

ICMJE DISCLOSURE FORM

Date: July/19/2022
 Your Name: Shiyao Bao
 Manuscript Title: Risk factors and outcomes of renal adverse event in patients receiving immune checkpoint inhibitor therapy
 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 current manuscript only.

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| 3 | Royalties or licenses | <u>None</u> | |
| 4 | Consulting fees | <u>None</u> | |

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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <u> </u> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <u> </u> None | |
| 11 | Stock or stock options | <u> </u> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u> </u> None | |
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ICMJE DISCLOSURE FORM

Date: July/19/2022
 Your Name: Lifeng Luo
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Date: July/19/2022
 Your Name: Tom Xu
 Manuscript Title: Risk factors and outcomes of renal adverse event in patients receiving immune checkpoint inhibitor therapy
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Date: July/19/2022
 Your Name: Mengchen Lv
 Manuscript Title: Risk factors and outcomes of renal adverse event in patients receiving immune checkpoint inhibitor therapy
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Date: July/19/2022
 Your Name: Lei Ni
 Manuscript Title: Risk factors and outcomes of renal adverse event in patients receiving immune checkpoint inhibitor therapy
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Date: July/19/2022
 Your Name: Xinwen Sun
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Date: July/19/2022
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Date: July/19/2022
 Your Name: Xiaofei Wang
 Manuscript Title: Risk factors and outcomes of renal adverse event in patients receiving immune checkpoint inhibitor therapy
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Date: July/19/2022
 Your Name: Yi Xia
 Manuscript Title: Risk factors and outcomes of renal adverse event in patients receiving immune checkpoint inhibitor therapy
 Manuscript number (if known): _____

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| Time frame: past 36 months | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <u>None</u> |
| | | |
| 3 | Royalties or licenses | <u>None</u> |
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| 4 | Consulting fees | <u>None</u> |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u> </u> None | |
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| 7 | Support for attending meetings and/or travel | <u> </u> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <u> </u> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <u> </u> None | |
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Please summarize the above conflict of interest in the following box:

The authors have no conflicts of interest to declare.

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

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Date: July/19/2022
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 Manuscript Title: Risk factors and outcomes of renal adverse event in patients receiving immune checkpoint inhibitor therapy
 Manuscript number (if known): _____

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