ICMJE DISCLOSURE FORM

Date:_November 06, 2022		
Your Name:_Moon Haeng Hur		
Manuscript Title:_ Evolution of systemic therapy for advanced-stage hepatocellular carcinoma		
Manuscript number (if known):		

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	None	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	None	
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	None None
	testimony	
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

Please summarize the above conflict of interest in the following box:

Nothing to declare

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

X 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:_November 06, 2022
Your Name:_Yoon Jun Kim
Manuscript Title:_ Evolution of systemic therapy for advanced-stage hepatocellular carcinoma
Manuscript number (if known):

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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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.

		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)		
	Time frame: Since the initial planning of the work				
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	None			
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: past			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Roche	Research grant		
		JW Creagene	Research grant		
		Bukwang Pharmaceutical	Research grant		
		Handok Pharmaceuticals	Research grant		
		Hanmi	Research grant		
		Bristol Myers Squibb	Research grant		
		Yuhan Pharmaceuticals	Research grant		
		PharmaKing	Research grant		
3	Royalties or licenses	None			

4	Consulting fees	None	
5	Payment or honoraria for	Bayer	Lecture fee
	lectures, presentations, speakers bureaus, manuscript writing or educational events	Gilead Sciences	Lecture fee
		MSD	Lecture fee
		Yuhan Pharmaceuticals	Lecture fee
		Samil Pharmaceuticals	Lecture fee
		CJ Pharmaceuticals	Lecture fee
		Bukwang Pharmaceutical	Lecture fee
		Handok Pharmaceuticals	Lecture fee
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	13 Other financial or non- financial interests	None	

Please summarize the above conflict of interest in the following box:

Yoon Jun Kim receives research grants from Roche, JW Creagene, Bukwang Pharmaceutical, Handok Pharmaceuticals, Hanmi, Bristol Myers Squibb, Yuhan Pharmaceuticals, and PharmaKing, and lecture fees from Bayer, Gilead Sciences, MSD, Yuhan Pharmaceuticals, Samil Pharmaceuticals, CJ Pharmaceuticals, Bukwang Pharmaceutical, and Handok Pharmaceuticals. Please place an "X" next to the following statement to indicate your agreement:

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