Date:	11/06/2023
Your Name:	Waheed Asif
<b>Manuscript Title</b>	Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients
based on Race a	nd ethnicity and Neighborhood-level Socioeconomic Status
Manuscript num	ber (if known): TAU-23-421-CL

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)
		Time frame: Since the initial	planning of the work
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	_XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
_	educational events	V None			
6	Payment for expert testimony	_XNone			
	testimony				
7	Support for attending	X None			
,	meetings and/or travel				
	eege aa, e. e.a.e.				
8	Patents planned, issued or	X None			
o	pending				
	perianig				
9	Participation on a Data	X None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	_XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	_XNone			
10					
12	Receipt of equipment,	_XNone			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	X None			
-5	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	one				

Date:	10/30/2023
Your Name:	Irasema C. Paster
<b>Manuscript Title</b>	: <u>Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients</u>
based on Race a	nd ethnicity and Neighborhood-level Socioeconomic Status
Manuscript num	ber (if known): TAU-23-421-CL

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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	_XNone	

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

Date:	10/27/2023
Your Name:	Kathryn R. Pulling
<b>Manuscript Title</b>	e: <u>Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients</u>
based on Race a	nd ethnicity and Neighborhood-level Socioeconomic Status
Manuscript num	nber (if known): TAU-23-421-CL

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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	_XNone	

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

Date:	11/06/2023
Your Name:	Kyle Garcia
<b>Manuscript Title</b>	e: <u>Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients</u>
based on Race a	nd ethnicity and Neighborhood-level Socioeconomic Status
Manuscript num	nber (if known): TAU-23-421-CL

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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	_XNone	

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

Date:	10/27/2023
Your Name:	Patrick Wightman
<b>Manuscript Title</b>	e: <u>Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients</u>
based on Race a	nd ethnicity and Neighborhood-level Socioeconomic Status
Manuscript num	nber (if known): TAU-23-421-CL

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	-	Time frame: Since the initial	planning of the work
1	All support for the present	_XNone	
	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	_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				
6	educational events Payment for expert	X None			
0	testimony	XNone			
	testimony				
7	Support for attending	X None			
•	meetings and/or travel				
	5 .				
8	Patents planned, issued or	X None			
	pending				
9	Participation on a Data	_XNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	_XNone			
	in other board, society,				
	committee or advocacy group, paid or unpaid				
11	Stock or stock options	X None			
12	Receipt of equipment,	_XNone			
	materials, drugs, medical				
	writing, gifts or other				
10	services				
13	Other financial or non- financial interests	_XNone			
	ווומוונומו ווונכופטנט				
Plea	Please summarize the above conflict of interest in the following box:				
N	None				

Date:	11/06/2023
Your Name:	Alejandro Cruz
<b>Manuscript Title</b>	Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients
based on Race a	nd ethnicity and Neighborhood-level Socioeconomic Status
Manuscript nun	ber (if known): TAU-23-421-CL

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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.		
	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	V None			
6	Payment for expert testimony	_XNone			
	testimony				
7	Support for attending	X None			
,	meetings and/or travel				
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8	Patents planned, issued or	X None			
o	pending				
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9	Participation on a Data	X None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	_XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	_XNone			
10					
12	Receipt of equipment,	_XNone			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	X None			
-5	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	one				

Date:	11/06/2023
Your Name:	Christopher Combates
<b>Manuscript Title</b>	: <u>Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients</u>
based on Race a	nd ethnicity and Neighborhood-level Socioeconomic Status
Manuscript num	ber (if known): TAU-23-421-CL

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1	All according to the according		planning of the work
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	
	o lii c		
4	Consulting fees	_XNone	

5	Payment or honoraria for	_XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
_	educational events	V None			
6	Payment for expert testimony	_XNone			
	testimony				
7	Support for attending	X None			
,	meetings and/or travel				
	eege aa, e. e.a.e.				
8	Patents planned, issued or	X None			
o	pending				
	perianig				
9	Participation on a Data	X None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	_XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	_XNone			
10					
12	Receipt of equipment,	_XNone			
	materials, drugs, medical writing, gifts or other				
	services				
13	Other financial or non-	X None			
-5	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	one				

Date:	11/06/2023
Your Name:	Eric C. Kauffman
<b>Manuscript Title</b>	e: <u>Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients</u>
based on Race a	and ethnicity and Neighborhood-level Socioeconomic Status
Manuscript nun	nber (if known): TAU-23-421-CL

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1	All support for the present	_XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	ito time illinicioi tina item.		
		Time frame: past	36 months
2	Grants or contracts from		30 months
2	any entity (if not indicated	_XNone	
	in item #1 above).		
3	Royalties or licenses	X None	
3	noyalties of ficerises	NOTIC	
4	Consulting fees	X None	
	J		

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

Date:	10/27/2023
Your Name:	Francine C. Gachupin
<b>Manuscript Title</b>	: <u>Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients</u>
based on Race a	nd ethnicity and Neighborhood-level Socioeconomic Status
Manuscript num	ber (if known): TAU-23-421-CL

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	United States National Institutes of Health	National Cancer Institute [U54CA143924]
	provision of study materials, medical writing, article processing charges, etc.)	United States National Institutes of Health	National Institute on Minority Health and Health Disparities [R01MD014127]
	No time limit for this item.		
		Time frame: past	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Diabetes Action Research and Education Foundation	\$30,000 grant to prevent obesity among American Indian youth
3	Royalties or licenses	_XNone	

4	Consulting food	V None	
4	Consulting fees	_XNone	
_	December of the second of the	V Non-	
5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
_		V. None	
6	Payment for expert	_XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	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-	_XNone	
	financial interests		

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

Dr. Francine Gachupin reports fundings by the National Institute of Health [U54CA143924; R01MD014127] and \$30,000 grant to prevent obesity among American Indian youth from Diabetes Action Research and Education Foundation

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

Date:	10/30/2023	
Your Name:	Benjamin R. Lee, MD	
<b>Manuscript Title</b>	Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients	
based on Race a	d ethnicity and Neighborhood-level Socioeconomic Status	
Manuscript nun	per (if known): TAU-23-421-CL	

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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	XNone	

5	Payment or honoraria for	_XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	_XNone		
	testimony			
7	Support for attending	_XNone		
	meetings and/or travel			
8	Patents planned, issued or	_XNone		
	pending			
9	Participation on a Data	_XNone		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	_XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	_XNone		
12	Receipt of equipment,	_XNone		
	_			
13		_XNone		
	financial interests			
<b>D</b> I -			andra kan	
Plea	ise summarize the above co	ntilict of interest in the follo	owing box:	
_				
1	I nere is no conflict of interest.			
10 11 12 13	Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options	_XNone _XNone _XNone _XNone	owing box:	

Date:	10/27/2023
Your Name:	Juan Chipollini
<b>Manuscript Title</b>	e: <u>Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients</u>
based on Race a	and ethnicity and Neighborhood-level Socioeconomic Status
Manuscript nun	nber (if known): TAU-23-421-CL

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	V None	
/	Support for attending meetings and/or travel	_XNone	
	meetings and/or traver		
0	Determination and included an	V None	
8	Patents planned, issued or pending	_XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	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	
42		V N	
12	Receipt of equipment, materials, drugs, medical	_XNone	
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	testimony			
7	Consent for attending	V None		
/	Support for attending meetings and/or travel	_XNone		
	meetings and/or traver			
0	Datasta plantad issued as	V None		
8	Patents planned, issued or pending	_XNone		
	pending			
9	Participation on a Data	X None		
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	Advisory Board			
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42				
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