| Date: Dec. 12th        | 2021   |
|------------------------|--|
| Your Name:             | Dachun Jin   |
| Manuscript Title       | e: Development and Validation of an Integrated Nomogram to Predict Personalized New Baseline |
| <b>Functional Outo</b> | omes after Partial Nephrectomy   |
| Manuscript nun         | phor (if known): TAIL-21-952   |

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

|     |   | 1                             |              |  |  |
|-----|---|-------------------------------|--------------|--|--|
| 5   | Payment or honoraria for                              | X None                        |              |  |  |
| Э   | lectures, presentations,                              | ^_None                        |              |  |  |
|     | speakers bureaus,                                     |                               |              |  |  |
|     | manuscript writing or                                 |                               |              |  |  |
|     | educational events                                    |                               |              |  |  |
| 6   | Payment for expert                                    | XNone                         |              |  |  |
|     | testimony   |                               |              |  |  |
| 7   | Cuppert for attending                                 | V None                        |              |  |  |
| /   | Support for attending meetings and/or travel          | XNone                         |              |  |  |
|     | incettings and/or traver                              |                               |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
| 8   | Patents planned, issued or                            | X None                        |              |  |  |
|     | pending   |                               |              |  |  |
|     |   |                               |              |  |  |
| 9   | Participation on a Data                               | XNone                         |              |  |  |
|     | Safety Monitoring Board or                            |                               |              |  |  |
| 10  | Advisory Board  | X None                        |              |  |  |
| 10  | Leadership or fiduciary role in other board, society, | XNone                         |              |  |  |
|     | committee or advocacy                                 |                               |              |  |  |
|     | group, paid or unpaid                                 |                               |              |  |  |
| 11  | Stock or stock options                                | XNone                         |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
|     | Receipt of equipment, materials, drugs, medical       | XNone                         |              |  |  |
|     | writing, gifts or other                               |                               |              |  |  |
|     | services  |                               |              |  |  |
| 13  | Other financial or non-                               | XNone                         |              |  |  |
|     | financial interests                                   |                               |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
| Pla | ease summarize the above c                            | onflict of interest in the fo | llowing hox: |  |  |
|     | and summarize the above t                             |                               |              |  |  |
|     | None.   |                               |              |  |  |
|     |   |                               |              |  |  |
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|     |   |                               |              |  |  |

| Date: <u>Dec. 12<sup>th</sup>, 2021</u> |  |  |  |  |
|---|--|--|--|--|
| Your Name:                              | Yong Luo   |  |  |  |
| Manuscript Tit                          | tle: Development and Validation of an Integrated Nomogram to Predict Personalized New Baseline |  |  |  |
| Functional Ou                           | tcomes after Partial Nephrectomy   |  |  |  |
| Manuscrint nu                           | imher (if known): TAII-21-952  |  |  |  |

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>.

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|   |                               | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>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   | XNone  |   |
|   | manuscript (e.g., funding,    |  |   |
|   | provision of study materials, |  |   |
|   | medical writing, article      |  |   |
|   | processing charges, etc.)     |  |   |
|   | No time limit for this item.  |  |   |
|   |                               |  |   |
|   |                               |  |   |
|   |                               | Time frame: past   | 36 months   |
| 2 | Grants or contracts from      | XNone  |   |
|   | any entity (if not indicated  |  |   |
|   | in item #1 above).            |  |   |
| 3 | Royalties or licenses         | XNone  |   |
|   |                               |  |   |
|   |                               |  |   |
| 4 | Consulting fees               | XNone  |   |
|   |                               |  |   |

