Date: 7/30/21

Your Name: Lauren Shreve

Manuscript Title: Transjugular Intrahepatic Portosystemic Shunt for the Management of Symptomatic Malignant

Pseudocirrhosis

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 <u>current manuscript only</u>.

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 | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------|--|---|
| | | needed) | |
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | xNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | x_None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | x_None | |
| | | | |
| | | | |
| 4 | Consulting fees | xNone | |
| | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | xNone | |
|------|---|-------------------------------|---------------|
| | manuscript writing or educational events | | |
| 6 | Payment for expert | xNone | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | xNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | xNone | |
| | pending | | |
| 0 | Deuticio eti co co e Dete | N | |
| 9 | Participation on a Data Safety Monitoring Board or | xNone | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | x None | |
| 10 | in other board, society, | XNone | |
| | committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | xNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | xNone | |
| | materials, drugs, medical | | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | x None | |
| 13 | financial interests | xNone | |
| | iniariela interests | | |
| Plea | nse summarize the above co | onflict of interest in the fo | ellowing box: |
| | | | |

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.

| Date: | 07/30/21 | | |
|-------------------------|-----------------|--|-------|
| Your Name: | Catl | hal O'Leary | _ |
| Manuscript ³ | Title: Transjug | ular Intrahepatic Portosystemic Shunt for the Management of Symptomatic Mali | gnant |
| Pseudocirrho | osis | | |
| Manuscript | number (if kno | own): | |

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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| | | 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 | None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None | |
| | | | |
| | | | |
| 4 | Consulting fees | None | |
| | | | |

| 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 | | |
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| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | _ | |
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| 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 | | |
| 12 | services Other financial or non- | None | |
| 13 | financial interests | None | |
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| | and Janimanie the above to | | |
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| | None | | |
| | NOTE | | |
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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.

| Date:8/6/2021 | |
|---|-------------|
| _ Your Name:Timothy Clark | Manuscript |
| Title: Transjugular Intrahepatic Portosystemic Shunt for Management of Symptomatic Maligneseudocirrhosis | nant |
| 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 <u>current</u> <u>manuscript only</u>.

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 | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| | | needed) 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. | _xNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | xNone | |
| 3 | Royalties or licenses | Teleflex and Merit | |

| 4 | Consulting fees | Teleflex, Becton Dickinson, Boston Scientific, Forge Medical, and B. Braun |
|----|--|--|
| | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _xNone |
| 6 | Payment for expert testimony | xNone |
| 7 | Support for attending meetings and/or travel | xNone |
| 8 | Patents planned, issued or pending | xNone |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | xNone |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | xNone |
| 11 | Stock or stock options | xNone |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _xNone |
| 13 | Other financial or non- financial interests | _xNone |
| | | |

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

| TWIC has received royalties from Teleflex and Merit, and serves as a consultant for Teleflex, Becton Dickinson, Boston Scientific, Forge Medical, and B. Braun. No conflicts directly related to content of manuscript. | |
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| 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 thi form. | | | |
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| | ır Name: S. William Stav | ropoulos | | |
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| | | nptomatic Malignant Ps | | |
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| | nuscript number (if known): | | | n the |
| rela par to t | ited to the content of your r ties whose interests may be | nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. | onships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. | |
| | following questions apply t nuscript only. | o the author's relationship | os/activities/interests as they relate to the <u>current</u> | |
| to t me | he epidemiology of hyperte dication, even if that medica tem #1 below, report all sup | nsion, you should declare ation is not mentioned in to port for the work reported | defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertensi he manuscript. d in this manuscript without time limit. For all other it | ve |
| the | time frame for disclosure is | the past 36 months. | | |
| | | Name all entities with | Specifications/Comments | |
| | | whom you have this | (e.g., if payments were made to you or to your | |
| | | relationship or indicate | institution) | |
| | | none (add rows as | , | |
| | | needed) | | |
| | | Time frame: Since the initia | al planning of the work | |
| 1 | All support for the present | None | | |
| | manuscript (e.g., funding, | | | |
| | provision of study materials, | | | |
| | medical writing, article | | | |
| | processing charges, etc.) | | | |
| | No time limit for this item. | | | |
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| | | Time frame: pas | t 36 months | |
| 2 | Grants or contracts from | None | | |
| | any entity (if not indicated | | | |
| | in item #1 above). | | | |
| 3 | Royalties or licenses | None | | |
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| 4 | Consulting fees | None | | |

| 5 | Payment or nonoraria for | None | |
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| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| _ | | Nama | |
| 6 | Payment for expert | None | |
| | testimony | | |
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| 7 | Support for attending | None | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | None | |
| | pending | | |
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| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
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| 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 | |
| 12 | materials, drugs, medical | None | |
| | writing, gifts or other | | |
| | | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
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| Plea | ase summarize the above co | nflict of interest in the foll | owing box: |
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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.

| Date: | 07-30 | -2021 |
|-------|-------|-------|

Your Name: Michael C. Soulen, MD

Manuscript Title: Transjugular Intrahepatic Portosystemic Shunt for the Management of

Symptomatic Malignant Pseudocirrhosis

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.

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

| 5 | Payment or honoraria for | XNone | |
|----------|--|--------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | V Nove | |
| 6 | Payment for expert | _XNone | |
| | testimony | | |
| 7 | Support for attending | X None | |
| ' | 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 | XNone | |
| | in other board, society, | | |
| | committee or advocacy | | |
| 11 | group, paid or unpaid Stock or stock options | X None | |
| 11 | Stock of stock options | None | |
| | | | |
| 12 | Receipt of equipment, | X None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | | |
| | | | |
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Please summarize the above conflict of interest in the following box:

| none | | | |
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Please place an "X" next to the following statement to indicate your agreement:

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