

## ICMJE DISCLOSURE FORM

**Date:** 7/22/2022

**Your Name:** Allaire Manon

**Manuscript Title:** What to do about Hepatocellular Carcinoma: Recommendations for Health Authorities

**Manuscript Number (if known):** Click or tap here to enter text.

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 |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
| <b>1</b>                                           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; text-align: right;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
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| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
| <b>2</b>                                           | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                            |  |  |  |  |  |  |
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| <b>3</b>                                           | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></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) |  |       |  |              |  |  |
|--------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|-------|--|--------------|--|--|
| 4            | Consulting fees                                                                                              | <input checked="" type="checkbox"/> None<br><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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| 5            | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">Roche</td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;">Bayer</td><td></td></tr> <tr><td style="height: 20px;">Ipsen</td><td></td></tr> </table>        | Roche                                                                               |  | Bayer |  | Ipsen        |  |  |
| Roche        |                                                                                                              |                                                                                                                                                                                                                                                                                                                          |                                                                                     |  |       |  |              |  |  |
| Bayer        |                                                                                                              |                                                                                                                                                                                                                                                                                                                          |                                                                                     |  |       |  |              |  |  |
| Ipsen        |                                                                                                              |                                                                                                                                                                                                                                                                                                                          |                                                                                     |  |       |  |              |  |  |
| 6            | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None<br><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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| 7            | Support for attending meetings and/or travel                                                                 | <input type="checkbox"/> None<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">Roche</td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;">Ipsen</td><td></td></tr> <tr><td style="height: 20px;">Astra Zeneca</td><td></td></tr> </table> | Roche                                                                               |  | Ipsen |  | Astra Zeneca |  |  |
| Roche        |                                                                                                              |                                                                                                                                                                                                                                                                                                                          |                                                                                     |  |       |  |              |  |  |
| Ipsen        |                                                                                                              |                                                                                                                                                                                                                                                                                                                          |                                                                                     |  |       |  |              |  |  |
| Astra Zeneca |                                                                                                              |                                                                                                                                                                                                                                                                                                                          |                                                                                     |  |       |  |              |  |  |
| 8            | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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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| 9            | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None<br><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) |  |  |  |  |  |  |
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| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><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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**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:** 7/22/2022

**Your Name:** Jordi Bruix

**Manuscript Title:** what to do about Hepatocellular Carcinoma: Recommendations for Health Authorities

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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) |  |  |  |  |  |                                           |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                       |                                                                                     |  |  |  |  |  |                                           |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                       |                                                                                     |  |  |  |  |  |                                           |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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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|---|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                              | <input type="checkbox"/> None                                                                                                                                                                                                                                                        |                                                                                     |
|   |                                                                                                              | Arqule,<br>Bayer-Shering Pharma,<br>Novartis,<br>BMS,<br>BTG- Biocompatibles,<br>Eisai,<br>Kowa,<br>Terumo,<br>Gilead,<br>Bio-Alliance,<br>Roche,<br>AbbVie,<br>MSD,<br>Sirtex,<br>Ipsen,<br>Astra-Medimmune,<br>Incyte,<br>Quirem,<br>Adaptimmune,<br>Lilly,<br>Nerviano,<br>Sanofi |                                                                                     |
|   |                                                                                                              |                                                                                                                                                                                                                                                                                      |                                                                                     |
|   |                                                                                                              |                                                                                                                                                                                                                                                                                      |                                                                                     |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None                                                                                                                                                                                                                                                        |                                                                                     |
|   |                                                                                                              | Bayer-Shering Pharma,<br>BTG-Biocompatibles,<br>Eisai,<br>Terumo,<br>Sirtex,<br>Ipsen.                                                                                                                                                                                               |                                                                                     |
|   |                                                                                                              |                                                                                                                                                                                                                                                                                      |                                                                                     |
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| 7                                                                                                                                                                                                                                                             | Support for attending meetings and/or travel                                                      | <input type="checkbox"/> None<br><table border="1"> <tr><td>Bayer</td><td></td></tr> <tr><td>Astra Zeneca</td><td></td></tr> <tr><td></td><td></td></tr> </table> | Bayer                                                                               |  | Astra Zeneca |  |  |  |  |
| Bayer                                                                                                                                                                                                                                                         |                                                                                                   |                                                                                                                                                                   |                                                                                     |  |              |  |  |  |  |
| Astra Zeneca                                                                                                                                                                                                                                                  |                                                                                                   |                                                                                                                                                                   |                                                                                     |  |              |  |  |  |  |
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| 8                                                                                                                                                                                                                                                             | Patents planned, issued or pending                                                                | <input checked="" type="checkbox"/> None<br><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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| 9                                                                                                                                                                                                                                                             | Participation on a Data Safety Monitoring Board or Advisory Board                                 | <input type="checkbox"/> None<br><table border="1"> <tr><td>Basilea</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>           | Basilea                                                                             |  |              |  |  |  |  |
| Basilea                                                                                                                                                                                                                                                       |                                                                                                   |                                                                                                                                                                   |                                                                                     |  |              |  |  |  |  |
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| 12                                                                                                                                                                                                                                                            | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | <input checked="" type="checkbox"/> None<br><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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| 13                                                                                                                                                                                                                                                            | Other financial or non-financial interests                                                        | <input checked="" type="checkbox"/> None<br><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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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                                   |                                                                                                                                                                   |                                                                                     |  |              |  |  |  |  |

