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.

1. **Identifying information.**

2. **The work under consideration for publication.**

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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Yannick</td>
<td>Rakké</td>
<td>27-May-2020</td>
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<tr>
<th>4. Are you the corresponding author?</th>
<th>✔ No</th>
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Are there any relevant conflicts of interest?  ✔ No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Rakké 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)**
   - Dave

2. **Surname (Last Name)**
   - Sprengers

3. **Date**
   - 02-June-2020

4. **Are you the corresponding author?**
   - Yes ☑ Yes ☐ No

5. **Manuscript Title**
   - Camrelizumab – Targeting a novel PD-1 epitope to treat hepatocellular carcinoma

6. **Manuscript Identifying Number (if you know it)**
   - ATM-2020-115

**Section 2. The Work Under Consideration for Publication**

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Dr. Sprengers has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Jaap</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Kwekkeboom</td>
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**Corresponding Author’s Name**

Dave Sprengers

**Manuscript Title**

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Dr. Kwekkeboom has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  JNM
2. Surname (Last Name)  IJzermans
3. Date  03-June-2020
4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name
Dr. D. Sprengers

5. Manuscript Title
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