Date: <u>2022-04-14</u> Your Name: <u>Rui Liang</u> Manuscript Title: <u>New indication of Chuankezhi injection for steroid-resistant focal segmental glomerulosclerosis and its</u> <u>mechanism of action</u> 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</u> <u>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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| 1 | All surprises the state state state | | |
| 1 | All support for the present manuscript (e.g., funding, | XNone | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |
| | | | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | XNone XNone | |
|----|---|----------------|--|
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | X_None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | X_None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | XNone | |
| 13 | Other financial or non- financial interests | XNone | |

None.

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

Date: <u>2022-04-14</u> Your Name: <u>Xiang-Na Yang</u> Manuscript Title: <u>New indication of Chuankezhi injection for steroid-resistant focal segmental glomerulosclerosis and its</u> <u>mechanism of action</u> 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</u> <u>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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| 1 | All surprises the state state state | | |
| 1 | All support for the present manuscript (e.g., funding, | XNone | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |
| | | | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | XNone XNone | |
|----|---|----------------|--|
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | X_None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | X_None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | XNone | |
| 13 | Other financial or non- financial interests | XNone | |

None.

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

Date: <u>2022-04-14</u> Your Name: <u>Shan Lin</u> Manuscript Title: <u>New indication of Chuankezhi injection for steroid-resistant focal segmental glomerulosclerosis and its</u> <u>mechanism of action</u> 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</u> <u>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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| 1 | All surprises the state state state | | |
| 1 | All support for the present manuscript (e.g., funding, | XNone | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |
| | | | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | XNone XNone | |
|----|---|----------------|--|
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | X_None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | X_None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | XNone | |
| 13 | Other financial or non- financial interests | XNone | |

None.

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

Date: <u>2022-04-14</u> Your Name: <u>Wei-Qing Yi</u> Manuscript Title: <u>New indication of Chuankezhi injection for steroid-resistant focal segmental glomerulosclerosis and its</u> <u>mechanism of action</u> 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</u> <u>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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | X_None | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | XNone XNone | |
|----|---|----------------|--|
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | X_None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | X_None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | XNone | |
| 13 | Other financial or non- financial interests | XNone | |

None.

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

Date: <u>2022-04-14</u> Your Name: <u>Xiao-Gang Chen</u> Manuscript Title: <u>New indication of Chuankezhi injection for steroid-resistant focal segmental glomerulosclerosis and its</u> <u>mechanism of action</u> 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</u> <u>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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| 1 | All surprises the state state state | | |
| 1 | All support for the present manuscript (e.g., funding, | XNone | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |
| | | | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | XNone XNone | |
|----|---|----------------|--|
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | X_None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | X_None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | XNone | |
| 13 | Other financial or non- financial interests | XNone | |

None.

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

Date: <u>2022-04-14</u> Your Name: <u>Xin Dong</u> Manuscript Title: <u>New indication of Chuankezhi injection for steroid-resistant focal segmental glomerulosclerosis and its</u> <u>mechanism of action</u> 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</u> <u>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.

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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | X_None | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | XNone XNone | |
|----|---|----------------|--|
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | X_None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | X_None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | XNone | |
| 13 | Other financial or non- financial interests | XNone | |

None.

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

Date: 2022-04-14 Your Name: Long-Gang Guo Manuscript Title: New indication of Chuankezhi injection for steroid-resistant focal segmental glomerulosclerosis and its mechanism of action 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</u> <u>manuscript only</u>.

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| | | 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) |
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| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, | XNone | |
| | medical writing, article processing charges, etc.) No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated in item #1 above). | | |
| 3 | Royalties or licenses | X None | |
| 5 | Royalties of licenses | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |
| | | | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | XNone | |
|----|---|--|----------|
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | XNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | XNone | |
| 13 | Other financial or non- financial interests | Guangzhou ImVin Pharmaceutical Co., Ltd | employee |

The author is from Guangzhou ImVin Pharmaceutical Co., Ltd.

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

Date: 2022-04-14 Your Name: Yan-Kun Li Manuscript Title: New indication of Chuankezhi injection for steroid-resistant focal segmental glomerulosclerosis and its mechanism of action 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</u> <u>manuscript only</u>.

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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|---|---|
| 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | XNone | |
|----|---|--|----------|
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | XNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | XNone | |
| 13 | Other financial or non- financial interests | Guangzhou ImVin Pharmaceutical Co., Ltd | employee |

The author is from Guangzhou ImVin Pharmaceutical Co., Ltd.

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

Date: 2022-04-14 Your Name: Yue-Rui Zhao Manuscript Title: New indication of Chuankezhi injection for steroid-resistant focal segmental glomerulosclerosis and its mechanism of action 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</u> <u>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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|---|---|
| 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony | XNone | |
|----|---|--|----------|
| 7 | Support for attending meetings and/or travel | XNone | |
| 8 | Patents planned, issued or pending | XNone | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | |
| 11 | Stock or stock options | XNone | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | XNone | |
| 13 | Other financial or non- financial interests | Guangzhou ImVin Pharmaceutical Co., Ltd | employee |

The author is from Guangzhou ImVin Pharmaceutical Co., Ltd.

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

Date: <u>2022-04-14</u> Your Name: <u>Hua Xu</u> Manuscript Title: <u>New indication of Chuankezhi injection for steroid-resistant focal segmental glomerulosclerosis and its</u> <u>mechanism of action</u> 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</u> <u>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) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| 1 | All support for the process | | |
| 1 | All support for the present manuscript (e.g., funding, | XNone | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |
| | | | |

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

None.

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