Date:11/03/20	22	
Your Name:	_Kamya Sankar _	
Manuscript Title:	Approach to	systemic therapy in advanced hepatocellular carcinoma
Manuscript number	(if known):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
2		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

Please place an "X" next to the following statement to indicate your agreement:

Date:	11/1/22
Your Name:	Jun Gong
<b>Manuscript Tit</b>	le: Approach to systemic therapy in advanced hepatocellular carcinoma
Manuscript nu	mber (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	Consultant or Advisory Role – EMD Serono, Elsevier, Exelixis, QED	

		Therapeutics, Natera,	
		Basilea, HalioDx, Eisai,	
		Janssen, Myovant, Astellas	
		and Amgen, Incyte	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	- <b>,</b>		
7	Support for attending	None	
,	meetings and/or travel	Tronc	
	meetings array or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	Ctosk of Stock options		
12	Receipt of equipment,	None	
12		Notic	
	materials, drugs, medical		
	writing, gifts or other		
13	services	None	
13	Other financial or non-	None	
	financial interests		

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

Consultant or Advisory Role – EMD Sero Janssen, Myovant, Astellas, Amgen, and	ono, Elsevier, Exelixis, QED Therapeutics, Natera, Basilea, HalioDx, Eisai, d Incyte

Please place an "X" next to the following statement to indicate your agreement:			
_X I certify that I have answered every question and have not altered the wording of any of the questions on th form.			

Date <u>:</u>	11/2/22	
Your Name:_	Kambiz Kosari	
Manuscript 1	Title: Approach to systemic therapy in advanced h	epatocellular carcinoma
Manuscript r	number (if known):	-

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
2		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
-	C tf	News	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Doubleinstien en e Dete	Nana	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Plea	se summarize the above co	onflict of interest in the follow	owing box:

Please place an "X" next to the following statement to indicate your agreement:

 $\underline{X}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	11/2/22	
Your Name:	Nicholas Nissen	
Manuscript <sup>3</sup>	Title: Approach to systemic therapy in advanced hepatocellular carcinoma	
Manuscript i	number (if known):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
	AH		planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

Please place an "X" next to the following statement to indicate your agreement:

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 11/1/22			
Your Name:Ju Dong Yang			
Manuscript Title: Approach to systemic therapy in advanced hepatocellular carcinoma			
Manuscript number (if known):			

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

	_	Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	institution)
		needed)	
		•	planning of the work
		Time frame: Since the initial	planning of the work
1	All support for the present	Dr. Yang's research is	
	manuscript (e.g., funding,	supported by American	
	provision of study materials,	College of	
	medical writing, article	Gastroenterology Junior	
	processing charges, etc.)	Faculty Development	
	No time limit for this item.	Award, Department of	
		Defense Peer Reviewed	
		Cancer Research Program	
		Career Development	
		Award (CA191051) and the	
		National Institute of	
		Health (K08CA259534).	
		Health (Robertz 55554).	

	Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	None			
4	Consulting fees	Dr. Yang provides a consulting service for AstraZeneca, Eisai, Exact Sciences, Exelixis, Fujifilm Medical Sciences, and Gilead Sciences.			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None			
6	Payment for expert testimony	None			
7	Support for attending meetings and/or travel	None			
8	Patents planned, issued or pending	None			
9	Participation on a Data Safety Monitoring Board or Advisory Board	None			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None			
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non- financial interests	None			

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

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