ICMJE DISCLOSURE FORM

Date: 11/14/2022

Your Name: Armin Ahmadi

Manuscript Title: **The impact of coenzyme Q10 and nicotinamide riboside on physical endurance capacity and metabolic profile in chronic kidney disease**

Manuscript Number (if known): 167274-INS-CMED-RV-2

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 charges, etc.) No time limit for this item.	☒ None	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

		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	☒ **None**	
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:

☒ 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: 11/15/2022

Your Name: Gwenaelle Begue

Manuscript Title: The impact of coenzyme Q10 and nicotinamide riboside on physical endurance capacity and metabolic profile in chronic kidney disease

Manuscript Number (if known): 167274-INS-CMED-RV-2

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3	Royalties or licenses	☒ **None**	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

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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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ICMJE DISCLOSURE FORM

Date: 11/15/2022

Your Name: Ana P. Valencia

Manuscript Title: The impact of nicotinamide riboside and coenzyme Q10 on physical endurance capacity and metabolic profile in patients with chronic kidney disease

Manuscript Number (if known): 167274-INS-CMED-RV-2

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3	Royalties or licenses	☒ **None**	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 11/16/2022

Your Name: Jennifer E. Norman

Manuscript Title: The impact of coenzyme Q10 and nicotinamide riboside on physical endurance capacity and metabolic profile in chronic kidney disease

Manuscript Number (if known): 167274-INS-CMED-RV-2

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **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)
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**	
		UC Davis Academic Federation Faculty Research Travel Grant	
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**	

		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	☒ **None**	
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:

☒ 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: Click or tap to enter a date.

Your Name: 10/19/2022
Benjamin Lidgard

Manuscript Title: **The impact of coenzyme Q10 and nicotinamide riboside on physical endurance capacity and metabolic profile in chronic kidney disease**

Manuscript Number (if known): 167274-INS-CMED-RV-2

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		None	
			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).	☐ **None**	
		ASN Ben Lipps Fellowship grant	Payments made to institution
3	Royalties or licenses	☐ **None** X	
		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)
4	Consulting fees	☐X **None**	
		None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None** X	
		None	
6	Payment for expert testimony	☐ **None** X	
		None	
7	Support for attending meetings and/or travel	☐ **None** X	
		None	
8	Patents planned, issued or pending	☐ **None** X	
		None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None** X	
		None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None** X	
		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)
11	Stock or stock options	☐ **None** X	
		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None** X	
		None	
13	Other financial or non-financial interests	☒ **None**	
		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: 10/31/2022

Your Name: Matthew P. Van Doren

Manuscript Title: **The impact of nicotinamide riboside and coenzyme Q10 on physical endurance capacity and metabolic profile in patients with chronic kidney disease**

Manuscript Number (if known): 167274-INS-CMED-RV-2

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3	Royalties or licenses	☒ **None**	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

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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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ICMJE DISCLOSURE FORM

Date: 11/17/2022

Your Name: David Marcinek

Manuscript Title: **The impact of coenzyme Q10 and nicotinamide riboside on physical endurance capacity and metabolic profile in chronic kidney disease**

Manuscript Number (if known): 167274-INS-CMED-RV-2

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		P01 AG001751	
			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).	☐ **None**	
		NIH U243766	NIH P30074990
		NSF OCE-1839041	NIH R01 AG059416
		NIH R01 ES 030319	NIH R01 AG066562
		Amazentis, SA	Boehringer Ingelheim
		NIH R56 AG 078279	
3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		NIH CSR study section payment	
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**	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None**	
		Stealth Biotherapeutics	
		Amazentis SA	
		Boehringer Ingelheim	
13	Other financial or non-financial interests	☒ **None**	

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: 11/15/2022

Your Name: Sili Fan

Manuscript Title: **The impact of coenzyme Q10 and nicotinamide riboside on physical endurance capacity and metabolic profile in chronic kidney disease**

Manuscript Number (if known): 167274-INS-CMED-RV-2

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3	Royalties or licenses	☒ **None**	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 3/30/2023

Your Name: Brian bennett

Manuscript Title: **The impact of coenzyme Q10 and nicotinamide riboside on physical endurance capacity and metabolic profile in chronic kidney disease**

Manuscript Number (if known): **167274-INS-CMED-RV-2**

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		2032-51530-025-00D	
			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).	☐ **None**	
3	Royalties or licenses	☒ **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**	
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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 10/20/2022

Your Name: David Prince

Manuscript Title: The impact of nicotinamide riboside and coenzyme Q10 on physical endurance capacity and metabolic profile in patients with chronic kidney disease

Manuscript Number (if known): 167274-INS-CMED-RV-2

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3	Royalties or licenses	☒ **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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13	Other financial or non-financial interests	☒ **None**	

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

ICMJE DISCLOSURE FORM

Date: 3/27/2023

Your Name: Jonathan Himmelfarb

Manuscript Title: The impact of coenzyme Q10 and nicotinamide riboside on physical endurance capacity and metabolic profile in chronic kidney disease

Manuscript Number (if known): 167274-INS-CMED-RV-2

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 charges, etc.) No time limit for this item.	☒ None	
			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).	☒ **None**	
3	Royalties or licenses	☒ **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)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

		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	☐ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

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Date: 3/28/2023

Your Name: Jorge L. Gamboa

Manuscript Title: **The impact of coenzyme Q10 and nicotinamide riboside on physical endurance capacity and metabolic profile in chronic kidney disease**

