Date: 12/16/22 Your Name: Oladapo R Adeniran Manuscript Title: Overall Survival and Toxicity of Hepatocellular Carcinoma Barcelona Clinic Liver Cancer B patients with Y90 radioembolization Manuscript number (if known): JGO-22-972

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 manuscript (e.g., funding,	x None	
	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 any entity (if not indicated	x None	
	in item #1 above).		
З	Royalties or licenses	x None	

4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None	
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	x None	
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	

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

Date: 12/19/2022 Your Name: Christian N. Nguyen Manuscript Title: Overall Survival and Toxicity of Hepatocellular Carcinoma Barcelona Clinic Liver Cancer B patients with Y90 radioembolization Manuscript number (if known):\_\_\_\_JGO-22-972\_\_\_\_\_\_

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	-	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	<u>X</u> None	
	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 any entity (if not indicated	<u>X</u> None	
	in item #1 above).		
3	Royalties or licenses	<u>X</u> None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>X</u> None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
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	

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

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1	All support for the present	<u>X</u> None	
	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 any entity (if not indicated	<u>X</u> None	
	in item #1 above).		
-			
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>X</u> None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
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	

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

#### Date: 12/16/2022

### Your Name: Shelby K. Frantz, MD

**Manuscript Title:** Overall Survival and Toxicity of Hepatocellular Carcinoma Barcelona Clinic Liver Cancer B Patients Receiving Y90 Radioembolization: Analysis of the Radiation-Emitting SIR-spheres In Non-resectable liver tumor (RESiN) registry

### Manuscript number (if known): JGO-22-972

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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.) <b>No time limit for this item.</b>	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 lectures, presentations, speakers bureaus, manuscript writing or educational events			
lectures, presentations, speakers bureaus, manuscript writing or educational events			
lectures, presentations, speakers bureaus, manuscript writing or educational events			
manuscript writing or educational events      XNone         6       Payment for expert testimony      XNone         7       Support for attending meetings and/or travel      XNone         7       Support for attending meetings and/or travel      XNone         8       Patents planned, issued or pending      XNone         9       Patricipation 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      X_None         13       Other financial or non-       XNone	5	lectures, presentations,	_XNone
testimony		manuscript writing or educational events	
meetings and/or travel	6		XNone
pending	7		X_None
Safety Monitoring Board or Advisory Board	8	-	XNone
10       Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid       _XNone         11       Stock or stock options       _XNone         11       Stock or stock options       _XNone         12       Receipt of equipment, materials, drugs, medical writing, gifts or other services      X_None         13       Other financial or non-       XNone	9	Safety Monitoring Board or	XNone
12     Receipt of equipment, materials, drugs, medical writing, gifts or other services    XNone       13     Other financial or non-     XNone	10	in other board, society, committee or advocacy	XNone
materials, drugs, medical	11	Stock or stock options	X_None
	12	materials, drugs, medical writing, gifts or other services	X_None
	13		XNone

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: 12/16/22

Your Name: Lea Matsuoka, MD

Manuscript Title: Overall Survival and Toxicity of Hepatocellular Carcinoma Barcelona Clinic Liver Cancer B Patients Receiving Y90 Radioembolization: Analysis of the Radiation-Emitting SIR-spheres In Non-resectable liver tumor (RESiN) registry

Manuscript number (if known): JGO-22-972

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		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) planning of the work
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>	XNone	
		Time frame: past	36 months
2		_XNone	

	Grants or contracts from any entity (if not indicated in item #1 above).	
3	Royalties or licenses	XNone
4	Consulting fees	_XNone
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

N/A

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: 12/19/2022

 Your Name: Liping Du

 Manuscript Title: Overall Survival and Toxicity of Hepatocellular Carcinoma Barcelona Clinic Liver Cancer

 B patients with Y90 radioembolization

 Manuscript number (if known):\_\_\_\_\_\_JGO-22-972\_\_\_\_\_\_\_

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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>	x None	
2	Currente en construcción forcare	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x None	
3	Royalties or licenses	x None	

4	Consulting fees	_x None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None
6	Payment for expert testimony	x_ None
7	Support for attending meetings and/or travel	xNone
8	Patents planned, issued or pending	x None
9	Participation on a Data Safety Monitoring Board or Advisory Board	x None
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

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

Date: <u>12/16/22</u>

Your Name: <u>Ripal Gandhi</u>

Manuscript Title: \_\_\_\_\_Overall Survival and Toxicity of Hepatocellular Carcinoma Barcelona Clinic Liver Cancer B Patients Receiving Y90 Radioembolization: Analysis of the Radiation-Emitting SIR-spheres In Non-resectable liver tumor (RESiN) registry

Manuscript number (if known): JGO-22-972

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-		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.) <b>No time limit for this item.</b>	X_None	
		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	None	Sirtex Medical
_			
5	Payment or honoraria for lectures, presentations,	None	Sirtex Medical Boston Scientific
	speakers bureaus,		Boston Scientific
	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 Safety Monitoring Board or	XNone	
	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	XNone	
12	Receipt of equipment,	X None	
<u></u>	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

I am a proctor for Sirtex Medical and Boston Scientific as well as a consultant for Sirtex Medical

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

\_\_X\_ L certify that L have answered every question and have not altered the wording of any of the questions on this form.

