

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Florian	2. Surname (Last Name) Bösch	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martin Angele
5. Manuscript Title Radioembolization for neuroendocrine liver metastases is safe and effective prior to major hepatic resection		
6. Manuscript Identifying Number (if you know it) HBSN-19-74		

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Speaker Honoraria from SIRTEX Medical

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Dr. Ilhan reports speaker honoraria from SIRTEX Medical.

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1. Given Name (First Name) Vanessa	2. Surname (Last Name) Pfahler	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martin Angele
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1. Given Name (First Name) Valentin	2. Surname (Last Name) Eibl	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martin Angele
5. Manuscript Title Radioembolization for neuroendocrine liver metastases is safe and effective prior to major hepatic resection		
6. Manuscript Identifying Number (if you know it) HBSN-19-74		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sebastian	2. Surname (Last Name) Pratschke	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martin Angele
5. Manuscript Title Radioembolization for neuroendocrine liver metastases is safe and effective prior to major hepatic resection		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Bartenstein	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martin Angele
5. Manuscript Title Radioembolization for neuroendocrine liver metastases is safe and effective prior to major hepatic resection		
6. Manuscript Identifying Number (if you know it) HBSN-19-74		

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Max

2. Surname (Last Name)
Seidensticker

3. Date
24-March-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Martin Angele

5. Manuscript Title
Radioembolization for neuroendocrine liver metastases is safe and effective prior to major hepatic resection

6. Manuscript Identifying Number (if you know it)
HBSN-19-74

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
SIRTEX Medical	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BAYER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Siemens	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cook	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boston Scientific	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Seidensticker reports grants and personal fees from SIRTEX Medical, grants and personal fees from BAYER, personal fees from Siemens, personal fees from Cook, personal fees from Boston Scientific, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Christoph

2. Surname (Last Name)
Auernhammer

3. Date
24-March-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Martin Angele

5. Manuscript Title
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Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ipsen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ITM Solucin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ipsen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Falk Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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C.J.A. has received research contracts (Novartis, Ipsen, ITM Solucin), lecture honorarium (Novartis, Ipsen, Falk Foundation) and advisory board honorarium (Novartis).

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2. Surname (Last Name)
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Ipsen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoria for lectures, advisory boards
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoria for lectures, advisory boards
Shire	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoria for lectures, advisory boards
Blueprint Medicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoria for lectures, advisory boards
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoria for lectures, advisory boards

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Eisai	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoria for lectures, advisory boards

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Dr. Spitzweg reports personal fees from Ipsen, personal fees from Novartis, personal fees from Shire, personal fees from Blueprint Medicine, personal fees from Bayer, personal fees from Eisai, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Markus	2. Surname (Last Name) Guba	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martin Angele
5. Manuscript Title Radioembolization for neuroendocrine liver metastases is safe and effective prior to major hepatic resection		
6. Manuscript Identifying Number (if you know it) HBSN-19-74		

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Section 1. Identifying Information

1. Given Name (First Name) Jens	2. Surname (Last Name) Werner	3. Date 24-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Martin Angele
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1. Given Name (First Name)
Martin

2. Surname (Last Name)
Angele

3. Date
24-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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