

## ICMJE DISCLOSURE FORM

**Date:** March 13, 2023

**Your Name:** Paula Fernández-Palanca

**Manuscript Title:** Therapeutic approaches in intermediate-stage HCC: A novel insight of adjuvant transarterial chemoembolization (TACE)

**Manuscript number (if known):** CCO-23-21

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	____ None	Not applicable
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Ministry of Education of Spain (grant FPU17/01995)	Paula Fernández-Palanca has performed her PhD Thesis with the financial support of a grant from the Ministry of Education under my supervision. No interests are derived from this.
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8	Patents planned, issued or pending	____ None	Not applicable
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____ None	Not applicable
11	Stock or stock options	____ None	Not applicable
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13	Other financial or non-financial interests	____ None	Not applicable

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The only financial support has been received from the Ministry of Education of Spain, who awarded Paula Fernández-Palanca with a grant for the performance of her PhD Thesis. Moreover, CIBERehd is funded by Instituto de Salud Carlos III (ISCIII). There are not conflicts of interest derived from this financing.

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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.**



**Paula Fernández-Palanca**

## ICMJE DISCLOSURE FORM

**Date:** March 13, 2023

**Your Name:** José L. Mauriz

**Manuscript Title:** Therapeutic approaches in intermediate-stage HCC: A novel insight of adjuvant transarterial chemoembolization (TACE)

**Manuscript number (if known):** CCO-23-21

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div></div> <div>Instituto de Salud Carlos III (ISCIII), Spain</div> <div></div>	<div></div> <div>Instituto de Salud Carlos III (ISCIII), Spain. No interests are derived from this.</div> <div></div>
3	Royalties or licenses	<div>None</div> <div></div>	<div>Not applicable</div> <div></div>
4	Consulting fees	<div>None</div> <div></div>	<div>Not applicable</div> <div></div>
5	Payment or honoraria for lectures, presentations,	<div>None</div> <div></div>	<div>Not applicable</div> <div></div>

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9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	Not applicable
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**José L. Mauriz**