

ICMJE DISCLOSURE FORM

Date: May. 21th, 2023

Your Name: Fumihiko Urabe

Manuscript Title: Presurgical IO/TKI combination therapy for renal cell carcinoma with a vena cava tumor thrombus: A single-institution case series

Manuscript number (if known): TAU-23-203

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.

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Time frame: past 36 months			
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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Please summarize the above conflict of interest in the following box:

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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.

ICMJE DISCLOSURE FORM

Date: May. 21th, 2023

Your Name: Kosuke Iwatani

Manuscript Title: Presurgical IO/TKI combination therapy for renal cell carcinoma with a vena cava tumor thrombus: A single-institution case series

Manuscript number (if known): TAU-23-203

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Date: May. 21th, 2023

Your Name: Masaki Hashimoto

Manuscript Title: Presurgical IO/TKI combination therapy for renal cell carcinoma with a vena cava tumor thrombus: A single-institution case series

Manuscript number (if known): TAU-23-203

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Date: May. 21th, 2023
 Your Name: Hiroataka Suzuki
 Manuscript Title: Presurgical IO/TKI combination therapy for renal cell carcinoma with a vena cava tumor thrombus: A single-institution case series
 Manuscript number (if known): TAU-23-203

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Date: May. 21th, 2023
 Your Name: Keiichiro Miyajima
 Manuscript Title: Presurgical IO/TKI combination therapy for renal cell carcinoma with a vena cava tumor thrombus: A single-institution case series
 Manuscript number (if known): TAU-23-203

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ICMJE DISCLOSURE FORM

Date: May. 21th, 2023
 Your Name: Masaya Murakami
 Manuscript Title: Presurgical IO/TKI combination therapy for renal cell carcinoma with a vena cava tumor thrombus: A single-institution case series
 Manuscript number (if known): TAU-23-203

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ICMJE DISCLOSURE FORM

Date: May. 21th, 2023

Your Name: Kojiro Tashiro

Manuscript Title: Presurgical IO/TKI combination therapy for renal cell carcinoma with a vena cava tumor thrombus: A single-institution case series

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ICMJE DISCLOSURE FORM

Date: May. 21th, 2023

Your Name: Shunsuke Tsuzuki

Manuscript Title: Presurgical IO/TKI combination therapy for renal cell carcinoma with a vena cava tumor thrombus: A single-institution case series

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ICMJE DISCLOSURE FORM

Date: May. 22th, 2023

Your Name: Akira Furuta

Manuscript Title: Presurgical IO/TKI combination therapy for renal cell carcinoma with a vena cava tumor thrombus: A single-institution case series

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Date: May. 22th, 2023

Your Name: Shun Sato

Manuscript Title: Presurgical IO/TKI combination therapy for renal cell carcinoma with a vena cava tumor thrombus: A single-institution case series

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Date: May. 22th, 2023
 Your Name: Hiroyuki Takahashi
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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

Please summarize the above conflict of interest in the following box:

None.

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.

ICMJE DISCLOSURE FORM

Date: May. 22th, 2023
 Your Name: Takahiro Kimura
 Manuscript Title: Presurgical IO/TKI combination therapy for renal cell carcinoma with a vena cava tumor thrombus: A single-institution case series
 Manuscript number (if known): TAU-23-203

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

None.

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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.