

ICMJE DISCLOSURE FORM

Date: 2021/07/30

Your Name: Haixiao Zhang

Manuscript Title: Vascular normalization therapy by targeted localized vessel bevacizumab infusion in hepatocellular carcinoma after transarterial chemoembolization failure

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 current manuscript only.

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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)
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3	Royalties or licenses	_____ None	
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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:

Haixiao Zhang declare no conflict of interest.

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: 2021/07/30

Your Name: Gengfei Cao

Manuscript Title: Vascular normalization therapy by targeted localized vessel bevacizumab infusion in hepatocellular carcinoma after transarterial chemoembolization failure

Manuscript number (if known):

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

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ICMJE DISCLOSURE FORM

Date: 2021/07/30

Your Name: Weixin Ren

Manuscript Title: Vascular normalization therapy by targeted localized vessel bevacizumab infusion in hepatocellular carcinoma after transarterial chemoembolization failure

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: 2021/07/30

Your Name: Junpeng Gu

Manuscript Title: Vascular normalization therapy by targeted localized vessel bevacizumab infusion in hepatocellular carcinoma after transarterial chemoembolization failure

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ICMJE DISCLOSURE FORM

Date: 2021/07/30

Your Name: Weizheng Ji

Manuscript Title: Vascular normalization therapy by targeted localized vessel bevacizumab infusion in hepatocellular carcinoma after transarterial chemoembolization failure

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ICMJE DISCLOSURE FORM

Date: 2021/07/30

Your Name: Diwen Zhu

Manuscript Title: Vascular normalization therapy by targeted localized vessel bevacizumab infusion in hepatocellular carcinoma after transarterial chemoembolization failure

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ICMJE DISCLOSURE FORM

Date: 2021/07/30

Your Name: Yingjun Bao

Manuscript Title: Vascular normalization therapy by targeted localized vessel bevacizumab infusion in hepatocellular carcinoma after transarterial chemoembolization failure

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Date: 2021/07/30

Your Name: Asihaer Hasimu

Manuscript Title: Vascular normalization therapy by targeted localized vessel bevacizumab infusion in hepatocellular carcinoma after transarterial chemoembolization failure

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