

**ICMJE DISCLOSURE FORM**

Date: Oct.14,2021  
 Your Name: Simon Jiang  
 Manuscript Title: Stemness-associated senescence genes as potential novel risk factors for papillary renal cell carcinoma  
 Manuscript number (if known): \_\_\_\_\_

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.

The author's relationships/activities/interests should be defined broadly. 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.

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>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
		Zhejiang Provincial Natural Science Foundation (grant numbers: LY20H310001)	
		the Medical and Health Research Program of Zhejiang Province (grant numbers: 2021KY040, 2022KY069)	
		the Zhejiang Provincial Program for the Cultivation of New Health Talents (to Yiwon Zhang)	
3	Royalties or licenses	None	

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

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

Zhejiang Provincial Natural Science Foundation (grant numbers: LY20H310001), the Medical and Health Research Program of Zhejiang Province (grant numbers: 2021KY040, 2022KY069), and the Zhejiang Provincial Program for the Cultivation of New Health Talents (to Yiwen Zhang).

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: Oct.14,2021  
 Your Name: Yujia Lin  
 Manuscript Title: Stemness-associated senescence genes as potential novel risk factors for papillary renal cell carcinoma  
 Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Zhejiang Provincial Natural Science Foundation (grant numbers: LYQ20H310001) the Medical and Health Research Program of Zhejiang Province (grant numbers: 2018KY297,2022RC008)
3	Royalties or licenses	None
4	Consulting fees	None

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

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Zhejiang Provincial Natural Science Foundation (grant numbers: LYQ20H310001), the Medical and Health Research Program of Zhejiang Province (grant numbers: 2018KY297.2022RC008)

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### ICMJE DISCLOSURE FORM

Date: Oct.14,2021  
 Your Name: Xiao Ping Hu  
 Manuscript Title: Stemness-associated senescence genes as potential novel risk factors for papillary renal cell carcinoma  
 Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	
4	Consulting fees	None	

}

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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: Oct.14,2021  
 Your Name: Fei Feng Song  
 Manuscript Title: Stemness-associated senescence genes as potential novel risk factors for papillary renal cell carcinoma  
 Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
		This work was supported by the National Natural Science Foundation of China (grant number: 82003853)	
		the Zhejiang Provincial Natural Science Foundation (grant number: _____)	

		YY21H310048)	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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This work was supported by the National Natural Science Foundation of China (grant number: 82003853), the Zhejiang Provincial Natural Science Foundation (grant numbers: YY21H310048)

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**ICMJE DISCLOSURE FORM**

Date: Oct.14,2021  
 Your Name: Shulinan zhong  
 Manuscript Title: Stemless-associated senescence genes as potential novel risk factors for papillary renal cell carcinoma  
 Manuscript number (if known): \_\_\_\_\_

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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

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

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: Oct.14,2021  
 Your Name: Xiaowei Zheng  
 Manuscript Title: Stemness-associated senescence genes as potential novel risk factors for papillary renal cell carcinoma  
 Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in Item #1 above).	None	
		This work was supported by the National Natural Science Foundation of China (grant number: 82003189)	
3	Royalties or licenses	None	

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

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### ICMJE DISCLOSURE FORM

Date: Oct.14,2021  
 Your Name: Jiao Sun  
 Manuscript Title: Stemness-associated senescence genes as potential novel risk factors for papillary renal cell carcinoma  
 Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
		the Medical and Health Research Program of Zhejiang Province (grant numbers: 2019KY047)	
3	Royalties or licenses	None	

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

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the Medical and Health Research Program of Zhejiang Province (grant numbers: 2019KY047)

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**ICMJE DISCLOSURE FORM**

Date: Oct.14,2021  
 Your Name: Lili  
 Manuscript Title: Stemness-associated senescence genes as potential novel risk factors for papillary renal cell carcinoma  
 Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
		the Medical and Health Research Program of Zhejiang Province (grant numbers: 2019KY559)	
3	Royalties or licenses	<u>None</u>	

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

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the Medical and Health Research Program of Zhejiang Province (grant numbers: 2019KY559)

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**ICMJE DISCLOSURE FORM**

Date: Oct.14,2021

Your Name: Ping Huang

Manuscript Title: Stemness-associated senescence genes as potential novel risk factors for papillary renal cell carcinoma

Manuscript number (if known): \_\_\_\_\_

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
		the "10000 Talents Plan" of Zhejiang Province (to Ping Huang)	
		the Zhejiang Provincial Program for the Cultivation of 151 Talents (to Ping Huang)	
		the Zhejiang Provincial Program for the	

		Cultivation of High-Level Innovative Health Talents (to Ping Huang)	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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the "10000 Talents Plan" of Zhejiang Province (to Ping Huang), the Zhejiang Provincial Program for the Cultivation of 151 Talents (to Ping Huang), the Zhejiang Provincial Program for the Cultivation of High-Level Innovative Health Talents (to Ping Huang)

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