Date08 AOG 2022
Your Name: Sabine Lieb_
Manuscript Title:The CRAFITY score can identify patients with hepatocellular carcinoma showing poor response to
treatment with atezolizumab and bevacizumab
Manuscript number (if known): HBSN-22-280

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.

		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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	
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:

No conflict of interest to declare regarding the present manuscript.	

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.

Date:08 AUG 2022
Your Name: Sebastian Ebel_
Manuscript Title:The CRAFITY score can identify patients with hepatocellular carcinoma showing poor response to
treatment with atezolizumab and bevacizumab
Manuscript number (if known): HBSN-22-280

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past None	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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

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٧o	ur Name: Daniel Se	 ehofer		
			patients with hepatocellular carcinoma showing poor re	esponse
	(,		
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a lo so.	
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertoedication, even if that medication item #1 below, report all su	ension, you should declar cation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript perta e all relationships with manufacturers of antihypertension the manuscript. ed in this manuscript without time limit. For all other ite	ve
the	e time frame for disclosure i	s the past 36 months.		
		Name all entities with	Specifications/Comments	
			Specifications/Comments (e.g., if payments were made to you or to your	
		Name all entities with whom you have this relationship or indicate		
		Name all entities with whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your	
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)	
1	All support for the present	Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution)	
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1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	(e.g., if payments were made to you or to your institution) al planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi None	(e.g., if payments were made to you or to your institution) al planning of the work	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi None	(e.g., if payments were made to you or to your institution) al planning of the work	
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Consulting fees

None

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Astellas, BTG, Novartis		
6	Payment for expert testimony	None		
7	Support for attending meetings and/or travel	Gilead, Abbvie, Intercept, Janssen, Johnson & Johnson		
8	Patents planned, issued or pending	None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	BTG, SIRTEX, Olympus		
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:				
Ple	ase place an "X" next to th	e following statement to in	dicate your agreement:	
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date: 2022-August-08
Your Name:Thomas Berg
Manuscript Title: : The CRAFITY score can identify patients with hepatocellular carcinoma showing poo
response to treatment with atezolizumab and bevacizumab
Manuscript number (if known): HBSN-22-280

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Abbvie, BMS, Gilead, MSD/Merck, Humedics, Intercept, Merz, Novartis, Sequana Medical	Institution
3	Royalties or licenses	None	

4	Consulting fees	Abbvie, Alexion, Bayer, Gilead, Eisai, GSK, Intercept, Ipsen, Janssen, MSD/Merck, Novartis, Roche, Sequana Medical, and Shionogi	To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Abbvie, Alexion, Bayer, Gilead, Eisai, Intercept, Ipsen, Janssen, MedUpdate GmbH, MSD/Merck, Novartis, and Sequana Medica	To me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Gilead, Abbvie, Intercept, Janssen	
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 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.

Thomas Berg, 22/08/08

Date:08 AUG		
Your Name:	Florian van Bömmel_	
Manuscript Title:_	The CRAFITY score can identify patient	s with hepatocellular carcinoma showing poor response to
treatment with at	tezolizumab and bevacizumab	
Manuscript numb	er (if known): HBSN-22-280	

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2	Grants or contracts from	Time frame: past	36 months
	any entity (if not indicated 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	Roche, Eisai, Ipsen, MSD, Astra Zeneca, Gilead Sciences	Payments were made to me		
6	Payment for expert testimony	None			
7	Support for attending meetings and/or travel	Gilead Sciences, Eisai	Payments were made to me		
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	Janssen	Payments were made to me		
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	None			
	in other board, society, committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment,	Siemens, Diasorin, Roche			
12	materials, drugs, medical	Siemens, Diasonn, Roene			
	writing, gifts or other				
	services				
13	Other financial or non- financial interests	None			
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Plea	Please summarize the above conflict of interest in the following box:				

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