

## ICMJE DISCLOSURE FORM

Date: March 4, 2023 \_\_\_\_\_  
 Your Name: Koichi Sugimoto \_\_\_\_\_  
 Manuscript Title: A narrative review of precision medicine in metastatic renal cell carcinoma \_\_\_\_\_  
 Manuscript number (if known): AMJ-22-83 \_\_\_\_\_

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 current manuscript only.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | 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.)<br><b>No time limit for this item.</b> | ___ None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 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, 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 |  |
|    |  |          |  |
|    |  |          |  |

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

There is no COI regarding this manuscript.

**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: March 4, 2023 \_\_\_\_\_  
 Your Name: Kazutoshi Fujita \_\_\_\_\_  
 Manuscript Title: A narrative review of precision medicine in metastatic renal cell carcinoma \_\_\_\_\_  
 Manuscript number (if known): AMJ-22-83 \_\_\_\_\_

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|---|--|--|---|
| <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.)<br><b>No time limit for this item.</b> | X None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | Pfizer   | Grant   |
|   |  |  |   |
| 3   | Royalties or licenses  | <u>  </u> X <u>  </u> None   |   |
|   |  |  |   |
| 4   | Consulting fees  | <u>  </u> X <u>  </u> None   |   |
|   |  |  |   |

|    |  |   |                        |
|----|--|---|------------------------|
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Ono   | Honoraria              |
|    |  | Bristol-Myers   | Honoraria              |
|    |  | MSD   | Honoraria              |
|    |  | Pfizer<br>Takeda  | Honoraria<br>Honoraria |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |                        |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |                        |
|    |  |   |                        |
|    |  |   |                        |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |                        |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |                        |
|    |  |   |                        |
|    |  |   |                        |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |                        |
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|    |  |   |                        |
| 11 | Stock or stock options   | <input type="checkbox"/> X <input type="checkbox"/> None            |                        |
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|    |  |   |                        |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> X <input type="checkbox"/> None            |                        |
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|    |  |   |                        |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |                        |
|    |  |   |                        |
|    |  |   |                        |

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

I received the grant from Pfizer, and honoraria from Ono, Bristol-Myers, MSD, Pfizer, and Takeda.

**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.

## ICMJE DISCLOSURE FORM

Date: March 4, 2023 \_\_\_\_\_  
 Your Name: Takafumi Minami \_\_\_\_\_  
 Manuscript Title: A narrative review of precision medicine in metastatic renal cell carcinoma \_\_\_\_\_  
 Manuscript number (if known): AMJ-22-83 \_\_\_\_\_

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 current manuscript only.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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| <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.)<br><b>No time limit for this item.</b> | ___ None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 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, speakers bureaus, manuscript writing or educational events | ___ None |  |
|    |  |          |  |
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| 6  | Payment for expert testimony   | ___ None |  |
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| 7  | Support for attending meetings and/or travel   | ___ None |  |
|    |  |          |  |
|    |  |          |  |
| 8  | Patents planned, issued or pending   | ___ 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-financial interests   | ___ None |  |
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|    |  |          |  |

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

There is no COI regarding this manuscript.

**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.

## ICMJE DISCLOSURE FORM

Date: March 4, 2023 \_\_\_\_\_  
 Your Name: Masahiro Nozawa \_\_\_\_\_  
 Manuscript Title: A narrative review of precision medicine in metastatic renal cell carcinoma \_\_\_\_\_  
 Manuscript number (if known): AMJ-22-83 \_\_\_\_\_

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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|---|--|--|---|
| <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.)<br><b>No time limit for this item.</b> | ___ None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 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, speakers bureaus, manuscript writing or educational events | Takeda   | Lecture fee |
|    |  | Merck    | Lecture fee |
|    |  | Pfizer   | Lecture fee |
| 6  | Payment for expert testimony   | ___ None |             |
|    |  |          |             |
|    |  |          |             |
| 7  | Support for attending meetings and/or travel   | ___ None |             |
|    |  |          |             |
|    |  |          |             |
| 8  | Patents planned, issued or pending   | ___ 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-financial interests   | ___ None |             |
|    |  |          |             |
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**Please summarize the above conflict of interest in the following box:**

|   |
|---|
| Lecture fee from Merck, Pfizer, and Takeda. |
|---|

**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.



## ICMJE DISCLOSURE FORM

Date: March 4, 2023 \_\_\_\_\_

Your Name: Kazuhiro Yoshimura \_\_\_\_\_

Manuscript Title: A narrative review of precision medicine in metastatic renal cell carcinoma \_\_\_\_\_

Manuscript number (if known): AMJ-22-83 \_\_\_\_\_

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| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 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, 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 |  |
|    |  |          |  |
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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: March 4, 2023 \_\_\_\_\_  
 Your Name: Atsunobu Esa \_\_\_\_\_  
 Manuscript Title: A narrative review of precision medicine in metastatic renal cell carcinoma \_\_\_\_\_  
 Manuscript number (if known): AMJ-22-83 \_\_\_\_\_

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| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | ___ None   |   |
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|   |  |  |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |
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|   |  |  |   |
| 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 |  |
|    |  |          |  |
|    |  |          |  |

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

There is no COI regarding this manuscript.

**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: March 4, 2023 \_\_\_\_\_

Your Name: Hirotsugu Uemura \_\_\_\_\_

Manuscript Title: A narrative review of precision medicine in metastatic renal cell carcinoma \_\_\_\_\_

Manuscript number (if known): AMJ-22-83 \_\_\_\_\_

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| <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.)<br><b>No time limit for this item.</b> | None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | Ono Pharm. Takeda  | Grants  |
|   |  | Ono Pharm., Chugai Pharm   | Contract  |
|   |  |  |   |
| 3   | Royalties or licenses  | None   |   |
|   |  |  |   |
|   |  |  |   |
| 4   | Consulting fees  | Ono Pharm.   | YES   |
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|----|--|---------------------------------|----------|
|    |  |                                 |          |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Takeda, MSD, Pfizer, Eisai, BMS | Lectures |
| 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                            |          |

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

Grant fee from Ono Pharm, and Takeda.  
 Contract fee from Ono Pharm, and Chugai Pharm.  
 Consulting fee from Ono Pharm.  
 Lecture fee from Takeda, MSD, Pfizer, Eisai, and BMS.

**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.