

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Karen T.

2. Surname (Last Name)
Brown

3. Date
09-October-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Trans-arterial embolization for hepatocellular carcinoma: doxorubicin is not necessary

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Brown has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Richard Kinh	2. Surname (Last Name) Do	3. Date 09-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karen T. Brown
5. Manuscript Title Trans-arterial embolization for hepatocellular carcinoma: doxorubicin is not necessary		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Do has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mithat	2. Surname (Last Name) Gonen	3. Date 09-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karen T. Brown
5. Manuscript Title Trans-arterial embolization for hepatocellular carcinoma: doxorubicin is not necessary		
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Section 1. Identifying Information

1. Given Name (First Name)
Anne M.

2. Surname (Last Name)
Covey

3. Date
09-October-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Karen T. Brown

5. Manuscript Title
Trans-arterial embolization for hepatocellular carcinoma: doxorubicin is not necessary

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Section 1. Identifying Information

1. Given Name (First Name) George I.	2. Surname (Last Name) Getrajdman	3. Date 09-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karen T. Brown
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1. Given Name (First Name) Constantinos T.	2. Surname (Last Name) Sofocleous	3. Date 09-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karen T. Brown
5. Manuscript Title Trans-arterial embolization for hepatocellular carcinoma: doxorubicin is not necessary		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Sofocleous has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
William R.

2. Surname (Last Name)
Jarnagin

3. Date
09-October-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Karen T. Brown

5. Manuscript Title
Trans-arterial embolization for hepatocellular carcinoma: doxorubicin is not necessary

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Jarnagin has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael I.	2. Surname (Last Name) D'Angelica	3. Date 09-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karen T. Brown
5. Manuscript Title Trans-arterial embolization for hepatocellular carcinoma: doxorubicin is not necessary		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. D'Angelica has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Peter J.

2. Surname (Last Name)
Allen

3. Date
09-October-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Karen T. Brown

5. Manuscript Title
Trans-arterial embolization for hepatocellular carcinoma: doxorubicin is not necessary

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Allen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Joseph P.	2. Surname (Last Name) Erinjeri	3. Date 09-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karen T. Brown
5. Manuscript Title Trans-arterial embolization for hepatocellular carcinoma: doxorubicin is not necessary		
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Dr. Erinjeri has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lynn A.	2. Surname (Last Name) Brody	3. Date 09-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karen T. Brown
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Dr. Brody has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Stephen B.

2. Surname (Last Name)
Solomon

3. Date
09-October-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Karen T. Brown

5. Manuscript Title
Trans-arterial embolization for hepatocellular carcinoma: doxorubicin is not necessary

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Lawrence H.

2. Surname (Last Name)
Schwartz

3. Date
09-October-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Karen T. Brown

5. Manuscript Title
Trans-arterial embolization for hepatocellular carcinoma: doxorubicin is not necessary

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ronald P.	2. Surname (Last Name) DeMatteo	3. Date 09-October-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Karen T. Brown
5. Manuscript Title Trans-arterial embolization for hepatocellular carcinoma: doxorubicin is not necessary		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 1. Identifying Information

1. Given Name (First Name)
Ghassan K.

2. Surname (Last Name)
Abou-Alfa

3. Date
09-October-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Karen T. Brown

5. Manuscript Title
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