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Grants or contracts from

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3 Royalties or licenses

any entity (if not indicated

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 Heath Talents (to Yiwen Zhang)

None

	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	

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 Heath Talents (to Yiwen Zhang).

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

Date:	Oct.14,2021	
Your Name:	Judia Lin	
Manuscript Title:	Stemness-associated senescence genes as potenti	al novel risk factors for papillary renal cel
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 <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 initia	l 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.	None	
		Time frame: pasi	t 36 months
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	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
	educational events		
5	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
	pending		
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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

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

Date:	Oct.14,2021
Your Name: Xian Ping	He.
	Stemness-associated senescence genes as potential novel risk factors for papillary renal cell
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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		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.	None	
		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	The first state of the second state of the sec
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4	Consulting fees	None	

	financial interests		
13	Other financial or non-	None	and the control of th
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
11	Stock or stock options	None	A STATE OF THE STA
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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	COLUMN TO THE STATE OF THE STAT
8	Patents planned, issued or pending	None	pes nether to the
	meetings and/or travel	Period against the second seco	Comparison
7	Support for attending	None	The complete the same of the s
6	Payment for expert testimony	None	
*	speakers bureaus, manuscript writing or educational events		
	Payment or honoraria for lectures, presentations,	None	

No conflict	of interest		

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

Date:	Oct.14,2021	
Your Name:	Tei Feng Song	
Manuscript Title:		١١.
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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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		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)
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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.	None	
		Time frame: past	36 months
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)	of the state of th
		the Zhejiang Provincial Natural Science Foundation (grant number:	Control of the second s

		YY21H310048)	
3	Royalties or licenses	None	The state of the s
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4	Consulting fees	None	
5	Payment or honoraria for	None	
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5	Payment for expert	None	
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8	Patents planned, issued or	None	
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1	Advisory Board		
10	Leadership or fiduciary role	None	
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11	Stock or stock options	None	
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12	Receipt of equipment,	None	
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	writing, gifts or other		
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13	Other financial or non-	None	
	financial interests		[2] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4

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

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

Date:	Oct.14,2021
Your Name: Shulls	n zhona
Manuscript Title: carcinoma	Stempess-associated senescence genes as potential novel risk factors for papillary renal cell
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 <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.	None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	0.02.5.9925.37626.5.49-4.55432.493.447.65537.649.78.276537.65
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4	Consulting fees	None	5 2 1100 a the Edwards at the super freedom, some assumed it become advantage of

5	Payment or honoraria for lectures, presentations,	None	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	The state of the s
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8	Patents planned, issued or pending	None	1600 N. 1200
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	

No conflict of in	nterest			

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

Date:	Oct.14,2021
Your Name: Tiaowei	
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.

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		Time frame: pas	t 36 months
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)	District the county open
3	Royalties or licenses	None	

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5	Payment or honoraria for	None	
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5	Payment for expert	None	
	testimony		
7	Support for attending	None	
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	pending		
9	Participation on a Data	None None	For the Control of State of Control of Contr
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	Advisory Board	PACE OF AMERICAN PROPERTY AND	
4.13	Advisory Board	None	
10	Leadership or fiduciary role		
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	committee or advocacy		The second secon
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11	Stock or stock options	- Hepalitic	
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This work was supported by the National Natural Science Foundation of China (grant number: 82003189)

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

Date:	Oct.14,2021
Your Name:	Tide Sym
Manuscript Title: carcinoma	Stemness-associated senescence genes as potential novel risk factors for papillary renal cell
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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	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)
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Grants or contracts from	None	
any entity (if not indicated in item #1 above).	the Medical and Health Research Program of Zhejiang Province (grant numbers: 2019KY047)	I made goldening to the contract of the contra
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the inition of the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: passing frame: passing charges, etc.) No time limit for this item. Time frame: passing frame: passing frame: passing charges, etc.) None The Medical and Health Research Program of Zhejiang Province (grant

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	AND CONTROL OF THE PROPERTY OF
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	

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

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

Date:	Oct.14,2021
Your Name:	Lifi
Manuscript Title: carcinoma	Stemness-associated senescence genes as potential novel risk factors for papillary renal cell
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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		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)
	中华国务会会会,这时代的"EDV"的企业。	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.	None	
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2	Grants or contracts from	None	t 50 months
	any entity (if not indicated in item #1 above).	the Medical and Health Research Program of Zhejiang Province (grant numbers: 2019KY559)	removed to the second of
3	Royalties or licenses	None	A A SHARE AND A SHEET WATER A SHEET

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events	A right of the field of the colors	s and have a different partitions in the contract of the contr
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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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	in the same table at the Control of
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

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

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Da	te:Oct.	14,2021	
Yο	ur Name:	Diry John ay	
Ma	nuscript Title: Ste	mness-associated senescepce	genes as potential novel risk factors for papillary renal cell
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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 initia	l planning of the work
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	provision of study materia	als,	
	medical writing, article processing charges, etc.)		
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Time frame: past 36 months

_None

(to Ping Huang) the Zhejiang Provincial Program for the

Ping Huang)

the "10000 Talents Plan"

of Zhejiang Province (to

the Zhejiang Provincial Program for the

Cultivation of 151 Talents

Grants or contracts from

in item #1 above).

any entity (if not indicated

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		Cultivation of High-Level Innovative Health Talents (to Ping Huang)	
3	Royalties or licenses	None	THE THE PARTY OF T
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
6	Payment for expert testimony	None	11 2 24 5 1 E - 1
7	Support for attending meetings and/or travel	None	
В	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	WARRENDER OF THE STREET STREET
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
2	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None 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)

Please place an "X" next to the following statement to indicate your agreement: \(\int\) I certify that I have answered every question and have not altered the wording of any of the questions on this form.