|     |   | 1                             |              |  |  |
|-----|---|-------------------------------|--------------|--|--|
| 5   | Payment or honoraria for                              | X None                        |              |  |  |
| Э   | lectures, presentations,                              | ^_None                        |              |  |  |
|     | speakers bureaus,                                     |                               |              |  |  |
|     | manuscript writing or                                 |                               |              |  |  |
|     | educational events                                    |                               |              |  |  |
| 6   | Payment for expert                                    | XNone                         |              |  |  |
|     | testimony   |                               |              |  |  |
| 7   | Cuppert for attending                                 | V None                        |              |  |  |
| /   | Support for attending meetings and/or travel          | XNone                         |              |  |  |
|     | incettings and/or traver                              |                               |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
| 8   | Patents planned, issued or                            | X None                        |              |  |  |
|     | pending   |                               |              |  |  |
|     |   |                               |              |  |  |
| 9   | Participation on a Data                               | XNone                         |              |  |  |
|     | Safety Monitoring Board or                            |                               |              |  |  |
| 10  | Advisory Board  | X None                        |              |  |  |
| 10  | Leadership or fiduciary role in other board, society, | XNone                         |              |  |  |
|     | committee or advocacy                                 |                               |              |  |  |
|     | group, paid or unpaid                                 |                               |              |  |  |
| 11  | Stock or stock options                                | XNone                         |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
|     | Receipt of equipment, materials, drugs, medical       | XNone                         |              |  |  |
|     | writing, gifts or other                               |                               |              |  |  |
|     | services  |                               |              |  |  |
| 13  | Other financial or non-                               | XNone                         |              |  |  |
|     | financial interests                                   |                               |              |  |  |
|     |   |                               |              |  |  |
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| Pla | ease summarize the above c                            | onflict of interest in the fo | llowing hox: |  |  |
|     | and summarize the above t                             |                               |              |  |  |
|     | None.   |                               |              |  |  |
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| Date: <u>Dec. 12<sup>th</sup>, 2021</u> |  |  |  |  |
|---|--|--|--|--|
| Your Name:                              | Hailin Zhu   |  |  |  |
| Manuscript Ti                           | tle: Development and Validation of an Integrated Nomogram to Predict Personalized New Baseline |  |  |  |
| <b>Functional Ou</b>                    | tcomes after Partial Nephrectomy   |  |  |  |
| Manuscript nu                           | umber (if known): TAU-21-952   |  |  |  |

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

|     |   | 1                             |              |  |  |
|-----|---|-------------------------------|--------------|--|--|
| 5   | Payment or honoraria for                              | X None                        |              |  |  |
| Э   | lectures, presentations,                              | ^_None                        |              |  |  |
|     | speakers bureaus,                                     |                               |              |  |  |
|     | manuscript writing or                                 |                               |              |  |  |
|     | educational events                                    |                               |              |  |  |
| 6   | Payment for expert                                    | XNone                         |              |  |  |
|     | testimony   |                               |              |  |  |
| 7   | Cuppert for attending                                 | V None                        |              |  |  |
| /   | Support for attending meetings and/or travel          | XNone                         |              |  |  |
|     | incettings and/or traver                              |                               |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
| 8   | Patents planned, issued or                            | X None                        |              |  |  |
|     | pending   |                               |              |  |  |
|     |   |                               |              |  |  |
| 9   | Participation on a Data                               | XNone                         |              |  |  |
|     | Safety Monitoring Board or                            |                               |              |  |  |
| 10  | Advisory Board  | X None                        |              |  |  |
| 10  | Leadership or fiduciary role in other board, society, | XNone                         |              |  |  |
|     | committee or advocacy                                 |                               |              |  |  |
|     | group, paid or unpaid                                 |                               |              |  |  |
| 11  | Stock or stock options                                | XNone                         |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
|     | Receipt of equipment, materials, drugs, medical       | XNone                         |              |  |  |
|     | writing, gifts or other                               |                               |              |  |  |
|     | services  |                               |              |  |  |
| 13  | Other financial or non-                               | XNone                         |              |  |  |
|     | financial interests                                   |                               |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
| Pla | ease summarize the above c                            | onflict of interest in the fo | llowing hox: |  |  |
|     | and summarize the above t                             |                               |              |  |  |
|     | None.   |                               |              |  |  |
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|     |   |                               |              |  |  |