Date: 12/16/22	
Your Name: Zachay	· Collins
Manuscript Title: Overall	Servival of HCC RCLCR Patients
Manuscript number (if known):	receiving 190 Radioembolization
560-22-9	12

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	36 months were seen as a second s
3	Royalties or licenses	_X_None	
4	Consulting fees	None	Sirtex Consultant Proctor

5	Payment or honoraria for lectures, presentations,	None	Sirtex Presentations
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
۰.			
8	Patents planned, issued or pending	None	Possible Sintex Pootent
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	<u>None</u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None None	

I do paid consulting proctoring preaking for Sirtex with a possible patent project pending

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

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

MO

Date:12/16/22	_
Your Name:Marc R. Matrana, MD, MS, FACP	
Manuscript Title: Overall Survival and Toxicity of Hepatocellular Carcinoma	Barcelona Clinic Liver Cancer B
patients with Y90 radioembolization	
Manuscript number (if known): JGO-22-972	

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

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	X None	
	manuscript writing or educational events		
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	X None	
	Advisory board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
11	group, paid or unpaid Stock or stock options	X None	
11			
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests		

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

Date:	12/19/22	2								
Your Name:	Micha	el Petrozi	ello							
Manuscript Title:	Overall	Survival and	& Toxicity	of Hep	atocellular	Carcinoma	BCLB	patients	receiving	9 Y90
Manuscript num			- 22 - 972					L.	`	5

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		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)	
	的社会政治的意思。其他的社会的	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.		
at so	Constraint and the Second	Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).	1	
3	Royalties or licenses	None	
		1	
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		
		1	
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		

None

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

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

Date:	Dec 16, 2022
Your Name: Jayson	າ S. Brower, MD
Manuscript Title:C	verall Survival and Toxicity of Hepatocellular Carcinoma Barcelona Clinic Liver Cancer B patients with
Y90 radioemboliza	tion
Manuscript number	er (if known): JGO-22-972

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

4	Consulting fees	None Consultant	Sirtex medical
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
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	_X None	
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	

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

Date:\_\_December 16, 2022\_\_\_

Your Name:\_\_\_Daniel Y. Sze\_\_\_

Manuscript Title:\_\_\_Overall Survival and Toxicity of Hepatocellular Carcinoma Barcelona Clinic Liver Cancer B Patients Receiving Y90 Radioembolization: Analysis of the Radiation-Emitting SIR-spheres in Non-resectable liver tumor (RESiN) Registry\_\_\_\_\_

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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	_X_Sirtex	Institutional research support
	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	_XSirtex	Consulting (terminated 2021)

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	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
•	pending		
	pending		
•	Deutisiantian an a Data	V. Neve	
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	X None	
11			
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		

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

Date: 12/16/2022

Your Name: Andrew Kennedy, MD

**Manuscript Title:** Overall Survival and Toxicity of Hepatocellular Carcinoma Barcelona Clinic Liver Cancer B Patients Receiving Y90 Radioembolization: Analysis of the Radiation-Emitting SIR-spheres In Non-resectable liver tumor (RESiN) registry

Manuscript number (if known): JGO-22-972

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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) planning of the work
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>	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Sirtex Medical ABK Biomedical Bard Medical	Sarah Cannon has a consulting agreements No personal remuneration to Dr. Kennedy
3	Royalties or licenses	None	

4	Consulting fees	None	
-		None	
5	Payment or honoraria for	None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
Ũ	testimony		
	cestimony		
7	Support for attending	None	
, í	meetings and/or travel		
	Deterrite allowed incored as	News	
8	Patents planned, issued or	None	
	pending		
0			
9	Participation on a Data	None	
	Safety Monitoring Board or		
- 10	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	Nana	
11	Stock of stock options	None	
12	Possint of aquinment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests		

My institution has an agreement with the three companies listed who have or are producing radioactive devices for cancer patients. No personal remuneration to Dr. Kennedy.

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: <u>16/12/2022</u> Your Name: <u>Jafar Golzarian</u> Manuscript Title: Overall Survival and Toxicity of Hepatocellular Carcinoma Barcelona Clinic Liver Cancer B Patients Receiving Y90 Radioembolization: Analysis of the Radiation-Emitting SIRspheres In Non-resectable liver tumor (RESiN) registry Manuscript number (if known): JGO-22-972

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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	
1	All support for the present	Sirtex	Payment for the registry
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
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	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, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non- financial interests	None	
	inialicial interests		

Our center received payment in relation to recruiting patient for this registry

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:12/19/2022		
Your Name:Eric Wang, MD		
Manuscript Title:_Overall survival and Toxicity of Hepatocellular Carcinoma Barcelona Clinic Liver Cancer B		
Patients with Y90 Radioembolization		
Manuscript number (if known): JGO-22-972		

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	Proctor for Sirtex Medical
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	X None	
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	

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

Date:12/15/2022			
Your Name:Daniel Brown, MD			
Manuscript Title:_Overall survival and Toxicity of Hepatocellular Carcinoma Barcelona Clinic Liver Cancer B			
Patients with Y90 Radioembolization			
Manuscript number (if known):	JGO-22-972		

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 manuscript (e.g., funding, provision of study materials,	None Sirtex Medical	Study Sponsor: Funding went to my institution		
	medical writing, article processing charges, etc.) <b>No time limit for this item.</b>				
	Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None			
3	Royalties or licenses	X None			

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Speaker Cook Medical	Payments to me.
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 Bard Medical	Payments to me
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	

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