

ICMJE DISCLOSURE FORM

Date: 2/6/2025

Your Name: Natalie Nokoff

Manuscript Title: Unveiling mechanisms underlying kidney function changes during gender-affirming hormone therapy

Manuscript Number (if known): 190850-JCI-CRPH-1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: Since the initial planning of the work								
1	<div> <input type="checkbox"/> None </div> <div> <table border="1"> <tr> <td>Colorado Clinical and Translational Sciences Institute MicroGrant and CO-Pilot award (NIH/NCATS TR002535)</td> <td>Funding</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table> </div>	Colorado Clinical and Translational Sciences Institute MicroGrant and CO-Pilot award (NIH/NCATS TR002535)	Funding				Click the tab key to add additional rows.	
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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Neurocrine Biosciences, Inc</td> <td>Payments to me</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Neurocrine Biosciences, Inc	Payments to me						
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>World Athletics expert panel member</td> <td>Unpaid</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		World Athletics expert panel member	Unpaid						
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ICMJE DISCLOSURE FORM

Date: 2/4/2025

Your Name: Petter Bjornstad

Manuscript Title: Unveiling mechanisms underlying kidney function changes during gender-affirming hormone therapy [Click or tap here to enter text.](#)

Manuscript Number (if known): 190850-JCI-CRPH-1

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ICMJE DISCLOSURE FORM

Date: 2/7/2025

Your Name: Martin den Heijer

Manuscript Title: Unveiling mechanisms underlying kidney function changes during gender-affirming hormone therapy

Manuscript Number (if known): 190850-JCI-CRPH-1

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ICMJE DISCLOSURE FORM

Date: 7/2/2025

Your Name: Daan J Touw

Manuscript Title: Unveiling mechanisms underlying kidney function changes during gender-affirming hormone therapy

Manuscript Number (if known): 190850-JCI-CRPH-1

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ICMJE DISCLOSURE FORM

Date: 2/5/2025

Your Name: Merle M. Krebber

Manuscript Title: Unveiling mechanisms underlying kidney function changes during gender-affirming hormone therapy

Manuscript Number (if known): 190850-JCI-CRPH-1

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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2/4/2025

Your Name: Irene G. M. van Valkengoed

Manuscript Title: Unveiling mechanisms underlying kidney function changes during gender-affirming hormone therapy

Manuscript Number (if known): 190850-JCI-CRPH-1

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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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Board member of scientific/research society (Dutch Society for Gender and Health)</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Board member of scientific/research society (Dutch Society for Gender and Health)								
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ICMJE DISCLOSURE FORM

Date: 2/5/2025

Your Name: Taryn Grace Vosters

Manuscript Title: Unveiling mechanisms underlying kidney function changes during gender-affirming hormone therapy

Manuscript Number (if known): 190850-JCI-CRPH-1

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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ICMJE DISCLOSURE FORM

Date: 2/5/2025

Your Name: Chirag R. Parikh, MD, PhD

Manuscript Title: Unveiling mechanisms underlying kidney function changes during gender-affirming hormone therapy

Manuscript Number (if known): 190850-JCI-CRPH-1

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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ICMJE DISCLOSURE FORM

Date: 2/4/2025

Your Name: Wassim Obeid

Manuscript Title: Unveiling mechanisms underlying kidney function changes during gender-affirming hormone therapy

Manuscript Number (if known): 190850-JCI-CRPH-1

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ICMJE DISCLOSURE FORM

Date: 2/4/2025

Your Name: Ye Ji Choi

Manuscript Title: Unveiling mechanisms underlying kidney function changes during gender-affirming hormone therapy

Manuscript Number (if known): 190850-JCI-CRPH-1

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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: 2/4/2025

Your Name: Kalie L. Tommerdahl, MD

Manuscript Title: Unveiling mechanisms underlying kidney function changes during gender-affirming hormone therapy

Manuscript Number (if known): 190850-JCI-CRPH-1

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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	Click the tab key to add additional rows.							
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"> <tr><td>NIH/NHLBI K23 HL159292</td><td></td></tr> <tr><td>American Diabetes Association 11-23-ICTST2DY</td><td></td></tr> <tr><td></td><td></td></tr> </table>	NIH/NHLBI K23 HL159292		American Diabetes Association 11-23-ICTST2DY			
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>American Diabetes Association 85th Scientific Sessions invited speaker (6/2025)</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	American Diabetes Association 85 th Scientific Sessions invited speaker (6/2025)								
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10	Leadership or fiduciary role in other board, society,	<input type="checkbox"/> None									

		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)
	committee or advocacy group, paid or unpaid	<div>Director of Clinical Trial Safety at the University of Washington Medicine Diabetes Institute</div> <div>Medical Director, American Diabetes Association Camp Connection</div>	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</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: 2/4/2025

Your Name: Phoom Narongkiatikhun

Manuscript Title: Unveiling mechanisms underlying kidney function changes during gender-affirming hormone therapy

Manuscript Number (if known): 190850-JCI-CRPH-1

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 2/7/2025

Your Name: Laura Pyle

Manuscript Title: Unveiling mechanisms underlying kidney function changes during gender-affirming hormone therapy

Manuscript Number (if known): 190850-JCI-CRPH-1

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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ICMJE DISCLOSURE FORM

Date: 2/10/2025

Your Name: Sarah A van Eeghen

Manuscript Title: Unveiling mechanisms underlying kidney function changes during gender-affirming hormone therapy

Manuscript Number (if known): 190850-JCI-CRPH-1

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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ICMJE DISCLOSURE FORM

Date: 10/2/2025

Your Name: Daniel van Raalte

Manuscript Title: Unveiling mechanisms underlying kidney function changes during gender-affirming hormone therapy [Click or tap here to enter text.](#)

Manuscript Number (if known): 190850-JCI-CRPH-1

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>EJE</td> <td>Deputy editor</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	EJE	Deputy editor							
EJE	Deputy editor										

		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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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.