Date: Feb. 18th, 2024	
Your Name: Haopu Hu	
Manuscript Title: Efficacy of	cytoreductive surgery for Metastatic Upper Tract Urothelial Carcinoma: A
And Englishment and Englishment and Englishment	Results (SEER) study of 508 patients
Manuscript number (if known):	TAU-23-619-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 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 entitles 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 initi	al 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.	_X_None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

5	Daymant as harmant of		
•	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	X_None	
	educational events		
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or	X None	M The second
	pending		
9	Participation on a Data Safety Monitoring Board or	X_None	Carl Production Conference
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
1	Stock or stock options	_X_None	
		CONTRACTOR OF THE	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
3	Other financial or non- financial interests	X_None	
	inialitial interests		

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

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: Feb. 1		
Your Name:		
Manuscript Titl	e: Efficacy of cytoreductive surgery for Metastatic Upper Tract Urothelial Carcinom	a: A
Surveillance, Ep	idemiology and End Results (SEER) study of 508 patients	
Manuscript nur	nber (if known): TAU-23-619-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 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)	Specifications/Comments (e.g., If payments were made to you or to your institution)
		Time frame: Since the initi	al 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.	_X_None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	X_None	
6	educational events	The state of the s	Date Control of the C
	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	_X_None	
В	Patents planned, issued or pending	X_None	negative strains
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	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	_X_None	

None.	

Date: Feb. 18th, 2024		
Your Name: Runfeng Ni		
Manuscript Title: Effic	cacy of cytoreductive sur	gery for Metastatic Upper Tract Urothelial Carcinoma: A
Surveillance, Epidemiology ar	nd End Results (SEER) stud	dy of 508 patients
Manuscript number (if known	n): <u>TAU-23-619-</u>	CL
related to the content of your parties whose interests may I	r manuscript. "Related" m be affected by the conten necessarily indicate a bia	all relationships/activities/interests listed below that are ineans any relation with for-profit or not-for-profit third it of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a do so.
		ships/activities/interests as they relate to the current
to the epidemiology of hyper medication, even if that medi	tension, you should decla cation is not mentioned in upport for the work report	be <u>defined broadly</u> . For example, if your manuscript pertains are all relationships with manufacturers of antihypertensive in the manuscript. ted in this manuscript without time limit. For all other items
	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 initi	ial 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.	_X_None	
	Time frame: pas	st 36 months
Grants or contracts from any entity (if not indicated in item #1 above)	XNone	

Royalties or licenses

Consulting fees

X_None

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	_X_None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
10		_X_None	Approach to the Approach and the second
11	Stock or stock options	_X_None	Section 1 and 1 an
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	_X_None	

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

None.	

X I certify that I have answered every or	uestion and have not altered the wording of any of the questions on this
form. p (1/2	section and have not aftered the wording of any of the questions on this
form. Psux fong Ni	
, , ,	

	Mingrui Wang	
		cytoreductive surgery for Metastatic Upper Tract Urothelial Carcinoma: A
Surveillance, Ep	idemiology and End	Results (SEER) study of 508 patients
Manuscript nun	nber (if known):	TAU-23-619-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>.

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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al 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.	_X_None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above)	_X_None	
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	_X_None	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	*49-7C-101-11-11-11-11-11-11-11-11-11-11-11-11
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	X_None	
13	Other financial or non- financial interests	_X_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:

Dat	e: <u>Feb. 18th. 2024</u>		
V	r Name: Chin-hui Lai		- 11 11 15 15 15 15 15 15 15 15 15 15 15
Ma	nuscript Title: Effica	cy of cytoreductive surge	ry for Metastatic Upper Tract Urothelial Carcinoma: A
Sur	veillance, Epidemiology and	End Results (SEER) study	of 508 patients
Ma	nuscript number (if known)	TAU-23-619-CL	
rel. par to rel. The ma	ated to the content of your ries whose interests may be transparency and does not reationship/activity/interest, of following questions apply inuscript only. The author's relationships/act the epidemiology of hypertedication, even if that medications are transparent to the epidemiology of the epidemiology of hypertedication, even if that medication,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh ivities/interests should be ension, you should declar cation is not mentioned in	nips/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 entitles 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)	The second secon
		Time frame: Since the initi	ial 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.	_X_None	
		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above)	XNone	
3	Royalties or licenses	_X_None	

