

## ICMJE DISCLOSURE FORM

Date: 12/14/2024

Your Name: Gaelle Haddad

Manuscript Title: Metastatic tropism of molecularly-defined clear cell renal cell carcinoma clusters

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 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> | <div>_____ None</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> |                                                                                     |
| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                           |                                                                                     |
| 2                                                         | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div>_____ None</div> <div></div> <div></div>                                                             |                                                                                     |
| 3                                                         | Royalties or licenses                                                                                                                                                          | <div>_____ None</div> <div></div> <div></div>                                                             |                                                                                     |
| 4                                                         | Consulting fees                                                                                                                                                                | <div>_____ None</div> <div></div> <div></div>                                                             |                                                                                     |

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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                                      |                                                        |
|    |                                                                                                              |                                                |                                                        |
|    |                                                                                                              |                                                |                                                        |
| 7  | Support for attending meetings and/or travel                                                                 | Support to attend the SABI 2022 Annual Meeting | Oral Presentation of preliminary results of this study |
|    |                                                                                                              |                                                |                                                        |
|    |                                                                                                              |                                                |                                                        |
| 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                                      |                                                        |
|    |                                                                                                              |                                                |                                                        |
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| 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 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: 12/16/2024  
 Your Name: Junyu Guo  
 Manuscript Title: Metastatic tropism of molecularly-defined clear cell renal cell carcinoma clusters  
 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 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> | <input checked="" type="checkbox"/> 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).                                                                                                       | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                     |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                     |
| 3                                                         | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                     |
| 4                                                         | Consulting fees                                                                                                                                                                | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
|    |                                                                                                              |                                                                     |  |
|    |                                                                                                              |                                                                     |  |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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| 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 |  |
|    |                                                                                                              |                                                                     |  |
|    |                                                                                                              |                                                                     |  |
| 11 | Stock or stock options                                                                                       | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
|    |                                                                                                              |                                                                     |  |
|    |                                                                                                              |                                                                     |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
|    |                                                                                                              |                                                                     |  |
|    |                                                                                                              |                                                                     |  |
| 13 | Other financial or non-financial interests                                                                   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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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: 12/16/2024  
 Your Name: Yin Xi  
 Manuscript Title: Metastatic tropism of molecularly-defined clear cell renal cell carcinoma clusters  
 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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| <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> | <input checked="" type="checkbox"/> 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).                                                                                                       | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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| 3                                                         | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                     |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                     |
| 4                                                         | Consulting fees                                                                                                                                                                | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___x___None |  |
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| 6  | Payment for expert testimony                                                                                 | __x__None   |  |
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| 7  | Support for attending meetings and/or travel                                                                 | __x__None   |  |
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| 8  | Patents planned, issued or pending                                                                           | __x__None   |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | __x__None   |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | __x__None   |  |
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| 11 | Stock or stock options                                                                                       | __x__None   |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | __x__None   |  |
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| 13 | Other financial or non-financial interests                                                                   | __x__None   |  |
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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: 2/9/2025 \_\_\_\_\_

Your Name: Emin Albayrak \_\_\_\_\_

Manuscript Title: Metastatic tropism of molecularly-defined clear cell renal cell carcinoma clusters

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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| <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> | <input checked="" type="checkbox"/> 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).                                                                                                       | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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| 3                                                         | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                     |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                     |
| 4                                                         | Consulting fees                                                                                                                                                                | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> _x_ None |  |
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| 6  | Payment for expert testimony                                                                                 | <input type="checkbox"/> _x_ None |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input type="checkbox"/> _x_ None |  |
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| 8  | Patents planned, issued or pending                                                                           | <input type="checkbox"/> _x_ None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input type="checkbox"/> _x_ None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> _x_ None |  |
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| 11 | Stock or stock options                                                                                       | <input type="checkbox"/> _x_ None |  |
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|    |                                                                                                              |                                   |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> _x_ None |  |
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|    |                                                                                                              |                                   |  |
| 13 | Other financial or non-financial interests                                                                   | <input type="checkbox"/> _x_ None |  |
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Please place an "X" next to the following statement to indicate your agreement:

