

## ICMJE DISCLOSURE FORM

Date: Sep. 16<sup>th</sup>, 2021  
 Your Name: Si-Jie Zhao  
 Manuscript Title: Effect of different phosphate binders on fibroblast growth factor 23 levels in patients with CKD: a systematic review and meta-analysis of randomized controlled trials  
 Manuscript number (if known): APM-21-1943

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 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.

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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)
<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>	<input checked="" type="checkbox"/> None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

None.

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: Sep. 16<sup>th</sup>, 2021

Your Name: Zi-Xuan Wang

Manuscript Title: Effect of different phosphate binders on fibroblast growth factor 23 levels in patients with CKD: a systematic review and meta-analysis of randomized controlled trials

Manuscript number (if known): APM-21-1943

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Date: Sep. 16<sup>th</sup>, 2021  
 Your Name: Li Chen  
 Manuscript Title: Effect of different phosphate binders on fibroblast growth factor 23 levels in patients with CKD: a systematic review and meta-analysis of randomized controlled trials  
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## ICMJE DISCLOSURE FORM

Date: Sep. 16<sup>th</sup>, 2021  
 Your Name: Fei-Xuan Wang  
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