Date: 2021/06	6/29				
Your Name:	SONG	YU	Songyu	2021.6.29	
Manuscript Tit	le: Underlying	mechani	ism of sorafenib res	<u>sistance in hepatocellula</u>	r carcinoma: a
bioinformatics	study based o	n validat	ed resistance-relate	ed genes	
Manuscript nu	mber (if known):			

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 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	POT OF THE TOTAL TO	me frame: Since the initia	l planning of the work
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 Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	SO MONAIS
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	A STATE OF THE STA
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
0	educational events	Name of the second of the seco	
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
1	meetings and/or travel	None	the same and the same and the same same
	meetings and/or traver	The State of	
100	The standard and a second at the		
8	Patents planned, issued	None	
	or pending		
9	Participation on a Data	None	
9	Safety Monitoring Board	None	
	or Advisory Board	THE RESERVE OF THE PARTY OF THE	
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	None	
		Easter of the	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
13	financial interests	NOTIE	
	manda meesis		AT SHEET AND THE SHEET AT SHEE

The author has no cor	nflicts of interest to declar	е.

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

 $\underline{\times}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 2021/0	6/29						
Your Name:	GA0	PENG	gaopeng	202	6.29		
Manuscript Titl	e: Unde	erlying mech	anism of sorafer	ih resists	nce in henator	cellular carcinoma: a bioinformatics st	uhu
based on valida	ted resi	stance-relat	ed genes	no reason	ince in neparos	cendral carcinoma, a polimormatics st	
Manuscript nur							

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 manuscript</u> only.

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al planning of the work
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	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
'	lectures, presentations,	THORE	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
0	testimony		
	testimony		
7	Support for attending	None	
	meetings and/or travel		
	meenings amay or move		
8	Patents planned, issued or	None	
	pending	INONE	
	pending		
9	Participation on a Data	None	
-	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		Part of the second seco
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services	Nana	
13	Other financial or non-	None	
	financial interests		

	The author has no conflicts of interest to declare.	
Ed and the		

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 2021/	06/29		•		
Your Name:	DING	HAIYING	ding haizing	2021.6.29	
Manuscript T	itle: Und	erlying mech	anism of sorafenib	resistance in h	nepatocellular carcinoma: a
			lated resistance-re		
Manuscript n	umber (if	f known):			

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 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	T	me frame: Since the initia	l planning of the work
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	
2	Grants or contracts from any entity (if not indicated in items #1 about)	Time frame: past	t 36 months
3	in item #1 above). Royalties or licenses	None	The sacing
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	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	
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	
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	

The author has no conflicts of interest to d	eclare.

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

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:_	2021/06/29	9			-	,		
Your N	Name:	XU GAOQI	Xu	Gaos:	201.6.2			
Manus	script Title:	Underlying	mechar	nism of	f sorafenib	resistance in	hepatocellular carcino	ma: a
bioinformatics study based on validated resistance-related genes								
Manus	script numb	er (if knowr	n):					

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 current manuscript only.

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Time and the second	me frame: Since the initia	l planning of the work
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 Time frame: past	26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	30 monara
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	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	Potosto planned in a l		
O	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	None	
	advocacy group, paid or unpaid	,	
11	Stock or stock options	None	
2	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	None	

٦	The author has no co	onflicts of interest	to declare.	

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

 $\underline{\hspace{0.1in}}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 2021/06	/29			
our Name:	HU YAN	Huran	2021.06.29	A SECTION OF SECTION ASSESSMENT
/lanuscript Title	: Underlying mecha	nism of sorafenib r	esistance in hepatocellular ca	rcinoma: a bioinformatics study
ased on validat	ed resistance-relate	ed genes_		Temoria a biolifici matics stady
/lanuscript num	ber (if known):			

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 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al planning of the work
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	
	Asia Tanan Pangulan Sanaya	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	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	
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	
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	

The author has no conflicts of interest to declare.

