Date:_9/27/23
Your Name:Dr Parissa Tabrizian
Manuscript Title:_ Liver Transplantation and HCC 2023: A Narrative Review of Management and Outcomes_
Manuscript number (if known): APM-23-341

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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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.	_X_None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastX_None	36 months
3	Royalties or licenses	_X_None	
4	Consulting fees	Astrazeneca Boston Scientific	

5	Payment or honoraria for lectures, presentations,	Astrazeneca			
		Boston Scientific			
	speakers bureaus, manuscript writing or				
	educational events				
6	Payment for expert	X_None			
	testimony				
7	Support for attending meetings and/or travel	_XNone			
8	Patents planned, issued or	_XNone			
	pending				
9	Participation on a Data	X None			
9	Safety Monitoring Board or	_XNotic			
	Advisory Board				
10	Leadership or fiduciary role	X_None			
	in other board, society,				
	committee or advocacy group, paid or unpaid				
11	Stock or stock options	X_None			
12	Descript of anythmetal	V. Name			
12	Receipt of equipment, materials, drugs, medical	_XNone			
	writing, gifts or other services				
13	Other financial or non-	X None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

Astrazeneca and Boston Scientific consultations and honorarium

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

Date:	_10/13/23
Your Name:_	Matthew Holzner
Manuscript T	itle:_Liver Transplantation and HCC 2023: A Narrative Review of Management and Outcomes_
Manuscript n	umber (if known):APM-23-341

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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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastxNone	36 months
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

5	Payment or nonoraria for	xnone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
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6	Payment for expert	x_None	
	testimony		
7	Support for attending	x_None	
	meetings and/or travel		
8	Detents planned issued an	None.	
٥	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	xNone	
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12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	x None	
13	financial interests	xNone	
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Plea	ase summarize the above co	nflict of interest in the fo	ollowing box:
N	lone		

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

Date:	_9/26/2023	
Your Name:_	Dina Zaret	
Manuscript T	itle: _ Liver Transplar	ntation and HCC 2023: A Narrative Review of Management and Outcomes_
Manuscript n	umber (if known):	APM-23-341

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	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.	_xNone	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past	36 months Medical Resident Research Award from the American College of Gastroenterology
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

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5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony		
	•		
7	Support for attending	x None	
•	meetings and/or travel		
	meetings and, or traver		
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
	Stock of Stock options		
12	Receipt of equipment,	x None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Other financial or non-	N. Nama	
13		xNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the foll	owing box:

I have been awarded a 2023 ACG Medical Resident Clinical Research Award from the American College of Gastroenterology to study palliative, supportive, and end of life care for people with liver disease. The funding was
not used for this project.

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

		ICMJE DIS	CLOSURE FORM	
Yo	nte:g/4/2 our Name: Guy anuscript Title: anuscript number (if known		and the cors: A normative review of manage man and a	artza
re pa to re	lated to the content of your rties whose interests may be transparency and does not lationship/activity/interest,	r manuscript. Related The be affected by the content necessarily indicate a bias , it is preferable that you d	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 . If you are in doubt about whether to list a o so.	
Th	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current	
	e author's relationships/act the epidemiology of hypert edication, even if that medic	ension, vou siloulu deciai s	defined broadly. For example, if your manuscript pertaie all relationships with manufacturers of antihypertensive the manuscript.	ns e
In	item #1 below, report all su e time frame for disclosure	pport for the work reporte	d in this manuscript without time limit. For all other ite	ms,
		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 processing charges, etc.) No time limit for this item.	None		

Time frame: past 36 months

None

J__{None}

None

Grants or contracts from any entity (if not indicated

in item #1 above).

Consulting fees

4

Royalties or licenses

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	None	
	meetings and/or travel		
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	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
12	services	/	
13	Other financial or non-	None	
	financial interests		
DI-		(I) . (I)	
PIE	ease summarize the above c	onflict of interest in the fo	llowing box:
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None	

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

Date: 9/3/23
Your Name: Alexander Fagenson
Manuscript Title: Liver Transplantation and HCC 2023: A Narrative Review of Management and Outcomes
Manuscript number (if known): APM-23-341

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3	Royalties or licenses	x_None	
4	Consulting fees	x_None	

5	Payment or honoraria for	xNone		
	lectures, presentations, speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	xNone		
	testimony			
7	Support for attending meetings and/or travel	xNone		
	meetings and/or traver			
8	Patents planned, issued or	xNone		
	pending			
9	Participation on a Data	xNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	x_None		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid Stock or stock options	x None		_
11	Stock of Stock options	xNone		_
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12	Receipt of equipment,	x None		-
12	materials, drugs, medical			_
	writing, gifts or other			_
	services			
13	Other financial or non-	x None		Т
	financial interests			Ī
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Plea	ase summarize the above co	nflict of interest in the foll	owing box:	
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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 9-5-23	
Your Name: Themas Schions MD	
Manuscript Title: Live Tranglatato and	MCC 2013! A Narrative Review
Manuscript number (if known):	of Managemy and Outcome

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for	None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	None
	testimony	
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7	Support for attending	None
	meetings and/or travel	
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:

NIA			

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

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