Consulting fees

X_None _X_None _X_None _X_None _X_None _X_None _X_None _X_None
X_NoneX_NoneX_NoneX_NoneX_NoneX_NoneX_None
X_None eX_None X_None X_None X_None
x_None
X_NoneX_NoneX_None
_X_NoneX_None
_X_None
and the office and in the following how
e conflict of interest in the following box:

Payment or honoraria for

Date: Mar. 10th, 20	024
Your Name:Jiax	ang Ji
Manuscript Title:	Efficacy of cytoreductive surgery for Metastatic Upper Tract Urothelial Carcinoma: A
	ology and End Results (SEER) study of 508 patients
Manuscript number (f known):TAU-23-619-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are ¹ 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> manuscript only.

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)	Specifications/Comments (e.g., If payments were made to you or to your Institution)
80	APACE OF THE PARTY OF	Time frame: Since the initi	al 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.	_X_None	
J.S.		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	_X_None	
1	Consulting fees	X_None	

5	Payment or honoraria for	X None	
	lectures, presentations,	THE RESERVE OF THE PARTY OF THE	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	_X_None	
9	Participation on a Data	_X_None	4.94年7月,1986年4月入日本大学2000年1月
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	_X_None	Myser some or restricted that the second
	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	Activities to a blocky out to be
			CONTROL OF THE CONTRO
12	Receipt of equipment, materials, drugs, medical	_X_None	
	writing, gifts or other services		
13	Other financial or non- financial interests	X_None	
_		of the first of the same and the	

X I certify t	hat I have answered	every question and have not altered the wording of any of the questions on this
form.	Jiaxiang.	J _i
1	J	

Date: Feb. 18th, 2024		
Your Name: Tao Xu		
Manuscript Title: Effi	cacy of cytoreductive surg	tery for Metastatic Upper Tract Urothelial Carcinoma: A
Solvemance, Epidemiology a	<u>na Ena Results (SEER) stud</u>	ty of 508 patients
Manuscript number (if know	n):TAU-23-619-0	il
In the interest of transparence	y, we ask you to disclose :	all relationships/activities/interests listed below that are
related to the content of you	r manuscript, "Related" m	leans 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 bia	s. If you are in doubt about whether to list a
relationship/activity/interest	, it is preferable that you	do so.
The following questions apply manuscript only.	y to the author's relations	hips/activities/interests as they relate to the <u>current</u>
medication, even if that medi	tension, you should declar ication is not mentioned in upport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains re all relationships with manufacturers of antihypertensive in the manuscript. ted in this manuscript without time limit. For all other items,
	Name all entitles with	Specifications/Comments
	whom you have this relationship or Indicate none (add rows as needed)	(e.g., If payments were made to you or to your institution)
	Time frame: Since the initi	al planning of the work
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	_X_None	
Processing charges, etc.) No time limit for this item.		
	Time frame: nas	1.76 months

Grants or contracts from

in item #1 above).

4 Consulting fees

Royalties or licenses

3

any entity (if not indicated

X_None

X_None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	CONTROL OF THE PROPERTY OF THE
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	_x_None	
)	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X_None	
1	Stock or stock options	_X_None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_X_None	
3	Other financial or non- financial interests	_X_None	

Please summarize the above conflict of interest in the following box:				
None.				

X_ I certify	that I have	e answered e	every question and have not altered the wording of any of the questions on this
form.	1	Xu	a surf of the questions on the
	lan	Nu	

Date:Feb. 18th, 2024	
Your Name: Hao Hu	
Manuscript Title: Efficacy of	cytoreductive surgery for Metastatic Upper Tract Urothelial Carcinoma: A
Manuscript number (if known):	TAU-23-619-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 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.

The state of the s		Name all entitles 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 initi	al 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: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X_None	
3	Royalties or licenses	_X_None	
4	Consulting fees	_x_None	

	A		
	Payment or honoraria for lectures, presentations, speakers bureaus,	X_None	
	manuscript writing or educational events		PLANCE DE LA CONTRACTION DEL CONTRACTION DE LA C
	Payment for expert testimony	XNone	
	Support for attending meetings and/or travel	_X_None	
	Patents planned, issued or pending	_X_None	
	Participation on a Data Safety Monitoring Board or Advisory Board	_X_None	
0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
1	Stock or stock options	_X_None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
3	Other financial or non- financial interests	_X_None	Anni de la companya d

X I certify that I have answered every question and have not altered the wording of any of the questions on this