ICMJE DISCLOSURE FORM

Date:___2021-09-30_____  
Your Name: _Xin Huang_____  
Manuscript Title: _Extreme body mass index is associated with poor survival outcomes after radical cystectomy: a retrospective cohort study in a Chinese population_  
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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|   | 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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|   | **Time frame: Since the initial planning of the work** | **None**                                                                 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above) | None |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |
|   | **Time frame: past 36 months** | **None**                                                                 |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| 13 | Other financial or non-financial interests | None |

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

There is no conflicts of interest to declare.

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.
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Date: ___2021-09-30_______________________
Your Name: Shenye Jin_____________________
Manuscript Title: Extreme body mass index is associated with poor survival outcomes after radical cystectomy: a retrospective cohort study in a Chinese population
Manuscript number (if known): ________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: past 36 months | None |
| 3 | Royalties or licenses | | None |
| 4 | Consulting fees | | None |
|   |   |   |
|---|---|---|
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |  None |
| **6** | Payment for expert testimony |  None |
| **7** | Support for attending meetings and/or travel |  None |
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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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Date:________2021-09-30___________________________________________________

Your Name:_________Shenghua Liu________________________________________

Manuscript Title:__Extreme body mass index is associated with poor survival outcomes after radical cystectomy: a retrospective cohort study in a Chinese population__

Manuscript number (if known):________________________________________

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|   | **Time frame: Since the initial planning of the work**                                          |                                                                                   |
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| 3 | Royalties or licenses                                                                             | None                                                                               |
| 4 | Consulting fees                                                                                  | None                                                                               |
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None     |
| 6 | Payment for expert testimony                                                | None     |
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Date: 2021-09-30
Your Name: Jiang Geng
Manuscript Title: Extreme body mass index is associated with poor survival outcomes after radical cystectomy: a retrospective cohort study in a Chinese population
Manuscript number (if known): __________________________________________________________

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None (No time limit for this item)                                               |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                        | None                                                                             |
| 3 | Royalties or licenses                                                                                                           | None                                                                             |
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