## ICMJE DISCLOSURE FORM

**Date:** 7/23/2021

**Your Name:** Professor Helen L Reeves

**Manuscript Title:** What to do about Hepatocellular Carcinoma: Recommendations for Health Authorities

**Manuscript Number (if known):** unknown

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) |             |                                      |             |  |  |                                                                                                                                    |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------|--------------------------------------|-------------|--|--|------------------------------------------------------------------------------------------------------------------------------------|
| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                        |                                                                                     |             |                                      |             |  |  |                                                                                                                                    |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                             |                                                                                     |             |                                      |             |  |  | <div style="border: 1px solid black; padding: 2px; font-size: small; color: gray;">Click the tab key to add additional rows.</div> |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                        |                                                                                     |             |                                      |             |  |  |                                                                                                                                    |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">Cancer Research UK Program Grant</td> <td>Institution</td> </tr> <tr> <td>Cancer Research UK Accelerator Award</td> <td>Institution</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | Cancer Research UK Program Grant                                                    | Institution | Cancer Research UK Accelerator Award | Institution |  |  |                                                                                                                                    |
| Cancer Research UK Program Grant                          | Institution                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                        |                                                                                     |             |                                      |             |  |  |                                                                                                                                    |
| Cancer Research UK Accelerator Award                      | Institution                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                        |                                                                                     |             |                                      |             |  |  |                                                                                                                                    |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                             |                                                                                     |             |                                      |             |  |  |                                                                                                                                    |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|    |                                                                                                              | Advisory Board – Boston Scientific, UK                                                       | Institution payment                                                                 |
|    |                                                                                                              | Advisory Board, SIRTEX, UK                                                                   | Institution payment                                                                 |
|    |                                                                                                              | National Institute for Health Care Excellence, England                                       | unpaid                                                                              |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|    |                                                                                                              | EASL Educational committee 2019-2022                                                         | unpaid                                                                              |
|    |                                                                                                              | HCC-UK Committee 2010-2022                                                                   | unpaid                                                                              |
|    |                                                                                                              | British Liver Trust expert advisor                                                           | unpaid                                                                              |
|    |                                                                                                              | LiverNorth patient Charity – expert advisor                                                  | unpaid                                                                              |



|           |                                                                                  | 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) |  |  |  |  |  |  |
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| <b>11</b> | Stock or stock options                                                           | <input type="checkbox"/> <b>None</b><br><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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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> <b>None</b><br><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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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><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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**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 8/23/2021

**Your Name:** Marko Korenjak

**Manuscript Title:** What to do about Hepatocellular Carcinoma: Recommendations for Health Authorities - An International Liver Cancer Association Advocacy Document