| Date: <u>Dec. 12<sup>th</sup>, 2021</u> |  |  |  |  |
|---|--|--|--|--|
| Your Name:                              | Yaoming Li   |  |  |  |
| Manuscript Titl                         | e: Development and Validation of an Integrated Nomogram to Predict Personalized New Baseline |  |  |  |
| <b>Functional Out</b>                   | comes after Partial Nephrectomy  |  |  |  |
| Manuscrint nur                          | mber (if known): TALL-21-952   |  |  |  |

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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 initial  | planning of the work  |
| 1 | All support for the present   | X None   |   |
|   | manuscript (e.g., funding,    |  |   |
|   | provision of study materials, |  |   |
|   | medical writing, article      |  |   |
|   | processing charges, etc.)     |  |   |
|   | No time limit for this item.  |  |   |
|   |                               |  |   |
|   |                               |  |   |
|   |                               | Time frame: past   | 36 months   |
| 2 | Grants or contracts from      | XNone  |   |
|   | any entity (if not indicated  |  |   |
|   | in item #1 above).            |  |   |
| 3 | Royalties or licenses         | XNone  |   |
|   |                               |  |   |
|   |                               |  |   |
| 4 | Consulting fees               | XNone  |   |
|   |                               |  |   |

|     |   | 1                             |              |
|-----|---|-------------------------------|--------------|
| 5   | Dayment or heneraria for                              | X None                        |              |
| 5   | Payment or honoraria for lectures, presentations,     | xivone                        |              |
|     | speakers bureaus,                                     |                               |              |
|     | manuscript writing or                                 |                               |              |
|     | educational events                                    |                               |              |
| 6   | Payment for expert                                    | XNone                         |              |
|     | testimony   |                               |              |
| _   | Comment for attending                                 | V. Name                       |              |
| 7   | Support for attending meetings and/or travel          | XNone                         |              |
|     | meetings and/or traver                                |                               |              |
|     |   |                               |              |
|     |   |                               |              |
| 8   | Patents planned, issued or                            | X None                        |              |
|     | pending   |                               |              |
|     |   |                               |              |
| 9   | Participation on a Data                               | XNone                         |              |
|     | Safety Monitoring Board or                            |                               |              |
| 10  | Advisory Board  | V. Nama                       |              |
| 10  | Leadership or fiduciary role in other board, society, | XNone                         |              |
|     | committee or advocacy                                 |                               |              |
|     | group, paid or unpaid                                 |                               |              |
| 11  | Stock or stock options                                | XNone                         |              |
|     |   |                               |              |
|     |   |                               |              |
|     | Receipt of equipment,                                 | XNone                         |              |
|     | materials, drugs, medical writing, gifts or other     |                               |              |
|     | services  |                               |              |
| 13  | Other financial or non-                               | XNone                         |              |
|     | financial interests                                   |                               |              |
|     |   |                               |              |
|     |   |                               |              |
| ρl  | ease summarize the above c                            | anflict of interest in the fo | llowing hov: |
| rit | ase summanize the above t                             | omnet of interest in tile 10  | nowing box.  |
|     | None.   |                               |              |
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|     |   |                               |              |
|     |   |                               |              |

| Date: Dec. 12 <sup>th</sup> | , 2021   |
|-----------------------------|--|
| Your Name:                  | Zaoming Huang  |
| Manuscript Titl             | e: Development and Validation of an Integrated Nomogram to Predict Personalized New Baseling |
| <b>Functional Out</b>       | comes after Partial Nephrectomy  |
| Manuscript nur              | mber (if known): <u>TAU-21-952</u>   |

