ICMJE DISCLOSURE FORM

Date: ___3/30/2021______________________________
Your Name: ___Kangxin Ni________________________
Manuscript Title: ___Camrelizumab monotherapy leading to partial remission for relapsed upper tract urothelial carcinoma after radical nephroureterectomy: a case report______________________________
Manuscript number (if known): __________________________________________________________

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|   | Time frame: Since the initial planning of the work                                             |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | __✔__ None                                                                         |
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|   |                                                                                               |                                                                                     |
| 3 | Royalties or licenses                                                                         | __✔__ None                                                                         |
|   |                                                                                               |                                                                                     |
| 4 | Consulting fees                                                                               | __✔__ None                                                                         |
|   |                                                                                               |                                                                                     |
|   |                                                                                               |                                                                                     |
|   | Conflict of Interest                                                                 | Yes/No | None |
|---|--------------------------------------------------------------------------------------|--------|------|
| 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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|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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There are no conflicts of interest to declare.

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Date: ___3/30/2021__________________________________________
Your Name: _____ Zhenghui Wang ________________________________
Manuscript Title: ___ Camrelizumab monotherapy leading to partial remission for relapsed upper tract urothelial carcinoma after radical nephroureterectomy: a case report________________________________________
Manuscript number (if known): ___________________________________

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| 3 | Royalties or licenses                                                              | __✔__ None |
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|   | **Time frame: past 36 months**                                                     |                                                                                   |
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
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Date: ___3/30/2021______________________________
Your Name: ____ Shicheng Yu __________________________
Manuscript Title: ____ Camrelizumab monotherapy leading to partial remission for relapsed upper tract urothelial carcinoma after radical nephroureterectomy: a case report____________________________
Manuscript number (if known): ________________________________

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No time limit for this item. | ✔ None | |

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ICMJE DISCLOSURE FORM

Date: ___3/30/2021___

Your Name: ___Jintong Zheng___

Manuscript Title: Camrelizumab monotherapy leading to partial remission for relapsed upper tract urothelial carcinoma after radical nephroureterectomy: a case report

Manuscript number (if known): ____________

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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 |       |
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| 11| Stock or stock options                                                      | ✔️ None |       |
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| 13| Other financial or non-financial interests                                  | ✔️ None |       |

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Date: ___3/30/2021__________________________

Your Name: ___ Gonghui Li ________________________________

Manuscript Title: ___ Camrelizumab monotherapy leading to partial remission for relapsed upper tract urothelial carcinoma after radical nephroureterectomy: a case report_______________________________

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|   | Question                                                                 | Agreement | Notes |
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|   | manuscript writing or educational events                                 |           |       |
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| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other  | ✔         | None  |
|   | services                                                                  |           |       |
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