

## ICMJE DISCLOSURE FORM

1.

Date: March 29, 2023

Your Name: Katherine S. Crow

Manuscript Title: Pivoting to Telemedicine in a Single-Day Multidisciplinary Liver Tumor Clinic During COVID-19: The Texas Liver Tumor Center (TLTC) Experience

Manuscript number (if known): APM-23-357

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 current manuscript only.

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.

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)
<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>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> _x_None	
6	Payment for expert testimony	<input type="checkbox"/> _x_None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> _X_None	
8	Patents planned, issued or pending	<input type="checkbox"/> _X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> _X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> _X_None	
11	Stock or stock options	<input type="checkbox"/> _X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> _X_None	
13	Other financial or non-financial interests	<input type="checkbox"/> _X_None	

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

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.**

## ICMJJE DISCLOSURE FORM

**Date:** March 30, 2023 2.  
**Your Name:** Fred Poordad  
**Manuscript Title:** Pivoting to Telemedicine in a Single-Day Multidisciplinary Liver Tumor Clinic During COVID-19: The Texas Liver Tumor Center Experience  
**Manuscript number (if known):** N/A

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4	Consulting fees	<input checked="" type="checkbox"/> None	

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: March 29, 2023

Your Name: Glenn Halff

Manuscript Title: Pivoting to Telemedicine in a Single-Day Multidisciplinary Liver Tumor Clinic During COVID-19: The Texas Liver Tumor Center (TLTC) Experience

Manuscript number (if known): APM-23-357

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	X <u>  </u> None	
4	Consulting fees	<u>  </u> X <u>  </u> None	

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

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ICMJE DISCLOSURE FORM

Date: March 29, 2023

Your Name: Francisco Cigarroa

Manuscript Title: Pivoting to Telemedicine in a Single-Day Multidisciplinary Liver Tumor Clinic During COVID-19: The Texas Liver Tumor Center (TLTC) Experience

Manuscript number (if known): APM-23-357

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3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

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

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None

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Date: March 29, 2023

Your Name: Eugenia Tsai

Manuscript Title: Pivoting to Telemedicine in a Single-Day Multidisciplinary Liver Tumor Clinic During COVID-19: The Texas Liver Tumor Center (TLTC) Experience

Manuscript number (if known): APM-23-357

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: March 29, 2023

Your Name: Irma Infante

Manuscript Title: Pivoting to Telemedicine in a Single-Day Multidisciplinary Liver Tumor Clinic During COVID-19: The Texas Liver Tumor Center (TLTC) Experience

Manuscript number (if known): APM-23-357

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3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None

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## ICMJE DISCLOSURE FORM

**Date:** September 4, 2023

**Your Name:** Sukeshi Patel Arora

**Manuscript Title:** Pivoting to Telemedicine in a Single-Day Multidisciplinary Liver Tumor Clinic During COVID-19: The Texas Liver Tumor Center Experience

**Manuscript number (if known):** APM-23-357

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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).	None	
		CA054174	National Institutes of Health
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
		Exelixis, Bayer, Bristol Meyers Squibb	Speaker's Bureau, personal fees
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
		AstraZeneca, QED Therapeutics, Seagen	Advisory Board, personal fees
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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

Dr. Arora reports personal fees from Exelixis, personal fees from AstraZeneca, personal fees from QED Therapeutics, personal fees from Bayer, personal fees from Bristol Meyers Squibb, personal fees from Seagen, outside the submitted work; Dr. Arora is supported by National Institutes of Health (grant number CA054174).

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