

## ICMJE DISCLOSURE FORM

Date: 11/06/2023

Your Name: Waheed Asif

Manuscript Title: Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients based on Race and ethnicity and Neighborhood-level Socioeconomic Status

Manuscript number (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 **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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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	
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: 10/30/2023

Your Name: Irasema C. Paster

Manuscript Title: Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients based on Race and ethnicity and Neighborhood-level Socioeconomic Status

Manuscript number (if known): TAU-23-421-CL

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## ICMJE DISCLOSURE FORM

Date: 10/27/2023

Your Name: Kathryn R. Pulling

Manuscript Title: Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients based on Race and ethnicity and Neighborhood-level Socioeconomic Status

Manuscript number (if known): TAU-23-421-CL

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## ICMJE DISCLOSURE FORM

Date: 11/06/2023

Your Name: Kyle Garcia

Manuscript Title: Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients based on Race and ethnicity and Neighborhood-level Socioeconomic Status

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## ICMJE DISCLOSURE FORM

Date: 10/27/2023

Your Name: Patrick Wightman

Manuscript Title: Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients based on Race and ethnicity and Neighborhood-level Socioeconomic Status

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**ICMJE DISCLOSURE FORM**

Date: 11/06/2023

Your Name: Alejandro Cruz

Manuscript Title: Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients based on Race and ethnicity and Neighborhood-level Socioeconomic Status

Manuscript number (if known): TAU-23-421-CL

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## ICMJE DISCLOSURE FORM

Date: 11/06/2023

Your Name: Christopher Combates

Manuscript Title: Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients based on Race and ethnicity and Neighborhood-level Socioeconomic Status

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## ICMJE DISCLOSURE FORM

Date: 11/06/2023

Your Name: Eric C. Kauffman

Manuscript Title: Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients based on Race and ethnicity and Neighborhood-level Socioeconomic Status

Manuscript number (if known): TAU-23-421-CL

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

None
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## ICMJE DISCLOSURE FORM

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

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	United States National Institutes of Health	National Cancer Institute [U54CA143924]
		United States National Institutes of Health	National Institute on Minority Health and Health Disparities [R01MD014127]
<b>Time frame: past 36 months</b>			
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	<input checked="" type="checkbox"/> None	

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**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:**

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: 10/30/2023

Your Name: Benjamin R. Lee, MD

Manuscript Title: Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients based on Race and ethnicity and Neighborhood-level Socioeconomic Status

Manuscript number (if known): TAU-23-421-CL

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## ICMJE DISCLOSURE FORM

Date: 10/27/2023

Your Name: Juan Chipollini

Manuscript Title: Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients based on Race and ethnicity and Neighborhood-level Socioeconomic Status

Manuscript number (if known): TAU-23-421-CL

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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	
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	

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There is no Conflict of Interest.

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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: 10/27/2023

Your Name: Ken Batai

Manuscript Title: Differential effects of Obesity on Perioperative Outcomes in Renal Cell Carcinoma Patients based on Race and ethnicity and Neighborhood-level Socioeconomic Status

Manuscript number (if known): TAU-23-421-CL

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