☐\_EA\_ 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: 12/26/2024  
 Your Name: Mahrukh Huseni  
 Manuscript Title: Metastatic tropism of molecularly-defined clear cell renal cell carcinoma clusters  
 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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| <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      | Own Roche stock |
|    |                                                                                                              |           |                 |
|    |                                                                                                              |           |                 |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ____ None |                 |
|    |                                                                                                              |           |                 |
|    |                                                                                                              |           |                 |
| 13 | Other financial or non-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.**

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ December 28, 2024 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Habib Hamidi \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Metastatic tropism of molecularly-defined clear cell renal cell carcinoma clusters \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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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> | <input checked="" type="checkbox"/> 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).                                                                                                       | <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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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <input type="checkbox"/> None |                             |
|    |                                                                                                              |                                                                   |                             |
|    |                                                                                                              |                                                                   |                             |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <input type="checkbox"/> None |                             |
|    |                                                                                                              |                                                                   |                             |
|    |                                                                                                              |                                                                   |                             |
| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <input type="checkbox"/> None |                             |
|    |                                                                                                              |                                                                   |                             |
|    |                                                                                                              |                                                                   |                             |
| 8  | Patents planned, issued or pending                                                                           | <input type="checkbox"/> <input checked="" type="checkbox"/> None |                             |
|    |                                                                                                              |                                                                   |                             |
|    |                                                                                                              |                                                                   |                             |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <input type="checkbox"/> None |                             |
|    |                                                                                                              |                                                                   |                             |
|    |                                                                                                              |                                                                   |                             |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <input type="checkbox"/> None |                             |
|    |                                                                                                              |                                                                   |                             |
|    |                                                                                                              |                                                                   |                             |
| 11 | Stock or stock options                                                                                       | <input type="checkbox"/> <input checked="" type="checkbox"/> None | Employee of Roche/Genentech |
|    |                                                                                                              |                                                                   |                             |
|    |                                                                                                              |                                                                   |                             |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> <input type="checkbox"/> None |                             |
|    |                                                                                                              |                                                                   |                             |
|    |                                                                                                              |                                                                   |                             |
| 13 | Other financial or non-financial interests                                                                   | <input checked="" type="checkbox"/> <input type="checkbox"/> None |                             |
|    |                                                                                                              |                                                                   |                             |
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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: 12/17/2024

Your Name: Romain Banchereau

Manuscript Title: Metastatic tropism of molecularly-defined clear cell renal cell carcinoma clusters

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 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> | <div>_____ None</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> |                                                                                     |
| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                           |                                                                                     |
| 2                                                         | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div>_____ None</div> <div></div> <div></div>                                                             |                                                                                     |
| 3                                                         | Royalties or licenses                                                                                                                                                          | <div>_____ None</div> <div></div> <div></div>                                                             |                                                                                     |
| 4                                                         | Consulting fees                                                                                                                                                                | <div>_____ None</div> <div></div> <div></div>                                                             |                                                                                     |

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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 |  |
|    |                                                                                                              |           |  |
|    |                                                                                                              |           |  |
| 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                                                                                       | Roche     |  |
|    |                                                                                                              |           |  |
|    |                                                                                                              |           |  |
| 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 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: 12/17/24

Your Name: Edward Ernest Kadel, III

Manuscript Title: Metastatic tropism of molecularly-defined clear cell renal cell carcinoma clusters

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 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) |
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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> | Roche-Genentech                                                                              | Employee                                                                            |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                     |
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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                                                                 | Roche-Genentech         | Employee                                                                     |
|    |                                                                                                              |                         |                                                                              |
|    |                                                                                                              |                         |                                                                              |
| 8  | Patents planned, issued or pending                                                                           | Roche-Genentech         | Employee USA Patent #US 11,254,987 B2 "PD-L1 PROMOTER METHYLATION IN CANCER" |
|    |                                                                                                              |                         |                                                                              |
|    |                                                                                                              |                         |                                                                              |
| 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                                                                                       | Yes, stock &/or options | AAPL, AMZN, ANVS, ETNB, GOOG, LLY, MRK, NVDA, ROG, TDOC, TEM, XBI            |
|    |                                                                                                              |                         |                                                                              |
|    |                                                                                                              |                         |                                                                              |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ____ None               |                                                                              |
|    |                                                                                                              |                         |                                                                              |
|    |                                                                                                              |                         |                                                                              |
| 13 | Other financial or non-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.