Manuscript Number (if known): **167274-INS-CMED-RV-2**

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		NIH-NIDDK R01 DK101509]	
			Click the tab key to add additional rows.
Time frame: past 36 months			
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11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None**	
		We have an agreement to receive coenzyme Q10 and placebo from PharmNord for a future NIH funded study in patients on hemodialysis]	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 3/27/2023

Your Name: **Ian de Boer**

Manuscript Title: **The impact of coenzyme Q10 and nicotinamide riboside on physical endurance capacity and metabolic profile in chronic kidney disease**

Manuscript Number (if known): **167274-INS-CMED-RV-2**

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Date: 3/29/2023

Your Name: Bryan Kestenbaum

Manuscript Title: The impact of coenzyme Q10 and nicotinamide riboside on physical endurance capacity and metabolic profile in chronic kidney disease

Manuscript Number (if known): 167274-INS-CMED-RV-2

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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	
		NIH NIDDK 101509-04	NIH grant
			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).	☒ **None**	
3	Royalties or licenses	☒ **None**	

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Date: 3/27/2023

Your Name: Baback Roshanravan

Manuscript Title: **The impact of coenzyme Q10 and nicotinamide riboside on physical endurance capacity and metabolic profile in chronic kidney disease**

Manuscript Number (if known): **167274-INS-CMED-RV-2**

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		NIDDK	Salary support, publication charges
		Dialysis clinics incorporated	Salary support
		VA Northern California Healthcare System	Salary support
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☐ **None**	
		Chromadex	Donation of Nicotinamide Riboside to Univ of WA
		Tishcon	Donation of Coenzyme Q10 to Univ of WA
13	Other financial or non-financial interests	☒ **None**	

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Reporting checklist for randomised trial.

Based on the CONSORT guidelines.

Instructions to authors

Complete this checklist by entering the page numbers from your manuscript where readers will find each of the items listed below.

Your article may not currently address all the items on the checklist. Please modify your text to include the missing information. If you are certain that an item does not apply, please write "n/a" and provide a short explanation.

Upload your completed checklist as an extra file when you submit to a journal.

In your methods section, say that you used the CONSORTreporting guidelines, and cite them as:

Schulz KF, Altman DG, Moher D, for the CONSORT Group. CONSORT 2010 Statement: updated guidelines for reporting parallel group randomised trials

		Reporting Item	Page Number
Title and Abstract			
Title	#1a	Identification as a randomized trial in the title.	1
Abstract	#1b	Structured summary of trial design, methods, results, and conclusions	2
Introduction			
Background and objectives	#2a	Scientific background and explanation of rationale	4 and 5
Background and objectives	#2b	Specific objectives or hypothesis	5
Methods			
Trial design	#3a	Description of trial design (such as parallel, factorial) including allocation ratio.	19
Trial design	#3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	NA

Participants	#4a	Eligibility criteria for participants	21
Participants	#4b	Settings and locations where the data were collected	21
Interventions	#5	The experimental and control interventions for each group with sufficient details to allow replication, including how and when they were actually administered	19 and 20
Outcomes	#6a	Completely defined prespecified primary and secondary outcome measures, including how and when they were assessed	2, 21, and 22
Sample size	#7a	How sample size was determined.	24
Sample size	#7b	When applicable, explanation of any interim analyses and stopping guidelines	NA
Randomization - Sequence generation	#8a	Method used to generate the random allocation sequence.	19 and 20
Randomization - Sequence generation	#8b	Type of randomization; details of any restriction (such as blocking and block size)	19
Randomization - Allocation concealment mechanism	#9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	19
Randomization - Implementation	#10	Who generated the allocation sequence, who enrolled participants, and who assigned participants to interventions	NA
Blinding	#11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how.	19
Blinding	#11b	If relevant, description of the similarity of interventions	NA
Statistical methods	#12a	Statistical methods used to compare groups for primary and secondary outcomes	22-24
Statistical methods	#12b	Methods for additional analyses, such as subgroup	22 and

		analyses and adjusted analyses	23
Outcomes	#6b	Any changes to trial outcomes after the trial commenced, with reasons	NA
Results			
Participant flow diagram (strongly recommended)	#13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	37
Participant flow	#13b	For each group, losses and exclusions after randomization, together with reason	37
Recruitment	#14a	Dates defining the periods of recruitment and follow-up	37
Recruitment	#14b	Why the trial ended or was stopped	NA
Baseline data	#15	A table showing baseline demographic and clinical characteristics for each group	32
Numbers analysed	#16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	32
Outcomes and estimation	#17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	33 to 36
Outcomes and estimation	#17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	NA
Ancillary analyses	#18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	38-40
Harms	#19	All important harms or unintended effects in each group (For specific guidance see CONSORT for harms)	45
Discussion			
Limitations	#20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	16 and 17
Interpretation	#22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	11-18

Registration	#23	Registration number and name of trial registry	3
Generalisability	#21	Generalisability (external validity, applicability) of the trial findings	11-18
Other information			
Interpretation	#22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	11-18
Registration	#23	Registration number and name of trial registry	3
Protocol	#24	Where the full trial protocol can be accessed, if available	NA
Funding	#25	Sources of funding and other support (such as supply of drugs), role of funders	3

Notes:

- 6a: 2, 21, and 22 The CONSORT checklist is distributed under the terms of the Creative Commons Attribution License CC-BY. This checklist was completed on 27. March 2023 using https://www.goodreports.org/, a tool made by the EQUATOR Network in collaboration with Penelope.ai

Supplemental Figure 1. Study design and sample size. Given the efficient crossover design of the study, all 25 participants received each supplement by the end of the study.