| Date | :Nov | . 30 th , | 202 | 23 | | | | | | | | | |
|------|----------|----------------------|-------|------------|------------------|-------------|------|----------------|-----------|-------|--------|--------|-------|
| Your | Name: | Xue | xia I | Li ang | | | | | | | | | |
| Man | uscript | Title: | Li v | er-di rect | ed Moderately | Hypo-fracti | onec | d Radiotherapy | Combi ned | wi th | Pembro | olizum | ıab |
| and | Bevaci z | zumab | for | Advanced | Hepatocel I ul a | r Carcinoma | : A | retrospective | 0bservati | onal | Study | of 23 | Cases |
| Man | uscript | numb | er (i | f known): | TCR-23-1333 | CL | | | | | | | |

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 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 | None | pariting of the work |
| | 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 | X_None | |
| | | | |
| | | | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X_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 | <u>×</u> None | | | | |
| 11 | Stock or stock options | None | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_None | | | | |
| 13 | Other financial or non- financial interests | None | | | | |
| Ple | Please summarize the above conflict of interest in the following box: | | | | | |

| None. | | | |
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| Date: | Nov. 30 th | 1, 2023 | | | | | | | | | |
|---------|--------------------------|----------------|------------------|-------------|------------------|----------------|---------|------------|--|--|--|
| Your Na | Your Name: Yanhui Ji ang | | | | | | | | | | |
| Manusc | ript Title | : Liver-direc | ted Moderately H | ypo-fractio | ned Radiotherapy | Combined with | Pembro | lizumab | | | |
| and Bev | /acizumab | for Advanced | Hepatocellular | Carcinoma: | A retrospective | Observati onal | Study c | of 23 Case | | | |
| Manusc | ript num | ber (if known) | : TCR-23-1333CL | - | | | | | | | |

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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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) |
|---|-------------------------------|---|---|
| | | I | planning of the work |
| 1 | All support for the present | X_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 | x_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, speakers bureaus, manuscript writing or educational events | None | | | | | |
|-----|--|---------|--|--|--|--|--|
| 6 | Payment for expert testimony | _x_None | | | | | |
| 7 | Support for attending meetings and/or travel | _xNone | | | | | |
| 8 | Patents planned, issued or pending | _×_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 | None | | | | | |
| 11 | Stock or stock options | None | | | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _x_None | | | | | |
| 13 | Other financial or non- financial interests | _x_None | | | | | |
| Ple | Please summarize the above conflict of interest in the following box: | | | | | | |

| None. | | | |
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| Date: | Nov. | 30 th , | 202 | 23 | | | | | | | | | | | |
|--------|----------|--------------------|-------------|------------|-------------|---------|-----------|----------|----------|-----------|-------|--------|-------------|------|------|
| Your I | Name:_ | Wei | Yao | | | | | | | | | | | | |
| Manu | script 1 | Γitle: | <u>Li v</u> | er-di rect | ed Moderate | Гу Нурс | o-fractio | ned Radi | otherapy | Combi ned | wi th | Pembro | <u>oliz</u> | umab | |
| and B | levaci z | umab | for | Advanced | Hepatocellu | ular Ca | rci noma: | A retros | spective | 0bservati | onal | Study | of : | 23 C | ases |
| Manu | script ı | numb | oer (i | if known): | TCR-23-13 | 333CL | | | | | | | | | |

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>.

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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) |
|---|-------------------------------|---|---|
| | | I | planning of the work |
| 1 | All support for the present | X_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 | x_None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | × None | |
| | · | | |
| | | | |
| 4 | Consulting fees | None | |
| | | | |
| | | | |

| 6 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | 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 | _ <u>×_</u> None | | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _x_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 | _x_None | | | | |
| Ple | Please summarize the above conflict of interest in the following box: | | | | | |

| None. | | | |
|-------|--|--|--|
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| Date: | Nov. | 30 th , | 2023 | | | | | | | |
|--------|----------|--------------------|----------------|-------------------|-------------|------------------|----------------|----------|--------|-------|
| Your I | Name:_ | Yun | Deng | | | | | | | |
| Manu | script 1 | Title: | Li ver-di rect | ed Moderately Hy | ypo-fractio | ned Radiotherapy | Combined wit | h Pembro | olizum | iab |
| and B | evaci z | umab | for Advanced | Hepatocel I ul ar | Carcinoma: | A retrospective | Observati onal | Study | of 23 | Cases |
| Manu | script r | numb | er (if known): | TCR-23-1333CL | | | | | | |

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>.

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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) |
|---|-------------------------------|---|---|
| | | I | 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. | | |
| | | 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 | × None | |
| | · | | |
| | | | |
| 4 | Consulting fees | None | |
| | | | |
| | | | |

| 6 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | NoneNone | |
|----|---|--------------------------------|-------------|
| 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 | 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 | |
| | ease summarize the above co | onflict of interest in the fol | lowing box: |

| None. | | | |
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| Date: | Nov. | 30 th , | 202 | 3 | | | | | | | | | |
|--------|----------|--------------------|--------|------------|-------------------|--------------|----------------|--------------|--------|-------|--------|-------------|-------|
| Your I | Name:_ | Shua | ıi Ya | ing | | | | | | | | | |
| Manu | script T | itle:_ | Li v∈ | er-di rect | ed Moderately | Hypo-fractio | oned Radiother | rapy Combine | d with | Pembr | ol i z | <u>zuma</u> | ıb |
| and B | evaci zı | umab | for | Advanced | Hepatocel I ul ai | Carcinoma: | A retrospect | ive Observat | ional | Study | of | 23 | Cases |
| Manu | script r | umb | er (if | f known): | TCR-23-13330 | CL | | | | | | | |

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 needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------|---|---|
| | | I | planning of the work |
| 1 | All support for the present | X_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 | x_None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | × None | |
| | , | | |
| | | | |
| 4 | Consulting fees | X_None | |
| | | | |
| | | | |

| 6 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | None | |
|----|---|------------------|--|
| | | | |
| 7 | Support for attending meetings and/or travel | _ <u>×_</u> None | |
| | B | | |
| 8 | Patents planned, issued or pending | <u>×</u> None | |
| | pending | | |
| 9 | Participation on a Data Safety Monitoring Board or | _x_None | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, | _×_None | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X_None | |
| | writing, gifts or other services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |
| | | | |

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:

| Date: | Nov. | . 30 th , | 202 | 3 | | | | | | | | |
|--------|----------|----------------------|--------|-------------|------------------|--------------|----------------|--------------|-------------|--------|----------|---------|
| Your I | Name:_ | Qi ad | odan | Liu | | | | | | | | |
| Manu | script 1 | Title: | Li ve | er-di recte | ed Moderately | Hypo-fractio | oned Radiother | apy Combined | <u>with</u> | Pembro | ol i zuı | mab |
| and B | evaci z | umab | for | Advanced | Hepatocel I ul a | r Carcinoma: | A retrospect | ive Observat | i onal | Study | of 23 | 3 Cases |
| Manu | script i | numb | er (if | f known): | TCR-23-13330 | CL | | | | | | |

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 | None | pariting of the work |
| | 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 | X_None | |
| | | | |
| | | | |

| 5 | Payment or honoraria for | x_None | |
|-----|--|---------------|---|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | _x_None | |
| | testimony | | |
| | | | |
| 7 | Support for attending meetings and/or travel | <u>×</u> None | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | _×_None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | _x_None | |
| | 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 | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | _x_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | _x_None | |
| | financial interests | | |
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| ni. | ! | | H |

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

| ı | None. |
|---|-------|
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Please place an "X" next to the following statement to indicate your agreement: