| Date: Jun | 20 th , 2021 | |
|----------------|--|-----------|
| Your Name: | Shengwei Xiong | |
| Manuscript T | ele: Whether histologic subtyping affect the oncological outcomes of patients with | papillary |
| renal cell car | noma: Evidence from a systematic review and meta-analysis | |
| Manuscript n | imber (if known): TAU-21-329-R2 | |

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 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 | X_None | |
| 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 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, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
| | | | | |
| | | | | |
| | | | | |
| Ρl | ease summarize the above c | onflict of interest in the fo | llowing box: | |
| _ | | | | |
| | None. | | | |
| | | | | |

| None. | | |
|-------|--|--|
| | | |
| | | |

| Date: <u>Jun. 20</u> | th , 2021 |
|----------------------|---|
| Your Name: | Weijie Zhu |
| Manuscript Title | : Whether histologic subtyping affect the oncological outcomes of patients with papillary |
| renal cell carcino | ma: Evidence from a systematic review and meta-analysis |
| Manuscrint num | her (if known): TALL-21-329-R2 |

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> 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) |
|---|---|--|---|
| | | 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 | X_None | |
| 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 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, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
| | | | | |
| | | | | |
| | | | | |
| Ρl | ease summarize the above c | onflict of interest in the fo | llowing box: | |
| _ | | | | |
| | None. | | | |
| | | | | |

| None. | | |
|-------|--|--|
| | | |
| | | |

| Date: <u>Jun. 20th, 2021</u> |
|--|
| Your Name: Xinfei Li |
| Manuscript Title: Whether histologic subtyping affect the oncological outcomes of patients with papillar |
| renal cell carcinoma: Evidence from a systematic review and meta-analysis |
| Manuscrint number (if known): TALL-21-329-R2 |

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 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 | X_None | |
| 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 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, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
| | | | | |
| | | | | |
| | | | | |
| Ρl | ease summarize the above c | onflict of interest in the fo | llowing box: | |
| _ | | | | |
| | None. | | | |
| | | | | |

| None. | | |
|-------|--|--|
| | | |
| | | |

| Date: <u>Jun.</u> | 20 th , 2021 |
|-------------------|---|
| Your Name: | Yanfei Yu |
| Manuscript Tit | le: Whether histologic subtyping affect the oncological outcomes of patients with papillary |
| renal cell carci | noma: Evidence from a systematic review and meta-analysis |
| Manuscript nu | mber (if known): TAU-21-329-R2 |

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 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 | X_None | |
| 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 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, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
| | | | | |
| | | | | |
| | | | | |
| Ρl | ease summarize the above c | onflict of interest in the fo | llowing box: | |
| _ | | | | |
| | None. | | | |
| | | | | |

| None. | | |
|-------|--|--|
| | | |
| | | |

| Date: <u>Jւ</u> | <u>un. 20th</u> | , 2021 |
|-----------------|----------------------------|---|
| Your Name | : <u> </u> | Kunlin Yang |
| Manuscript | Title: | Whether histologic subtyping affect the oncological outcomes of patients with papillary |
| renal cell ca | arcinon | na: Evidence from a systematic review and meta-analysis |
| Manuscript | numb | er (if known): TAU-21-329-R2 |

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 initia | 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 | X_None | |
| 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 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, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
| | | | | |
| | | | | |
| | | | | |
| Ρl | ease summarize the above c | onflict of interest in the fo | llowing box: | |
| _ | | | | |
| | None. | | | |
| | | | | |

| None. | | |
|-------|--|--|
| | | |
| | | |

| Pate: <u>Jun. 20th, 2021</u> |
|--|
| our Name: <u>Lei Zhang</u> |
| Nanuscript Title: Whether histologic subtyping affect the oncological outcomes of patients with papillar |
| enal cell carcinoma: Evidence from a systematic review and meta-analysis |
| Manuscript number (if known): TAU-21-329-R2 |

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 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 | X_None | |
| 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 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, | X_None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | X None | | |
| | financial interests | | | |
| | | | | |
| | | | | |
| | | | | |
| Ρl | ease summarize the above c | onflict of interest in the fo | llowing box: | |
| _ | | | | |
| | None. | | | |
| | | | | |

| None. | | |
|-------|--|--|
| | | |
| | | |

| Date: _ | Jun. 20 ^t | ¹ , 2021 |
|---------|----------------------|---|
| Your N | ame: | Yue Mi |
| Manus | cript Title: | Whether histologic subtyping affect the oncological outcomes of patients with papillary |
| renal c | ell carcino | na: Evidence from a systematic review and meta-analysis |
| Manus | crint numb | er (if known): TAII-21-329-R2 |

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 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 | X_None | |
| 4 | Consulting fees | XNone | |

| Payment or honoraria for | XNone | | | | | |
|----------------------------|--|---|--|--|--|--|
| lectures, presentations, | | | | | | |
| speakers bureaus, | | | | | | |
| | | | | | | |
| | | | | | | |
| | XNone | | | | | |
| testimony | | | | | | |
| | | | | | | |
| | XNone | | | | | |
| - | | | | | | |
| | | | | | | |
| Patents planned, issued or | XNone | | | | | |
| pending | | | | | | |
| | | | | | | |
| | XNone | | | | | |
| | | | | | | |
| - | | | | | | |
| | XNone | | | | | |
| | | | | | | |
| I = | | | | | | |
| | | | | | | |
| Stock or stock options | XNone | | | | | |
| | | | | | | |
| | | | | | | |
| | X_None | | | | | |
| | | | | | | |
| | | | | | | |
| services | | | | | | |
| Other financial or non- | XNone | | | | | |
| financial interests | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ease summarize the above c | onflict of interest in the fo | llowing box: | | | | |
| | | | | | | |
| None. | None. | | | | | |
| | lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data 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 Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonfinancial interests | lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data 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 Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests Payment for expert X_None X_None X_None X_None | | | | |

| None. | | | |
|-------|--|--|--|
| | | | |

| Date: | Jun. 20 ^t | ^h , 2021 |
|-----------|----------------------|---|
| Your Nai | me: | Xuesong Li |
| Manuscr | ript Title: | Whether histologic subtyping affect the oncological outcomes of patients with papillary |
| renal cel | l carcino | ma: Evidence from a systematic review and meta-analysis |
| Manuscr | ript numb | ner (if known): TAU-21-329-R2 |

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 initia | 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 | X_None | |
| 4 | Consulting fees | XNone | |

| Payment or honoraria for | XNone | | | | | |
|----------------------------|--|---|--|--|--|--|
| lectures, presentations, | | | | | | |
| speakers bureaus, | | | | | | |
| | | | | | | |
| | | | | | | |
| | XNone | | | | | |
| testimony | | | | | | |
| | | | | | | |
| | XNone | | | | | |
| - | | | | | | |
| | | | | | | |
| Patents planned, issued or | XNone | | | | | |
| pending | | | | | | |
| | | | | | | |
| | XNone | | | | | |
| | | | | | | |
| - | | | | | | |
| | XNone | | | | | |
| | | | | | | |
| I = | | | | | | |
| | | | | | | |
| Stock or stock options | XNone | | | | | |
| | | | | | | |
| | | | | | | |
| | X_None | | | | | |
| | | | | | | |
| | | | | | | |
| services | | | | | | |
| Other financial or non- | XNone | | | | | |
| financial interests | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ease summarize the above c | onflict of interest in the fo | llowing box: | | | | |
| | | | | | | |
| None. | None. | | | | | |
| | lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data 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 Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonfinancial interests | lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data 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 Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests Payment for expert X_None X_None X_None X_None | | | | |

| None. | | | |
|-------|--|--|--|
| | | | |

| Date: | Jun. 20 ^t | ^h , 2021 |
|----------|----------------------|---|
| Your Na | me: | <u>Liqun Zhou</u> |
| Manusc | ript Title: | Whether histologic subtyping affect the oncological outcomes of patients with papillary |
| renal ce | ell carcino | na: Evidence from a systematic review and meta-analysis |
| Manusc | ript numb | per (if known): TAU-21-329-R2 |

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 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 | X_None | |
| 4 | Consulting fees | XNone | |

| Payment or honoraria for | XNone | | | | | |
|----------------------------|--|---|--|--|--|--|
| lectures, presentations, | | | | | | |
| speakers bureaus, | | | | | | |
| | | | | | | |
| | | | | | | |
| | XNone | | | | | |
| testimony | | | | | | |
| | | | | | | |
| | XNone | | | | | |
| - | | | | | | |
| | | | | | | |
| Patents planned, issued or | XNone | | | | | |
| pending | | | | | | |
| | | | | | | |
| | XNone | | | | | |
| | | | | | | |
| - | | | | | | |
| | XNone | | | | | |
| | | | | | | |
| I = | | | | | | |
| | | | | | | |
| Stock or stock options | XNone | | | | | |
| | | | | | | |
| | | | | | | |
| | X_None | | | | | |
| | | | | | | |
| | | | | | | |
| services | | | | | | |
| Other financial or non- | XNone | | | | | |
| financial interests | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ease summarize the above c | onflict of interest in the fo | llowing box: | | | | |
| | | | | | | |
| None. | None. | | | | | |
| | lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data 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 Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonfinancial interests | lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data 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 Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests Payment for expert X_None X_None X_None X_None | | | | |

| None. | | | |
|-------|--|--|--|
| | | | |