Date:2022.08.24
Your Name: Xiao-Ying Ma
Manuscript Title: Characteristics and prognostic outcome factors between young and elderly peritoneal dialysi
patients: a prospective cohort study
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 initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	26 months
2	Grants or contracts from	None	30 months
2	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
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4	Consulting fees	None	
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5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
	.		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical		
	writing, gifts or other		
12	services	Nese	
13	Other financial or non-	None	
	financial interests		

None.

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

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

Date:	2022.08.24
Your Name:	Yu-Ping Sheng
Manuscript Tit	le:_ Characteristics and prognostic outcome factors between young and elderly peritoneal dialysis
patients: a pros	spective cohort study
Manuscript nu	mber (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 initial	planning of the work
1	All support for the present	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None

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

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

Date:2022.08.24
Your Name: Xing-Meng Yang
Manuscript Title:_ Characteristics and prognostic outcome factors between young and elderly peritoneal dialysis
patients: a prospective cohort study
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)
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.	Time frame: Since the initialNoneNone	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.

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

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

Date:2022-08-24
Your Name: Na Wang
Manuscript Title: Characteristics and prognostic outcome factors between young and elderly peritoneal dialysis
patients: a prospective cohort study
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)
	1	Time frame: Since the initial	planning of the work
1	All support for the present	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None

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

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

Date:2022-08-24
Your Name:_ Hao-Ran Zhang
Manuscript Title:_ Characteristics and prognostic outcome factors between young and elderly peritoneal dialysis
patients: a prospective cohort study
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>.

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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	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None

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

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

Date:August 24, 2022	
Your Name: Hai-Ping Xu	
Manuscript Title:_ Characteristics and prognostic outcome factors between young and elderly peritoneal dialysis	5
patients: a prospective cohort study	
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)
		Time frame: Since the initial	planning of the work
1	All support for the present	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None

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

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

Date:August 24 th , 2022
Your Name: Fu-Yun Sun
Manuscript Title: Characteristics and prognostic outcome factors between young and elderly peritoneal dialysis
patients: a prospective cohort study
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)
		Time frame: Since the initial	planning of the work
1	All support for the present	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	None	
	any entity (if not indicated		
	in item #1 above).		
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				
lectures, presentations, speakers bureaus, manuscript writing or educational events				
speakers bureaus, manuscript writing or educational events	5	-	None	
manuscript writing or educational events				
educational events		speakers bureaus,		
educational events		-		
6 Payment for expert testimony				
testimony	6		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- None	0			
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8 Patents planned, issued or pending	7		None	
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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- None	0			
Safety Monitoring Board or Advisory Board		pending		
Safety Monitoring Board or Advisory Board				
Advisory Board	9		None	
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid None 11 Stock or stock options 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- None				
in other board, society, committee or advocacy group, paid or unpaid		Advisory Board		
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- None	10	Leadership or fiduciary role	None	
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- None		in other board, society,		
11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None		committee or advocacy		
11 Stock or stock options None 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None		group, paid or unpaid		
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services None 13 Other financial or non- None	11		None	
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writing, gifts or other services	12			
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financial interests	13		None	
		financial interests		

None.

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

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