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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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>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   | XNone  |   |
|   | manuscript (e.g., funding,    |  |   |
|   | provision of study materials, |  |   |
|   | medical writing, article      |  |   |
|   | processing charges, etc.)     |  |   |
|   | No time limit for this item.  |  |   |
|   |                               |  |   |
|   |                               |  |   |
|   |                               | Time frame: past   | 36 months   |
| 2 | Grants or contracts from      | XNone  |   |
|   | any entity (if not indicated  |  |   |
|   | in item #1 above).            |  |   |
| 3 | Royalties or licenses         | XNone  |   |
|   |                               |  |   |
|   |                               |  |   |
| 4 | Consulting fees               | XNone  |   |
|   |                               |  |   |

|     |   | 1                             |              |  |  |
|-----|---|-------------------------------|--------------|--|--|
| 5   | Payment or honoraria for  | X None                        |              |  |  |
| Э   | lectures, presentations,  | ^_None                        |              |  |  |
|     | speakers bureaus,   |                               |              |  |  |
|     | manuscript writing or   |                               |              |  |  |
|     | educational events  |                               |              |  |  |
| 6   | Payment for expert  | XNone                         |              |  |  |
|     | testimony   |                               |              |  |  |
| 7   | Cuppert for attending   | V None                        |              |  |  |
| /   | Support for attending meetings and/or travel                          | XNone                         |              |  |  |
|     | incettings and/or traver  |                               |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
| 8   | Patents planned, issued or  | X None                        |              |  |  |
|     | pending   |                               |              |  |  |
|     |   |                               |              |  |  |
| 9   | Participation on a Data   | XNone                         |              |  |  |
|     | Safety Monitoring Board or  |                               |              |  |  |
| 10  | Advisory Board  | X None                        |              |  |  |
| 10  | Leadership or fiduciary role in other board, society,                 | XNone                         |              |  |  |
|     | committee or advocacy   |                               |              |  |  |
|     | group, paid or unpaid   |                               |              |  |  |
| 11  | Stock or stock options  | XNone                         |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
|     | Receipt of equipment,   | XNone                         |              |  |  |
|     | materials, drugs, medical writing, gifts or other                     |                               |              |  |  |
|     | services  |                               |              |  |  |
| 13  | Other financial or non-   | XNone                         |              |  |  |
|     | financial interests   |                               |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
| Pla | ease summarize the above o  | onflict of interest in the fo | llowing hox: |  |  |
|     | Please summarize the above conflict of interest in the following box: |                               |              |  |  |
|     | None.   |                               |              |  |  |
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| Date: <u>Dec. 12<sup>th</sup>, 2021</u> |  |  |  |  |
|---|--|--|--|--|
| Your Name:                              | Yao Zhang  |  |  |  |
| Manuscript Title                        | e: Development and Validation of an Integrated Nomogram to Predict Personalized New Baseline |  |  |  |
| <b>Functional Outo</b>                  | omes after Partial Nephrectomy   |  |  |  |
| Manuscript nun                          | pher (if known): TAIL-21-952   |  |  |  |

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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>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   | XNone  |   |
|   | manuscript (e.g., funding,    |  |   |
|   | provision of study materials, |  |   |
|   | medical writing, article      |  |   |
|   | processing charges, etc.)     |  |   |
|   | No time limit for this item.  |  |   |
|   |                               |  |   |
|   |                               |  |   |
|   |                               | Time frame: past   | 36 months   |
| 2 | Grants or contracts from      | XNone  |   |
|   | any entity (if not indicated  |  |   |
|   | in item #1 above).            |  |   |
| 3 | Royalties or licenses         | XNone  |   |
|   |                               |  |   |
|   |                               |  |   |
| 4 | Consulting fees               | XNone  |   |
|   |                               |  |   |

