

## 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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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#### 4. Intellectual Property.

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

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#### Definitions.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |                                   |  |
|---|-----------------------------------|--|
| 1. Given Name (First Name)<br>Kenneth   | 2. Surname (Last Name)<br>Sherman | 3. Date<br>16-February-2018                    |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                   | Corresponding Author's Name<br>Mark Eckman, MD |
| 5. Manuscript Title<br>Timing of Treatment for Chronic Hepatitis C Infection in Patients with End Stage Renal Disease Awaiting Transplantation: Cost-Effectiveness Analysis |                                   |  |
| 6. Manuscript Identifying Number (if you know it)<br><br>   |                                   |  |

### 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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments                    |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| Merck                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paid to Univ. of Cincinnati |

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant?                              | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments                                   |
|----------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|
| AbbVie         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Clinical Trial Contract                    |
| BMS            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Clinical Trial Contract                    |
| Gilead         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clinical Trial Contract and Advisory Board |

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| Name of Entity | Grant?                              | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments                                   |
|----------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|
| Innovio        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Clinical Trial Contract                    |
| Intercept      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Clinical Trial Contract                    |
| MedImmune      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clinical Trial Contract and Advisory Board |
| Merck          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Clinical Trial Contract and Advisory Board |
| MedPace        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Data Safety Monitoring Board               |
| Watermark      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Data Safety Monitoring Board               |

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☐ No

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Sherman reports grants from Merck, during the conduct of the study; grants from AbbVie, grants from BMS, grants and personal fees from Gilead, grants from Innovio, grants from Intercept, grants and personal fees from MedImmune, grants from Merck, personal fees from MedPace, personal fees from Watermark, outside the submitted work; .

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### Section 1. Identifying Information

|   |                                  |  |
|---|----------------------------------|--|
| 1. Given Name (First Name)<br>Charuhas  | 2. Surname (Last Name)<br>Thakar | 3. Date<br>21-February-2018                |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                  | Corresponding Author's Name<br>Mark Eckman |
| 5. Manuscript Title<br>Timing of Treatment for Chronic Hepatitis C Infection in Patients with End Stage Renal Disease Awaiting Transplantation: Cost-Effectiveness Analysis |                                  |  |
| 6. Manuscript Identifying Number (if you know it)<br><br>   |                                  |  |

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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

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments                     |
|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| Merck          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Investigator Initiated Grant |

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Thakar reports grants from Merck, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ervin

2. Surname (Last Name)  
Woodle

3. Date  
15-February-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

5. Manuscript Title

Timing of Treatment for Chronic Hepatitis C Infection in Patients with End Stage Renal Disease Awaiting Transplantation  
Timing of Treatment for Chronic Hepatitis C Infection in Patients with End Stage Renal Disease Awaiting Transplantation

6. Manuscript Identifying Number (if you know it)

### 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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Woodle 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)  
Flavio

2. Surname (Last Name)  
Paterno

3. Date  
15-February-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Mark Eckman

5. Manuscript Title  
Timing of Treatment for Chronic Hepatitis C Infection in Patients with End Stage Renal Disease Awaiting Transplantation:  
Cost-Effectiveness Analysis

6. Manuscript Identifying Number (if you know it)  
M17-3088

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

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Paterno has nothing to disclose.

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|   |                                  |                             |
|---|----------------------------------|-----------------------------|
| 1. Given Name (First Name)<br>Mark  | 2. Surname (Last Name)<br>Eckman | 3. Date<br>20-February-2018 |
| 4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                             |
| 5. Manuscript Title<br>Timing of Treatment for Chronic Hepatitis C Infection in Patients with End Stage Renal Disease Awaiting Transplantation: Cost-Effectiveness Analysis |                                  |                             |
| 6. Manuscript Identifying Number (if you know it)<br>M17-3088   |                                  |                             |

### 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.)?

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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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

Dr. Eckman reports grants from Merck Sharp & Dohme Corp, during the conduct of the study; .

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