## ICMJE DISCLOSURE FORM

**Date:** 1/10/2025

**Your Name:** Sarita Dubey

**Manuscript Title:** Metastatic tropism of molecularly-defined clear cell renal cell carcinoma clusters

**Manuscript Number (if known):** [Click or tap here to enter text.]

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 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)                                                                                  |                 |            |  |  |                                          |  |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------|--|--|------------------------------------------|--|
| 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) | <input type="checkbox"/> None                                                                                                                                        |                 |            |  |  |                                          |  |
|                                                    |                                                                                                                           | <table><tr><td>Genentech Roche</td><td>Employment</td></tr><tr><td></td><td></td></tr><tr><td colspan="2">Click the tab key to add additional rows</td></tr></table> | Genentech Roche | Employment |  |  | Click the tab key to add additional rows |  |
|                                                    |                                                                                                                           | Genentech Roche                                                                                                                                                      | Employment      |            |  |  |                                          |  |
|                                                    |                                                                                                                           |                                                                                                                                                                      |                 |            |  |  |                                          |  |
| Click the tab key to add additional rows           |                                                                                                                           |                                                                                                                                                                      |                 |            |  |  |                                          |  |
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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) |   |  |  |  |  |  |  |  |
|----------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---|--|--|--|--|--|--|--|
|                            | charges, etc.)<br><b>No time limit for this item.</b>                          |                                                                                                                                                                                      |                                                                                     |   |  |  |  |  |  |  |  |
| Time frame: past 36 months |                                                                                |                                                                                                                                                                                      |                                                                                     |   |  |  |  |  |  |  |  |
| 2                          | Grants or contracts from any entity (if not indicated in item #1 above).       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td>I</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                  |                                                                                     | I |  |  |  |  |  |  |  |
| I                          |                                                                                |                                                                                                                                                                                      |                                                                                     |   |  |  |  |  |  |  |  |
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|                            |                                                                                |                                                                                                                                                                                      |                                                                                     |   |  |  |  |  |  |  |  |
| 3                          | Royalties or licenses                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td>I</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                  |                                                                                     | I |  |  |  |  |  |  |  |
| I                          |                                                                                |                                                                                                                                                                                      |                                                                                     |   |  |  |  |  |  |  |  |
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|                            |                                                                                |                                                                                                                                                                                      |                                                                                     |   |  |  |  |  |  |  |  |
| 4                          | Consulting fees                                                                | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr><td>I</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     | I |  |  |  |  |  |  |  |
| I                          |                                                                                |                                                                                                                                                                                      |                                                                                     |   |  |  |  |  |  |  |  |
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| 5                          | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td>I</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                  |                                                                                     | I |  |  |  |  |  |  |  |
| I                          |                                                                                |                                                                                                                                                                                      |                                                                                     |   |  |  |  |  |  |  |  |
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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) |
|----|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|    | writing or educational events                                                           |                                                                                              |                                                                                     |
| 6  | Payment for expert testimony                                                            | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
|    |                                                                                         |                                                                                              |                                                                                     |
|    |                                                                                         |                                                                                              |                                                                                     |
|    |                                                                                         |                                                                                              |                                                                                     |
| 7  | Support for attending meetings and/or travel                                            | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
|    |                                                                                         |                                                                                              |                                                                                     |
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|    |                                                                                         |                                                                                              |                                                                                     |
| 8  | Patents planned, issued or pending                                                      | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
|    |                                                                                         |                                                                                              |                                                                                     |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                       | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
|    |                                                                                         |                                                                                              |                                                                                     |
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|    |                                                                                         |                                                                                              |                                                                                     |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
|    |                                                                                         |                                                                                              |                                                                                     |
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|                                                                                                                                                                                                                                                               | or unpaid                                                                         |                                                                                              |                                                                                     |
| 1<br>1                                                                                                                                                                                                                                                        | Stock or stock options                                                            | <input type="checkbox"/> None                                                                |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                   | Genentech Roche                                                                              | Employee Stock                                                                      |
|                                                                                                                                                                                                                                                               |                                                                                   |                                                                                              |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                   |                                                                                              |                                                                                     |
| 1<br>2                                                                                                                                                                                                                                                        | Receipt of equipment , materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                   |                                                                                              |                                                                                     |
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| 1<br>3                                                                                                                                                                                                                                                        | Other financial or non-financial interests                                        | <input checked="" type="checkbox"/> None                                                     |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                   |                                                                                              |                                                                                     |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                   |                                                                                              |                                                                                     |

# ICMJE DISCLOSURE FORM

Date: 1/31/2025  
 Your Name: Corey A Carter  
 Manuscript Title: Metastatic tropism of molecularly-defined clear cell renal cell carcinoma clusters  
 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 current manuscript only.