**Manuscript Number (if known):** Click or tap here to enter text.

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) |  |  |  |  |  |                                                                                                                                           |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                            |                                                                                     |  |  |  |  |  |                                                                                                                                           |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                            |                                                                                     |  |  |  |  |  |                                                                                                                                           |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |                                                                                                                                           |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |                                                                                                                                           |
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| 4                                                                           | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |  |                                                                             |  |                                                       |  |                               |  |                                                         |  |                                             |  |  |
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| 6                                                                           | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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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| 7                                                                           | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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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| 8                                                                           | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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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| 9                                                                           | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><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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| 10                                                                          | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr><td>President of European Liver Patient Association</td><td></td></tr> <tr><td>President of Slovenian Association for people infected with viral hepatitis</td><td></td></tr> <tr><td>Member of Pharmacovigilance committee and PCWP at EMA</td><td></td></tr> <tr><td>Member of ECDC Advisory Forum</td><td></td></tr> <tr><td>Member of WHO HIV, TB and viral hepatitis working group</td><td></td></tr> <tr><td>Member of ECDC working group on HCV and HBV</td><td></td></tr> </table> | President of European Liver Patient Association                                     |  | President of Slovenian Association for people infected with viral hepatitis |  | Member of Pharmacovigilance committee and PCWP at EMA |  | Member of ECDC Advisory Forum |  | Member of WHO HIV, TB and viral hepatitis working group |  | Member of ECDC working group on HCV and HBV |  |  |
| President of European Liver Patient Association                             |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |  |                                                                             |  |                                                       |  |                               |  |                                                         |  |                                             |  |  |
| President of Slovenian Association for people infected with viral hepatitis |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |  |                                                                             |  |                                                       |  |                               |  |                                                         |  |                                             |  |  |
| Member of Pharmacovigilance committee and PCWP at EMA                       |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |  |                                                                             |  |                                                       |  |                               |  |                                                         |  |                                             |  |  |
| Member of ECDC Advisory Forum                                               |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |  |                                                                             |  |                                                       |  |                               |  |                                                         |  |                                             |  |  |
| Member of WHO HIV, TB and viral hepatitis working group                     |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |  |                                                                             |  |                                                       |  |                               |  |                                                         |  |                                             |  |  |
| Member of ECDC working group on HCV and HBV                                 |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |  |                                                                             |  |                                                       |  |                               |  |                                                         |  |                                             |  |  |

|           |                                                                                  | 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) |
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|           |                                                                                  |                                                                                              |                                                                                     |
| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 7/24/2022

**Your Name:** Morris Sherman

**Manuscript Title:** **What to do about Hepatocellular Carcinoma: Recommendations for Health Authorities**

**Manuscript Number (if known):** Click or tap here to enter text.

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) |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                |                                                                                     |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                |                                                                                     |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                |  |  |  |  |  |  |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></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) |  |         |  |       |  |             |  |  |
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| 4           | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><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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| 5           | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><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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|             |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |  |         |  |       |  |             |  |  |
| 6           | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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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|             |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |  |         |  |       |  |             |  |  |
| 7           | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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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| 8           | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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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| 9           | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;">Gilead</td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;">Beigene</td><td></td></tr> <tr><td style="height: 15px;">Merck</td><td></td></tr> <tr><td style="height: 15px;">Adaptimmune</td><td></td></tr> </table> | Gilead                                                                              |  | Beigene |  | Merck |  | Adaptimmune |  |  |
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| Merck       |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |  |         |  |       |  |             |  |  |
| Adaptimmune |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |  |         |  |       |  |             |  |  |
| 10          | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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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|           |                                                                                  | 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) |  |  |  |  |  |  |
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| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><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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**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:** 7/20/2022

**Your Name:** Riad Salem

**Manuscript Title:** Click or tap here to enter text.

**Manuscript Number (if known):** Click or tap here to enter text.

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)                                                                                                                                                                                                                                                                       |                   |  |  |  |  |  |
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| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |                   |  |  |  |  |  |
| <b>1</b>                                           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p> |                   |  |  |  |  |  |
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| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |                   |  |  |  |  |  |
| <b>2</b>                                           | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;">Boston Scientific</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                          | Boston Scientific |  |  |  |  |  |
| Boston Scientific                                  |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |                   |  |  |  |  |  |
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| <b>3</b>                                           | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                |                   |  |  |  |  |  |
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| 4  | Consulting fees                                                                                              | <input type="checkbox"/> None                                                                |                                                                                     |
|    |                                                                                                              | Boston Scientific, Cook, Eisai, Genentech, Astrazeneca, Merit, Autem, Becton Dickinson       |                                                                                     |
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|    |                                                                                                              |                                                                                              |                                                                                     |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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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                                                     |                                                                                     |
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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) |  |  |  |  |  |  |
|-----------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><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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**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:** 7/20/2022

