

ICMJE DISCLOSURE FORM

Date: 09/19/21
 Your Name: Jeffrey Xia
 Manuscript Title: Second-line treatment with nivolumab, cabozantinib, regorafenib or best supportive care in patients with advanced hepatocellular carcinoma: Analysis at a Hispanic-majority NCI-designated cancer center
 Manuscript number (if known): JGO-21-414-R1

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
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:

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.

A handwritten signature in black ink, appearing to be 'L. M.', written in a cursive style.

ICMJE DISCLOSURE FORM

Date: September 22, 2021

Your Name: Jonathan Gelfond

Manuscript Title: Second-line treatment with nivolumab, cabozantinib, regorafenib or best supportive care in patients with advanced hepatocellular carcinoma: Analysis at a Hispanic-majority NCI-designated cancer center

Manuscript number (if known): JGO-21-414-R1

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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			

2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	

13	Other financial or nonfinancial interests	<input type="checkbox"/> 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.

Jonathan Gelfond

ICMJE DISCLOSURE FORM

Date: September 19, 2021
 Your Name: Sukeshi P. Arora
 Manuscript Title: Second-line treatment with nivolumab, cabozantinib, regorafenib or best supportive care in patients with advanced hepatocellular carcinoma: Analysis at a Hispanic-majority NCI-designated cancer center
 Manuscript number (if known): JGO-21-414-R1

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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.	National Institutes of Health CA054174	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	
4	Consulting fees	X none	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Bayer Exelixis Bristol-Meyers Squibb Haymarket CME Education Horizon CME Education	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	Faron	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	AstraZeneca QED Therapeutics	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Support New India	
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	

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

SPA declares that she is on the Speakers Bureau for Bayer, Bristol-Meyers Squibb, and Exelixis. She has received honoraria for lectures (Haymarket CME Education, Horizon CME Education). She has participated on Advisory Boards for AstraZeneca and QED Therapeutics. She has received support for travel from Faron. She is on the board for Support New India (unpaid). There are no conflicts of interest for this study.

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.

Savara