Da	te:2022-08-11			
	ur Name:Sheng Xue			
Ma	anuscript Title:Identificat	tion of a combined IncRNA	A prognostic signature and knockdown of IncRNA MANC	R
to	inhibit progression of clear of	cell renal cell carcinoma b	y bioinformatics analysis	
Ma	anuscript number (if known)):		
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/activite epidemiology of hypertedication, even if that medications	manuscript. "Related" mee affected by the content necessarily indicate a bias it is preferable that you do to the author's relationsh ivities/interests should be ension, you should declare that it is not mentioned in a poort for the work reported.	ips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertai e all relationships with manufacturers of antihypertensiv	⁄e
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed) Time frame: Since the initia	l manning of the work	
			ai planning or the work	
L	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials, medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
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		Time frame: pas	t 36 months	
	6	NI.		
2	Grants or contracts from	None		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		

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	

None.		

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

Da	te:2022-08-11		
Yo	ur Name:Hanxu Guo		
M	anuscript Title:Identifica	tion of a combined IncRNA	prognostic signature and knockdown of IncRNA MANCR
to	inhibit progression of clear	cell renal cell carcinoma by	y bioinformatics analysis
M	anuscript number (if known)):	
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" me e affected by the content of necessarily indicate a bias. it is preferable that you do to the author's relationshi ivities/interests should be ension, you should declare cation is not mentioned in	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed) Time frame: Since the initia	I planning of the work
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L	All support for the present	None	
	manuscript (e.g., funding, 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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
1	Consulting foce	None	
+	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	

None.		

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

Da	te:2022-08-11		
Yo	ur Name:Shibo Wei		
Ma	anuscript Title:Identifica	tion of a combined IncRNA	A prognostic signature and knockdown of IncRNA MANCR
to	inhibit progression of clear	cell renal cell carcinoma b	y bioinformatics analysis
Ma	anuscript number (if known)):	
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, be following questions apply anuscript only. The author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" mee affected by the content of the author's relationsh divities/interests should be ension, you should declare cation is not mentioned in apport for the work reported.	ips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
		needed) Time frame: Since the initia	al planning of the work
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_	manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time from a	t 26 months
2	Grants or contracts from	Time frame: pas	t 36 months
_	any entity (if not indicated	IVOITE	
	in item #1 above).		
3	Royalties or licenses	None	
1	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	

None.		

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

Da	te:2022-08-11		
Yo	ur Name:Yuan Song		
Ma	anuscript Title:Identificat	tion of a combined IncRNA	prognostic signature and knockdown of IncRNA MANCR
to	inhibit progression of clear	cell renal cell carcinoma by	y bioinformatics analysis
	anuscript number (if known)		
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medications	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in apport for the work reporter.	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
		none (add rows as	
		needed) Time frame: Since the initia	I planning of the work
1	All support for the present	None	- planning of the work
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	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	None	
	any entity (if not indicated		
,	in item #1 above).	None	
3	Royalties or licenses	None	
1	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	

None.		

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

Da	te:2022-08-11		
	ur Name:Junfeng Huang		
Ma	anuscript Title:Identifica	tion of a combined IncRNA	A prognostic signature and knockdown of IncRNA MANCR
to	inhibit progression of clear	cell renal cell carcinoma b	y bioinformatics analysis
Ma	anuscript number (if known):	
rel pa to rel Th ma	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypert edication, even if that medication.	manuscript. "Related" mee affected by the content of the author's relationsh divities/interests should be ension, you should declare cation is not mentioned in poort for the work reported.	ips/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
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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	

None.		

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

Da	te:2022-08-11		
Yo	ur Name:Shuo Deng		
Ma	anuscript Title:Identificat	tion of a combined IncRNA	prognostic signature and knockdown of IncRNA MANCR
to	inhibit progression of clear	cell renal cell carcinoma by	y bioinformatics analysis
Ma	anuscript number (if known)):	
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/activite epidemiology of hypertedication, even if that medications	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in apport for the work reporter.	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time frame: Since the initia	l planning of the work
1	All support for the present	None	
-	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	Country on south	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	
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1	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	

None.		

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

Da	te:2022-08-11		
Yo	ur Name:Qingwen Li		
Ma	anuscript Title:Identifica	tion of a combined IncRNA	prognostic signature and knockdown of IncRNA MANCR
to	inhibit progression of clear	cell renal cell carcinoma by	y bioinformatics analysis
Ma	anuscript number (if known)):	
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only. e author's relationships/act the epidemiology of hypertedication, even if that medications	manuscript. "Related" mede affected by the content of necessarily indicate a bias. It is preferable that you do to the author's relationship ivities/interests should be ension, you should declare cation is not mentioned in a poort for the work reported.	ps/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
		needed)	
		Time frame: Since the initia	planning of the work
1	All support for the present	None	
_	manuscript (e.g., funding,		
	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	None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
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1	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	

None.		

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

Your Mame:Wenyong Li Manuscript Title:Identification of a combined IncRNA prognostic signature and knockdown of IncRNA Prognostic signature and knockdown the manuscript. Signature and knockdown of IncRNA Prognostic signature and knockdown of the work Prognostic signature and knockdown of IncRNA Prognostic signature and knockdow	Da	te:2022-08-11			
to inhibit progression of clear cell renal cell carcinoma by bioinformatics analysis	Yo	ur Name:Wenyong Li			_
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below the related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit the parties whose interests may be affected by the content of the manuscript. Disclosure represents a commit 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>currer manuscript only</u> . The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihyper medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all ot the time frame for disclosure is the past 36 months. Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial planning of the work None None None Time frame: past 36 months None Time frame: past 36 months None	Ma	anuscript Title:Identifica	tion of a combined IncRNA	a prognostic signature and knockdown of IncRNA MANO	R
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below the related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit the parties whose interests may be affected by the content of the manuscript. Disclosure represents a commit 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 currer manuscript only. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihyper medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all ot the time frame for disclosure is the past 36 months. Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial planning of the work 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. Time frame: past 36 months None Time frame: past 36 months None	to	inhibit progression of clear	cell renal cell carcinoma by	y bioinformatics analysis	_
related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit it parties whose interests may be affected by the content of the manuscript. Disclosure represents a commit 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 currer manuscript only. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihyper medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all ot the time frame for disclosure is the past 36 months. Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial planning of the work None None None Time frame: past 36 months None Time frame: past 36 months None	Μa	anuscript number (if known)):		
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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	

None.		

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