ICMJE DISCLOSURE FORM

Date	e:	08/29/2023	
You	r Name:	Virginia Corbett	
Mar Can	nuscript Title: Review of pra	ctice informing data and c	current state of NCCN consensus guidelines in Hepatobiliary
Mar	nuscript number (if known):	HBSN 23-372	
rela part to tr rela	ted to the content of your miles whose interests may be ransparency and does not not took tionship/activity/interest, it	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. is preferable that you do	
	tollowing questions apply to nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
to ti med In it	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare tion is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items,
uic	time mame for disclosure is	Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al planning of the work
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	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	K12 Paul Calabresi Award in Clinical Oncology	
3	Royalties or licenses	None	
4	Consulting fees	None	

None

	Payment or honoraria for				
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
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	None			
	in other board, society,				
	committee or advocacy				
4.4	group, paid or unpaid				
11	Stock or stock options	formerly owned equity in			
		Pfizer, BristolMyers			
		Squibb, Seagen, and			
		Viatris.			
13	Descint of anylowers	Nama			
12	Receipt of equipment,	None			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	None			
13	financial interests	None			
	mancial interests				
Plea	Please summarize the above conflict of interest in the following box:				

Dr. Virginia Corbett reports the K12 Paul Calabresi Award in Clinical Oncology and he formerly owned equity in Pfizer, BristolMyers Squibb, Seagen, and Viatris and they are outside the submitted work.	

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:8/29/2023
Your Name:Daneng Li
Manuscript Title: Review of practice informing data and current state of NCCN consensus guidelines in
Hepatobiliary Cancers
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)	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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	Brooklyn	
	any entity (if not indicated	Immunotherapeutics	
	in item #1 above).	AstraZeneca	
3	Royalties or licenses	None	

4	Consulting fees	Adagene, AstraZeneca, Eisai, Exelixis, Genentech, Ipsen Biopharmaceuticals, Merck, QED, DelCath, TerSera Therapeutics,	
		Sumitomo, TransThera	
-	December 1 have a serie for	Cohama Camian Fini	
5	Payment or honoraria for lectures, presentations,	Coherus, Servier, Eisai, Exelixis, Ipsen, TerSera	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	Genentech	
,	meetings and/or travel	denenteen	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or	None	
	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	Descript of a socious set	Nege	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

See above all outside of the submitted work.			

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:	09-08-2023
Your Name:	
Manuscript Title: Revi	of practice informing data and current state of NCCN consensus guidelines in Hepatobiliary
Cancers	
Manuscript number (in	nown):HBSN 23-372
related to the content parties whose interest to transparency and d	rency, we ask you to disclose all relationships/activities/interests listed below that are your manuscript. "Related" means any relation with for-profit or not-for-profit third hay be affected by the content of the manuscript. Disclosure represents a commitment is not necessarily indicate a bias. If you are in doubt about whether to list a greferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
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	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	•		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

I do not have any relevant COI pertaining to current 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.