

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1. Identifying Information

1. Given Name (First Name)

Changhoon

2. Surname (Last Name)

Choi

3. Date

20-February-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Hee Chul Park

5. Manuscript Title

Optimizing radiotherapy with immune checkpoint blockade in hepatocellular carcinoma

6. Manuscript Identifying Number (if you know it)

46708

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

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Dr. Choi has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gyu Sang	2. Surname (Last Name) Yoo	3. Date 20-February-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hee Chul Park
5. Manuscript Title Optimizing radiotherapy with immune checkpoint blockade in hepatocellular carcinoma		
6. Manuscript Identifying Number (if you know it) 02524633		

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

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Dr. Yoo has nothing to disclose.

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1. Given Name (First Name) Won Kyung 2. Surname (Last Name) Cho 3. Date 20-February-2019

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name Hee Chul Park

5. Manuscript Title
Optimizing radiotherapy with immune checkpoint blockade in hepatocellular carcinoma

6. Manuscript Identifying Number (if you know it)
02524633

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Hee Chul2. Surname (Last Name)
Park3. Date
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