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: 2021/06	5/29		*		
Your Name:	TOING	YZNG Hul	tong wing hui	21/6/28	
Manuscript Titl	e: Underly	ing mechanism o	f sorafenib resistance	in hepatocellular carcinoma:	а
<u>oioinformatics</u>	study base	d on validated res	sistance-related gene	S	_
Manuscript nur	mber (if kno	own):			

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 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		ime frame: Since the initia	l planning of the work
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	
11		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	- SO MOTATIO
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel	None	
			77 77 77 77 77 77 77 77 77 77 77 77 77
8	Detects along div		
0	Patents planned, issued or pending	None	
	a. panang		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		26 (10)
10	Leadership or fiduciary	None	
	role in other board,		
	society, committee or	1	
	advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
C(materials, drugs, medical	.1010	
	writing, gifts or other services		
13	Other financial or non-	None	and the second s
	financial interests		

The author has no conflicts of interest to declare.	

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

 $\underline{\hspace{0.1cm} \times}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	2021/	06/29		*			
Your I	Name:_	XIN	WENXIU	sin wenxin	2021.6.29		
Manuscript Title: Underlying mechanism of sorafenib resistance in hepatocellular carcinoma: a							
bioinformatics study based on validated resistance-related genes							
Manus	script r	number	(if known):				

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 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		me frame: Since the initia	l planning of the work
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	
	2015年1月1日 1月1日	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	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,	The state of the s	
	manuscript writing or		
100	educational events		
6	Payment for expert	None	
	testimony		
7	Command for all and		
1	Support for attending	None	er and programme to the control of t
	meetings and/or travel		
		and the second second second second second	
			ALL OF THE PARTY O
18			
8	Patents planned, issued	None	1000000 100000000000000000000000000000
	or pending		
^			
9	Participation on a Data	None	
	Safety Monitoring Board		
10	or Advisory Board		
10	Leadership or fiduciary role in other board,	None	
	society, committee or		
	advocacy group, paid or	1	
	unpaid		
11	Stock or stock options	None	
	Stock of Stock options	INOTIE	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
271	financial interests		

The author has no conflicts of interest to declare	

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

 \underline{X} I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 2021/06/29	THE PARTY OF THE P
Your Name: ZHANG LI WEN Zhang Li Wen Z	21.0629
Manuscript Title: Underlying mechanism of sorafenib resistance in hepatocellular car	cinoma: a bioinformatics study
based on validated resistance-related genes	a significant a study
Manuscript number (if known):	

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 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
- Black	2000年1月2日 - WF-1951年1月1日	Time frame: Since the initi	al planning of the work
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	
	THE STATE OF	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,	Note	
	speakers bureaus, manuscript writing or educational events	AND TO THE ALL ALL SALES OF THE	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
			9000
		Supplemental and the control of the	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or 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	450 7 19
12	Receipt of equipment,	None	No.
	materials, drugs, medical writing, gifts or other		
	services	to the straining of the	
13	Other financial or non- financial interests	None	-

The author has no conflicts of interest to declare.

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: 2021/06/2	9							n	
Your Name:	WU	MIAO			miaol		2021.6.2	_	_
Manuscript Title:_	Underlying	mechanisn	of sorafen	ib resista	nce in her	atocellula	r carcinoma: a	bioinformat	ics study
based on validated									
Manuscript number	er (if known):							

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 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al planning of the work
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	
	AND DESCRIPTION OF THE PARTY OF	Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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	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	
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	

The author has no conflicts of interest to declare.	

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

 $\underline{\hspace{0.1cm} \times\hspace{0.1cm}}$ I certify that I have answered every question and have not altered the wording of any of the questions on this f

Date: 2021/	/06/29		*	
Your Name:_	FAMT L	40 Janel	ao. 2021.6-26	9
Manuscript 1	Fitle: Underlyin	ng mechanism	of sorafenib resistance	e in hepatocellular carcinoma: a
bioinformation	cs study based	on validated	resistance-related gene	es_
Manuscript r	number (if know	wn):		

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 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	CONTRACTOR OF THE PARTY OF THE	me frame: Since the initia	l planning of the work
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	
84	人名英 语克里尔斯特 (15)	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	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
		THE PART IN THE PA	The second secon
6	educational events	N. Committee of the com	
0	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
1			
			1965-07-1975年的
8	Patents planned, issued or pending	None	
9	Destinie di D		
9	Participation on a Data Safety Monitoring Board	None	
	or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	None	
		IVOITE	
11	unpaid		
"	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	
10	services		
13	Other financial or non- financial interests	None	A PART OF THE PART
=			

	terest to declare.	

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

 $\underline{\times}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.