|     |   | 1                             |              |  |  |
|-----|---|-------------------------------|--------------|--|--|
| 5   | Payment or honoraria for  | X None                        |              |  |  |
| Э   | lectures, presentations,  | ^_None                        |              |  |  |
|     | speakers bureaus,   |                               |              |  |  |
|     | manuscript writing or   |                               |              |  |  |
|     | educational events  |                               |              |  |  |
| 6   | Payment for expert  | XNone                         |              |  |  |
|     | testimony   |                               |              |  |  |
| 7   | Cuppert for attending   | V None                        |              |  |  |
| /   | Support for attending meetings and/or travel                          | XNone                         |              |  |  |
|     | incettings and/or traver  |                               |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
| 8   | Patents planned, issued or  | X None                        |              |  |  |
|     | pending   |                               |              |  |  |
|     |   |                               |              |  |  |
| 9   | Participation on a Data   | XNone                         |              |  |  |
|     | Safety Monitoring Board or  |                               |              |  |  |
| 10  | Advisory Board  | X None                        |              |  |  |
| 10  | Leadership or fiduciary role in other board, society,                 | XNone                         |              |  |  |
|     | committee or advocacy   |                               |              |  |  |
|     | group, paid or unpaid   |                               |              |  |  |
| 11  | Stock or stock options  | XNone                         |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
|     | Receipt of equipment,   | XNone                         |              |  |  |
|     | materials, drugs, medical writing, gifts or other                     |                               |              |  |  |
|     | services  |                               |              |  |  |
| 13  | Other financial or non-   | XNone                         |              |  |  |
|     | financial interests   |                               |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
| Pla | ease summarize the above o  | onflict of interest in the fo | llowing hox: |  |  |
|     | Please summarize the above conflict of interest in the following box: |                               |              |  |  |
|     | None.   |                               |              |  |  |
|     |   |                               |              |  |  |
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|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |

| Date: <u>Dec. 12<sup>th</sup>, 2021</u> |   |  |  |  |
|---|---|--|--|--|
| Your Name: <u>Jun Zhan</u>              | g   |  |  |  |
| Manuscript Title: Develop               | oment and Validation of an Integrated Nomogram to Predict Personalized New Baseline |  |  |  |
| <b>Functional Outcomes after</b>        | r Partial Nephrectomy   |  |  |  |
| Manuscript number (if kn                | own): TAIL-21-952   |  |  |  |

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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>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   | XNone  |   |
|   | manuscript (e.g., funding,    |  |   |
|   | provision of study materials, |  |   |
|   | medical writing, article      |  |   |
|   | processing charges, etc.)     |  |   |
|   | No time limit for this item.  |  |   |
|   |                               |  |   |
|   |                               |  |   |
|   |                               | Time frame: past   | 36 months   |
| 2 | Grants or contracts from      | XNone  |   |
|   | any entity (if not indicated  |  |   |
|   | in item #1 above).            |  |   |
| 3 | Royalties or licenses         | XNone  |   |
|   |                               |  |   |
|   |                               |  |   |
| 4 | Consulting fees               | XNone  |   |
|   |                               |  |   |

|     |   | 1                             |              |  |  |
|-----|---|-------------------------------|--------------|--|--|
| 5   | Payment or honoraria for  | X None                        |              |  |  |
| Э   | lectures, presentations,  | ^_None                        |              |  |  |
|     | speakers bureaus,   |                               |              |  |  |
|     | manuscript writing or   |                               |              |  |  |
|     | educational events  |                               |              |  |  |
| 6   | Payment for expert  | XNone                         |              |  |  |
|     | testimony   |                               |              |  |  |
| 7   | Cuppert for attending   | V None                        |              |  |  |
| /   | Support for attending meetings and/or travel                          | XNone                         |              |  |  |
|     | incettings and/or traver  |                               |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
| 8   | Patents planned, issued or  | X None                        |              |  |  |
|     | pending   |                               |              |  |  |
|     |   |                               |              |  |  |
| 9   | Participation on a Data   | XNone                         |              |  |  |
|     | Safety Monitoring Board or  |                               |              |  |  |
| 10  | Advisory Board  | X None                        |              |  |  |
| 10  | Leadership or fiduciary role in other board, society,                 | XNone                         |              |  |  |
|     | committee or advocacy   |                               |              |  |  |
|     | group, paid or unpaid   |                               |              |  |  |
| 11  | Stock or stock options  | XNone                         |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
|     | Receipt of equipment,   | XNone                         |              |  |  |
|     | materials, drugs, medical writing, gifts or other                     |                               |              |  |  |
|     | services  |                               |              |  |  |
| 13  | Other financial or non-   | XNone                         |              |  |  |
|     | financial interests   |                               |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
| Pla | ease summarize the above o  | onflict of interest in the fo | llowing hox: |  |  |
|     | Please summarize the above conflict of interest in the following box: |                               |              |  |  |
|     | None.   |                               |              |  |  |
|     |   |                               |              |  |  |
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|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |

| Date: <u>Dec. 12<sup>th</sup>, 2021</u>   |  |  |  |  |
|---|--|--|--|--|
| Your Name: Jun Jiang  |  |  |  |  |
| Manuscript Title: Development and Validation of an Integrated Nomogram to Predict Personalized New Baseline |  |  |  |  |
| Functional Outcomes after Partial Nephrectomy   |  |  |  |  |
| Manuscrint number (if known): TAIL-21-952   |  |  |  |  |

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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
|   | T  | Time frame: Since the initial  | planning of the work  |
| 1 | All support for the present                            | XNone  |   |
|   | manuscript (e.g., funding,                             |  |   |
|   | provision of study materials, medical writing, article |  |   |
|   | processing charges, etc.)                              |  |   |
|   | No time limit for this item.                           |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  | Time frame: past   | 36 months   |
| 2 | Grants or contracts from                               | XNone  |   |
|   | any entity (if not indicated                           |  |   |
|   | in item #1 above).                                     |  |   |
| 3 | Royalties or licenses                                  | XNone  |   |
|   |  |  |   |
|   |  |  |   |
| 4 | Consulting fees  | XNone  |   |
|   |  |  |   |

|     |   | 1                             |              |  |  |
|-----|---|-------------------------------|--------------|--|--|
| 5   | Payment or honoraria for  | X None                        |              |  |  |
| Э   | lectures, presentations,  | ^_None                        |              |  |  |
|     | speakers bureaus,   |                               |              |  |  |
|     | manuscript writing or   |                               |              |  |  |
|     | educational events  |                               |              |  |  |
| 6   | Payment for expert  | XNone                         |              |  |  |
|     | testimony   |                               |              |  |  |
| 7   | Cuppert for attending   | V None                        |              |  |  |
| /   | Support for attending meetings and/or travel                          | XNone                         |              |  |  |
|     | incettings and/or traver  |                               |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
| 8   | Patents planned, issued or  | X None                        |              |  |  |
|     | pending   |                               |              |  |  |
|     |   |                               |              |  |  |
| 9   | Participation on a Data   | XNone                         |              |  |  |
|     | Safety Monitoring Board or  |                               |              |  |  |
| 10  | Advisory Board  | X None                        |              |  |  |
| 10  | Leadership or fiduciary role in other board, society,                 | XNone                         |              |  |  |
|     | committee or advocacy   |                               |              |  |  |
|     | group, paid or unpaid   |                               |              |  |  |
| 11  | Stock or stock options  | XNone                         |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
|     | Receipt of equipment,   | XNone                         |              |  |  |
|     | materials, drugs, medical writing, gifts or other                     |                               |              |  |  |
|     | services  |                               |              |  |  |
| 13  | Other financial or non-   | XNone                         |              |  |  |
|     | financial interests   |                               |              |  |  |
|     |   |                               |              |  |  |
|     |   |                               |              |  |  |
| Pla | ease summarize the above o  | onflict of interest in the fo | llowing hox: |  |  |
|     | Please summarize the above conflict of interest in the following box: |                               |              |  |  |
|     | None.   |                               |              |  |  |
|     |   |                               |              |  |  |
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