Astra Zeneca and Novartis								
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr><td>Falk Foundation, AbbVie, Gilead, Ipsen, Astra Zeneca and Novartis</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Falk Foundation, AbbVie, Gilead, Ipsen, Astra Zeneca and Novartis								
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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: 12/2/2023

Your Name: [Friedrich Sinner]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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: 12/2/2023

Your Name: [Hans Benno Leicht]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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ICMJE DISCLOSURE FORM

Date: 12/2/2023

Your Name: [Ignazio Piseddu]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1043 1516 1146"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 12/2/2023

Your Name: [Julia Mayerle]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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: 12/2/2023

Your Name: [Julia Schneider]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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.

ICMJE DISCLOSURE FORM

Date: 12/2/2023

Your Name: [Katrin Böttcher]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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ICMJE DISCLOSURE FORM

Date: 12/2/2023

Your Name: [Leonie S. Jochheim]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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ICMJE DISCLOSURE FORM

Date: 12/2/2023

Your Name: [Liangtao Ye]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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>									

		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	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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: 12/2/2023

Your Name: [Lorenz Balcar]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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	
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: 12/2/2023

Your Name: [Marie Möller]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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: 12/2/2023

Your Name: [Marino Venerito]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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4	Consulting fees	<input type="checkbox"/> None	
		Amgen, AstraZeneca, Bayer, BMS, Eisai, Ipsen, Lilly, Merck Serono, MSD, Nordic Pharma, Roche, Servier and Sirtex	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Amgen, AstraZeneca, Bayer, BMS, Eisai, Ipsen, Lilly, Merck Serono, MSD, Nordic Pharma, Roche, Servier and Sirtex	
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 checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 12/2/2023

Your Name: [Matthias Pinter]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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ICMJE DISCLOSURE FORM

Date: 12/2/2023

Your Name: [Monika Rau]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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7	Support for attending meetings and/or travel	<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>							
8	Patents planned, issued or pending	<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>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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: 12/2/2023

Your Name: [Najib Ben Khaled]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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: 12/2/2023

Your Name: [Osman Öcal]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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ICMJE DISCLOSURE FORM

Date: 12/2/2023

Your Name: [Simon Johannes Gairing]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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 checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Gilead	
		Ipsen	
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	
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ICMJE DISCLOSURE FORM

Date: 12/2/2023

Your Name: [Valentina Zarka]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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ICMJE DISCLOSURE FORM

Date: 12/2/2023

Your Name: [Friedrich Foerster]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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	
		AstraZeneca	
		BMS	
		Eisai	
		Roche	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		AstraZeneca	Roche
		MSD	
		Pfizer	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Merck KGaA	
		Servier	
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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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: 7/12/2023

Your Name: [Ursula Ehmer]

Manuscript Title: [Atezolizumab/bevacizumab or lenvatinib in hepatocellular carcinoma: Multi-center real world study with focus on bleeding and thromboembolic events]

Manuscript Number (if known): JHEPR-D-23-01009

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.

		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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.	
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