

ICMJE DISCLOSURE FORM

Date: 4/27/2023

Your Name: Irma Hashmi

Manuscript Title: Supportive and End of Life Care Considerations in Advanced HCC

Manuscript Number (if known): APM-23-416

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 author's relationships/activities/interests should be defined broadly. 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.

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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)		
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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.	x None			
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Time frame: past 36 months					
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None			
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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Date: 4/27/2023

Your Name: Hannah Lee

Manuscript Title: Supportive and End of Life Care Considerations in Advanced HCC

Manuscript Number (if known): APM-23-416

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ICMJJE DISCLOSURE FORM

Date: 4/27/2023

Your Name: Joel Wedd

Manuscript Title: Supportive and End of Life Care Considerations in Advanced HCC

Manuscript Number (if known): APM-23-416

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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Date: 4/27/2023

Your Name: Richard K. Sterling, MD, MSc

Manuscript Title: Supportive and End of Life Care Considerations in Advanced HCC

Manuscript Number (if known): APM-23-416

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		Practical Reviews in Gastroenterology	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Pfizer	
		AskBio	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		ABIM: GI/Hepatology Boards	
		AASLD: Foundation Research Committee	

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Date: 4/27/2023

Your Name: Teri Dulong-Rae

Manuscript Title: Supportive and End of Life Care Considerations in Advanced HCC

Manuscript Number (if known): APM-23-416

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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: 4/27/2023

Your Name: J Brian Cassel

Manuscript Title: Supportive and End of Life Care Considerations in Advanced HCC

Manuscript Number (if known): APM-23-416

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.

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ICMJE DISCLOSURE FORM

Date: 4/27/2023

Your Name: John W. Cyrus

Manuscript Title: Supportive and End of Life Care Considerations in Advanced HCC

Manuscript Number (if known): APM-23-416

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ICMJJE DISCLOSURE FORM

Date: 4/27/2023

Your Name: Click or tap here to enter text. James J. Fletcher

Manuscript Title: Supportive and End of Life Care Considerations in Advanced HCC

Manuscript Number (if known): APM-23-416

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.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
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Fletcher

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ICMJJE DISCLOSURE FORM

Date: 4/27/2023

Your Name: Danielle Noreika, MD

Manuscript Title: Supportive and End of Life Care Considerations in Advanced HCC

Manuscript Number (if known): APM-23-416

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