Date<u>: March 3,2021</u> Your Name: <u>Keli Yang</u> Manuscript Title:<u>Temporary impairment of renal function in patients with rectal cancer treated with diverting ileostomy</u> 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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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.	None	
		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	

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

No conflict of interest.

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

Date<u>: March 3,2021</u> Your Name: <u>Jie Zhao</u> Manuscript Title:<u>Temporary impairment of renal function in patients with rectal cancer treated with diverting ileostomy</u> 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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3	Royalties or licenses	None	
4	Consulting fees	None	

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

No conflict of interest.

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

Date<u>: March 3,2021</u> Your Name: <u>Lili Chu</u> Manuscript Title:<u>Temporary impairment of renal function in patients with rectal cancer treated with diverting ileostomy</u> 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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	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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
•	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
-		N	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
4.2		N	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest.

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

 Date: March 3,2021

 Your Name: Minhui Hu

 Manuscript Title: Temporary impairment of renal function in patients with rectal cancer treated with diverting ileostomy

 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 initial	planning of the work
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		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	

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

No conflict of interest.

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

Date: March 3,2021

Your Name: Wenbin Zhou

Manuscript Title: Temporary impairment of renal function in patients with rectal cancer treated with diverting ileostomy 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1		1	
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.		
		T :	
2		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	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
•	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
-		N	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
4.2		N	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest.

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

Date<u>: March 3,2021</u> Your Name: <u>Yang Li</u> Manuscript Title:<u>Temporary impairment of renal function in patients with rectal cancer treated with diverting ileostomy</u> 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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	medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
2	in item #1 above).	Nege	
3	Royalties or licenses	None	
4	Consulting fees	None	
	Ŭ		

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

No conflict of interest.

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

Date<u>: March 3,2021</u> Your Name: <u>Xinmei Ye</u> Manuscript Title:<u>Temporary impairment of renal function in patients with rectal cancer treated with diverting ileostomy</u> 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 initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	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	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	None	
10	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 services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest.

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

Date: March 3,2021

Your Name: Rongkang Huang

Manuscript Title:<u>Temporary impairment of renal function in patients with rectal cancer treated with diverting ileostomy</u> 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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1		1	
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	
2	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
5	Royances of neelises		
4	Consulting fees	None	
-		10116	

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

No conflict of interest.

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

Date: March 3,2021

Your Name: Huaiming Wang

Manuscript Title:<u>Temporary impairment of renal function in patients with rectal cancer treated with diverting ileostomy</u> 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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1		1	
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	manuscript (e.g., funding,		
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2	Grants or contracts from	None	
2	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
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4	Consulting fees	None	
-		10116	

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

No conflict of interest.

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

Date<u>: March 3,2021</u> Your Name: <u>Hui Wang</u> Manuscript Title:<u>Temporary impairment of renal function in patients with rectal cancer treated with diverting ileostomy</u> 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: 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	

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 meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	None	
10	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 services		
13	Other financial or non-	None	
	financial interests		

No conflict of interest.

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