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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> | Roche-Genentech                                                                              | Employee                                                                            |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                     |
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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                                                                 | Roche-Genentech | Employee        |
|    |                                                                                                              |                 |                 |
|    |                                                                                                              |                 |                 |
| 8  | Patents planned, issued or pending                                                                           | CAL             | CAL             |
|    |                                                                                                              |                 |                 |
|    |                                                                                                              |                 |                 |
| 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                                                                                       | Yes             | NVDA, APPL, COO |
|    |                                                                                                              |                 |                 |
|    |                                                                                                              |                 |                 |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ____ None       |                 |
|    |                                                                                                              |                 |                 |
|    |                                                                                                              |                 |                 |
| 13 | Other financial or non-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.

# ICMJE DISCLOSURE FORM

Date:03/02/25\_\_\_\_\_

Your Name:Payal Kapur\_\_\_\_\_

Manuscript Title:\_\_\_ Metastatic tropism of molecularly-defined clear cell renal cell carcinoma clusters\_\_\_\_\_

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 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> | NIH                                                                                          |                                                                                     |
|                                                           |                                                                                                                                                                                | DOD                                                                                          |                                                                                     |
|                                                           |                                                                                                                                                                                | CPRIT                                                                                        |                                                                                     |
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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 |  |
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|    |                                                                                                              |           |  |
| 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 |  |
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|    |                                                                                                              |           |  |
| 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 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: 2/7/2025  
 Your Name: James Brugarolas  
 Manuscript Title: Metastatic tropism of molecularly-defined clear cell renal cell carcinoma clusters  
 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 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> | NIH/NCI P50CA196516                                                                          | JB is supported by this grant                                                       |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                     |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                     |
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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).                                                                                                       | BMS, GenenTech, Telix, ImaginAb                                                              | JB reports grants or contracts (institutional) from these entities.                 |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                     |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                     |
| 3                                                         | Royalties or licenses                                                                                                                                                          | Merck                                                                                        | Active license with Merck                                                           |
|                                                           |                                                                                                                                                                                | Bethyl                                                                                       | Active license with Bethyl                                                          |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                     |
| 4                                                         | Consulting fees                                                                                                                                                                | Regeneron                                                                                    |                                                                                     |
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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                                                   |  |
|    |                                                                                                              |                                                             |  |
|    |                                                                                                              |                                                             |  |
| 7  | Support for attending meetings and/or travel                                                                 | ____ None                                                   |  |
|    |                                                                                                              |                                                             |  |
|    |                                                                                                              |                                                             |  |
| 8  | Patents planned, issued or pending                                                                           | Issued: US 11,576,889<br>And US 12,161,618                  |  |
|    |                                                                                                              | Pending: 18/965,965,<br>17/153,128 – CIP, and<br>17/129,352 |  |
|    |                                                                                                              |                                                             |  |
| 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 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: February 10<sup>th</sup>, 2025

Your Name: IVAN PEDROSA

Manuscript Title: Metastatic tropism of molecularly-defined clear cell renal cell carcinoma clusters

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 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.

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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.)<br><b>No time limit for this item.</b> | NIH R01CA154475                                                                              | Salary support                                                                      |
|                                                           |                                                                                                                                                                                | NIH P50CA196516                                                                              | Salary support                                                                      |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                     |
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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 |  |
|    |                                                                                                              |           |  |
|    |                                                                                                              |           |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | ____ None |  |
|    |                                                                                                              |           |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | ____ None |  |
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|    |                                                                                                              |           |  |
| 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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  X   I certify that I have answered every question and have not altered the wording of any of the questions on this form.