

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

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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)

Max

2. Surname (Last Name)

Masthoff

3. Date

25-May-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Repeated radioembolization in advanced liver cancer

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Masthoff has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Philipp	2. Surname (Last Name) Schindler	3. Date 25-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Max Masthoff
5. Manuscript Title Repeated radioembolization in advanced liver cancer		
6. Manuscript Identifying Number (if you know it) _____		

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Section 1. Identifying Information

1. Given Name (First Name) Fabian	2. Surname (Last Name) Harders	3. Date 25-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Max Masthoff
5. Manuscript Title Repeated radioembolization in advanced liver cancer		
6. Manuscript Identifying Number (if you know it)		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Walter

2. Surname (Last Name)
Heindel

3. Date
25-May-2020

4. Are you the corresponding author? ☐ Yes ☒ No

Corresponding Author's Name
Max Masthoff

5. Manuscript Title
Repeated radioembolization in advanced liver cancer

6. Manuscript Identifying Number (if you know it)

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Max Masthoff
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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) Harmut	2. Surname (Last Name) Schmidt	3. Date 25-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Max Masthoff
5. Manuscript Title Repeated radioembolization in advanced liver cancer		
6. Manuscript Identifying Number (if you know it) _____		

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

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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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. Schmidt has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andreas	2. Surname (Last Name) Pascher	3. Date 25-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Max Masthoff
5. Manuscript Title Repeated radioembolization in advanced liver cancer		
6. Manuscript Identifying Number (if you know it) _____		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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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

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Dr. Pascher has nothing to disclose.

Evaluation and Feedback

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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)

Lars

2. Surname (Last Name)

Stegger

3. Date

25-May-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Max Masthoff

5. Manuscript Title

Repeated radioembolization in advanced liver cancer

6. Manuscript Identifying Number (if you know it)

Section 2.

The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 3.

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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

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Dr. Stegger has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kambiz	2. Surname (Last Name) Rahbar	3. Date 25-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Max Masthoff
5. Manuscript Title Repeated radioembolization in advanced liver cancer		
6. Manuscript Identifying Number (if you know it) 		

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	KR eports receiving lectureship compensations and/or proctoring fees by SIRTEx Medical Europe.

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

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Section 6. Disclosure Statement

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Dr. Rahbar reports other from null, outside the submitted work; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Köhler	3. Date 25-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Max Masthoff
5. Manuscript Title Repeated radioembolization in advanced liver cancer		
6. Manuscript Identifying Number (if you know it) _____		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MK reports receiving lectureship compensations and/or proctoring fees by SIRTEx Medical Europe.

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.

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Dr. Köhler reports other from null, 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) Moritz	2. Surname (Last Name) Wildgruber	3. Date 25-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Max Masthoff
5. Manuscript Title Repeated radioembolization in advanced liver cancer		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 4. Intellectual Property -- Patents & Copyrights

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

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

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Section 6. Disclosure Statement

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Dr. Wildgruber reports other from null, outside the submitted work; .

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