Date:	4/12/2023
Your Name:	Kamya Sankar
Manuscript Title:	Impact of immune tolerance mechanisms on the efficacy of immunotherapy in primary and secondary liver cancers
Manuscript Number (if known):	TGH-23-11

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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)
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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.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None Non	
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	

		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)
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	
Plea	-	t to the following statement to indicate your agreement to answered every question and have not altered the wo	

Date:			4/12/2023		
Your Name:			Ashley Pearson		
Manuscript Title:			Impact of immune tolerance mechanisms on the efficacy of immunotherapy in primary and secondary liver cancers		
Mar	nuscript Number (if	known):	TGH-23-11		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub! The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned		ript. "Rela of the ma re in doub ps/activiti ension, yo nentioned	rt for the work reported in this manuscript without time limit. For all other items, the time		
			Il entities with whom you have this ship 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	
	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.		one Training Grant T32	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ N	one		
3	Royalties or licenses	× N	one		

		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)
4	Consulting fees	None Non	
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	

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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	
Plea	-	t to the following statement to indicate your agreement to answered every question and have not altered the wo	

Date:	4/12/2023
Your Name:	Tejaswi Worlikar
Manuscript Title:	Impact of immune tolerance mechanisms on the efficacy of immunotherapy in primary and secondary liver cancers
Manuscript Number (if known):	TGH-23-11

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3	any entity (if not indicated in item #1 above). Royalties or licenses	None ■	

		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)
4	Consulting fees	Boston Strategic Partners, Inc.	Have a consulting relationship for providing medical writing services
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	

		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)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	4/12/2023
Your Name:	Matthew D. Perricone
Manuscript Title:	Impact of immune tolerance mechanisms on the efficacy of immunotherapy in primary and secondary liver cancers
Manuscript Number (if known):	TGH-23-11
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		Time frame: past 36 mon	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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4	Consulting fees	None Non	
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	

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

Date:	4/12/2023
Your Name:	Erin A. Holcomb
Manuscript Title:	Impact of immune tolerance mechanisms on the efficacy of immunotherapy in primary and secondary liver cancers
Manuscript Number (if known):	TGH-23-11

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		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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4	Consulting fees	None Non	
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	

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

Date:	4/12/2023	
Your Name:	Mishal Mendiratta-Lala	
Manuscript Title:	Impact of immune tolerance mechanisms on the efficacy of immunotherapy in primary and secondary liver cancers	
Manuscript Number (if known): TGH-23-11		
content of your manuscript. "Rel affected by the content of the ma	re ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily of about whether to list a relationship/activity/interest, it is preferable that you do so.	
	ies/interests should be defined broadly. For example, if your manuscript pertains to the ou should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.	
In item #1 below, report all suppo	ort for the work reported in this manuscript without time limit. For all other items, the time	

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		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

		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)
4	Consulting fees	None Non	
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	

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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	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			4/12/2023		
Your Name:			Zhen Xu		
Manuscript Title:			Impact of immune tolerance mechanisms on the efficacy of immunotherapy in primary and secondary liver cancers		
Mar	nuscript Number (if k	nown):	TGH-23-11		
confl affe indi- The epic that	tent of your manuser cted by the content of cate a bias. If you are author's relationship lemiology of hyperter medication is not me	ipt. "Rela of the man e in doubt os/activition nsion, you entioned	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each as should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			rithout time limit. For all other items, the time	
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			Time frame: past 36 month	ıs	
2	Grants or contracts from any entity (if not indicated in item #1 above).	HistoSo	onics		
3	Royalties or licenses	HistoSo	one		

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5	Consulting fees Payment or	□ None [HistoSonics □ □ None	
	honoraria for lectures, presentations, 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 HistoSonics	
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	

		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)
11	Stock or stock options	None HistoSonics	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	HistoSonics	
13	Other financial or non-financial interests	[⊠] None	
Please place an "X" next to the following statement to indicate your agreement:			
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

ICMJE DISCLOSURE FORM			
Date:	Date: 4/12/2023		
Your Name:		Neil Bhowmick	
Manuscript Title:		Impact of immune tolerance mechanisms on the efficacy of immunotherapy in primary and secondary liver cancers	
Manuscript Number (if k	(nown):	TGH-23-11	_
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		entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)

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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.	□ None □ P01 CA233452	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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4	Consulting fees	None Non	
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	
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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	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	4/12/2023
Your Name:	Michael Green
Manuscript Title:	Impact of immune tolerance mechanisms on the efficacy of immunotherapy in primary and secondary liver cancers
Manuscript Number (if known):	TGH-23-11

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		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	

		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)
4	Consulting fees	None 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	University of Michigan Rogel Cancer Center Veterans Affairs Ann Arbor Healthcare System
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		