

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name)  
FLORIAN-EUDES

2. Surname (Last Name)  
ESTRADE

3. Date  
23-April-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Tivozanib in hepatocellular carcinoma : not likely a new option

6. Manuscript Identifying Number (if you know it)  
ATM-20-3389

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Dr. ESTRADÉ has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Fanny	2. Surname (Last Name) LE DU	3. Date 23-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name EDELIN
5. Manuscript Title Tivozanib in hepatocellular carcinoma : not likely a new option		
6. Manuscript Identifying Number (if you know it) ATM-20-3389		

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### Section 1. Identifying Information

1. Given Name (First Name)  
LAURENCE

2. Surname (Last Name)  
CROUZET

3. Date  
23-April-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
ESTRADE

5. Manuscript Title  
Tivozanib for Hepatocellular carcinoma: not likely a new option

6. Manuscript Identifying Number (if you know it)  
ATM-20-3389

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Dr. CROUZET has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Héloïse

2. Surname (Last Name)  
Bourien

3. Date

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Florian Estrade

5. Manuscript Title  
Tivozanib for Hepatocellular carcinoma: not likely a new option

6. Manuscript Identifying Number (if you know it)  
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Dr. Bourien has nothing to disclose.

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### Section 1. Identifying Information

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Léa

2. Surname (Last Name)

Muzellec

3. Date

24-April-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Florian ESTRADE

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Julien	2. Surname (Last Name) Edeline	3. Date 23-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Florian Estrade
5. Manuscript Title Tivozanib for Hepatocellular carcinoma: not likely a new option		
6. Manuscript Identifying Number (if you know it) ATM-20-3389		

### Section 2. The Work Under Consideration for Publication

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eisai	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AstraZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BMS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Beigene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ipsen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BTG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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

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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Edeline reports personal fees from Bayer, personal fees from Eisai, personal fees from Roche, personal fees from MSD, personal fees from AstraZeneca, grants and personal fees from BMS, grants from Beigene, personal fees from Ipsen, during the conduct of the study; grants and personal fees from BTG, outside the submitted work; .

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### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.