**Your Name:** Bruno Sangro

**Manuscript Title:** Click or tap here to enter text.

**Manuscript Number (if known):** Click or tap here to enter text.

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)                                                                                                                                                                                                                                                                                                                                                      |                        |  |  |  |  |  |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |  |  |  |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p> |                        |  |  |  |  |  |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;">BMS and Sirtex Medical</td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>                                                                                                | BMS and Sirtex Medical |  |  |  |  |  |
| BMS and Sirtex Medical                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |  |  |  |  |  |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </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"/> <b>None</b>                                                                                     |                                                                                     |
|    |                                                                                                              | Adaptimmune, Astra Zeneca, Bayer, BMS, Boston Scientific, Eisai, Eli Lilly, Incyte, Ipsen, Roche, Sirtex Medical, Terumo |                                                                                     |
|    |                                                                                                              |                                                                                                                          |                                                                                     |
|    |                                                                                                              |                                                                                                                          |                                                                                     |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b>                                                                                     |                                                                                     |
|    |                                                                                                              | Astra Zeneca, Bayer, BMS, Eisai, Incyte, Ipsen, Roche, Sirtex Medical                                                    |                                                                                     |
|    |                                                                                                              |                                                                                                                          |                                                                                     |
|    |                                                                                                              |                                                                                                                          |                                                                                     |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                                                          |                                                                                     |
|    |                                                                                                              |                                                                                                                          |                                                                                     |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                                                          |                                                                                     |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b>                                                                          |                                                                                     |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input type="checkbox"/> <b>None</b>                                                                                     |                                                                                     |
|    |                                                                                                              | Adaptimmune, Astra Zeneca, Bayer, BMS, Boston Scientific, Eisai, Eli Lilly, Incyte, Ipsen, Roche, Sirtex Medical, Terumo |                                                                                     |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <b>None</b>                                                                                     |                                                                                     |
|    |                                                                                                              | International Liver Cancer Association                                                                                   |                                                                                     |
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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) |  |  |  |  |  |  |
|-----------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><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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**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:** 7/24/2022

**Your Name:** Sarah Manes

**Manuscript Title:** What to do about Hepatocellular Carcinoma: Recommendations for Health Authorities: An International Liver Cancer Association Advocacy Document

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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) |  |  |  |  |  |                                           |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                            |                                                                                     |  |  |  |  |  |                                           |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  | Click the tab key to add additional rows. |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                            |                                                                                     |  |  |  |  |  |                                           |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |                                           |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |                                           |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><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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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><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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**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:** 7/20/2021

**Your Name:** Zorana Maravic

**Manuscript Title:** What to do about Hepatocellular Carcinoma: Recommendations for Health Authorities

**Manuscript Number (if known):** Click or tap here to enter text.

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)                                                  |                                                                                                                                        |  |  |  |  |                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |
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| <b>Time frame: Since the initial planning of the work</b>                                                                            |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                      |                                                                                                                                        |  |  |  |  |                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |
| <b>1</b>                                                                                                                             | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                      |                                                                                                                                        |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; text-align: right;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
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| <b>Time frame: past 36 months</b>                                                                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                      |                                                                                                                                        |  |  |  |  |                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |
| <b>2</b>                                                                                                                             | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 60px; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 2px;">Amgen, Astellas, AstraZeneca, Baxter, Bayer, BI, BMS, Daiichi, Ipsen, Merck, MSD, Novartis, Pierre Fabre, Roche, Servier and Sandoz.</td> <td style="padding: 2px;">All payments were made to Digestive Cancers Europe as either grants or sponsorships for the activities undertaken by the organization.</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | Amgen, Astellas, AstraZeneca, Baxter, Bayer, BI, BMS, Daiichi, Ipsen, Merck, MSD, Novartis, Pierre Fabre, Roche, Servier and Sandoz. | All payments were made to Digestive Cancers Europe as either grants or sponsorships for the activities undertaken by the organization. |  |  |  |  |                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |
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| <b>3</b>                                                                                                                             | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                      |                                                                                                                                        |  |  |  |  |                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><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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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><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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| 6  | Payment for expert testimony                                                                                 | <input type="checkbox"/> <b>None</b><br><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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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><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> |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |

**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.