

ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Lorenz Balcar

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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

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

ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Antonella Cammarota

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Antonio D'Alessio

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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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Date: 9/19/2022

Your Name: Ansgar Deibel

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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Your Name: Enrico N De Toni

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<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.	

ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Angela Djanani

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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

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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: 9/19/2022

Your Name: Jean-Francois Dufour

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Abbvie	
		Bayer	
		BMS	
		Falk	
		Galapagos	
		Genfit	
		Genkyotex	
		Gilead	
		HepaRegenix	
		Intercept	
		Lilly	
		Merck	
		Novartis	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Matthias P. Ebert

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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		BMS	
		MSD	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Fabian Finkelmeier

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Claudia A.M. Fulgenzi

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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

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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Vera Himmelsbach

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: David Hsiehchen

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Florian Hucke

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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

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

ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Andreas E. Kremer

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 100px; margin-top: 5px;"> <tr> <td style="width: 50%;">Intercept</td> <td style="width: 50%;">Institutional research funding</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <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>	Intercept	Institutional research funding													
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		AbbVie	
		AstraZeneca	
		Bayer	
		CymaBay	
		Escent	
		FMC	
		Gilead	
		GSK	
		Guidepoint	
		Intercept	
		Mirum	
		Medscape	
		MSD	
		Myr	
Viofor			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		AbbVie	
		AOP Orphan	
		Bayer	
		BMS	
		CMS	
		CymaBay	
		Eisai	
		Falk	
		Gilead	
		GSK	
		Intercept	
		Janssen	
		Newbridge	
		Novartis	
Lilly			
MSD			
Zambon			
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Mir Lim

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Markus Peck-Radosavljevic

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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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<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.	

ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Samuel Phen

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Alexander B. Philipp

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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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: 9/19/2022

Your Name: David James Pinato

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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

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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Matthias Pinter

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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4	Consulting fees	<input type="checkbox"/> None	
		Bayer	
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		MSD	
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		Roche	

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Katharina Pomej

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Tiziana Pressiani

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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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: 9/19/2022

Your Name: Pompilia Radu

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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

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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Lorenza Rimassa

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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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		Zymeworks	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Amgen	
		ArQule	
		AstraZeneca	
		Basilea	
		Bayer	
		BMS	
		Celgene	
		Eisai	
		Exelixis	
		Genenta	
		Hengrui	
		Incyte	
		Ipsen	
		IQVIA	
		Lilly	
		MSD	
		Nerviano Medical Sciences	
		Roche	
		Sanofi	
		Servier	
		Taiho Oncology	
		Zymeworks	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		AbbVie	
		Amgen	
		Bayer	
		Eisai	
		Gilead	
		Incyte	
		Ipsen	
		Lilly	
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		AstraZeneca	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Bernhard Scheiner

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Kornelius Schulze

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Birgit Schwacha

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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

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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Kateryna Shmanko

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Amit G. Singal

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Friedrich Sinner

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <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"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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: 9/19/2022

Your Name: Andreas Teufel

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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

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4	Consulting fees	<input type="checkbox"/> None	
		Bayer	
		Ipsen	
		Lilly	
		BMS	
		Eisai	
		Novartis	
		Roche	
		Intercept	
		Falk	
		AbbVie	
		Gilead	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
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		Ipsen	
		Lilly	
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		Eisai	
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		Roche	
		Intercept	
		Falk	
		AbbVie	
		Gilead	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		IPSEN	
		AbbVie	
		Gilead	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Michael Trauner

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	<input type="checkbox"/> None	
		Medical University of Graz	For a patent on the medical use of norUDCA.
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		BMS	
		Falk Foundation	
		Gilead	
		Intercept	
		MSD	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		AbbVie	
		Falk	
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		Intercept	

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		AbbVie	
		Albireo	
		Boehringer Ingelheim	
		BiomX	
		Falk Pharma GmbH	
		GENFIT	
		Gilead	
		Intercept	
		Janssen	
		MSD	
		Novartis	
		Phenex	
		Regulus	
		Shire	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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<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.	

ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Marino Venerito

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Johann von Felden

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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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: 9/19/2022

Your Name: Arndt Weinmann

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;">Leo Pharma</td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;">Eisai</td><td></td></tr> <tr><td style="height: 15px;">Ipsen</td><td></td></tr> <tr><td style="height: 15px;">Roche</td><td></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> <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>	Leo Pharma		Eisai		Ipsen		Roche														
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<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.	

ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Daniel Rössler

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Thorben W. Fründt

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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

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ICMJE DISCLOSURE FORM

Date: 9/19/2022

Your Name: Alexander R. Siebenhüner

Manuscript Title: Efficacy and safety of immune checkpoint inhibitor rechallenge in patients with hepatocellular carcinoma

Manuscript Number (if known): JHEPR-D-22-00202

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4	Consulting fees	<input type="checkbox"/> None	
		AMGEN	
		AAA	
		Bayer	
		BMS	
		IPSEN	
		Lilly	
		Merck	
		MSD	
		Pfizer	
		Roche	
		Sanofi	
Servier			
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