

## ICMJE DISCLOSURE FORM

Date:     May. 25<sup>th</sup>, 2021    

Your Name:     Yongjie Yang    

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on gliomas using the RIGHT checklist

Manuscript number (if known):     ATM-21-2604    

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.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<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	

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

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

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.



5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

Date:      May. 25<sup>th</sup>, 2021     

Your Name:      Jingli Lu     

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on gliomas using the RIGHT checklist

Manuscript number (if known): ATM-21-2604\_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date:      May. 25<sup>th</sup>, 2021     

Your Name:      Haiyang Meng     

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on gliomas using the RIGHT checklist

Manuscript number (if known): ATM-21-2604 \_\_\_\_\_

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: past 36 months</b>			
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3	Royalties or licenses	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
4	Consulting fees	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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	

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## ICMJE DISCLOSURE FORM

Date:      May. 25<sup>th</sup>, 2021     

Your Name:      Qiwen Zhang     

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on gliomas using the RIGHT checklist

Manuscript number (if known): ATM-21-2604\_\_\_\_\_

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3	Royalties or licenses	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	
4	Consulting fees	<u>  </u> <input checked="" type="checkbox"/> <u>  </u> None	

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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: 5/11/2021

Your Name: Wenyin Shi

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on gliomas using the RIGHT checklist

Manuscript number (if known): ATM-21-2604

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: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Regeneron	
		Novocure	
3	Royalties or licenses	__X__ None	
4	Consulting fees	Novocure	
		Zai lab	
		Brainlab	

		Varian	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Zai lab	
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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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	

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

Dr. Shi received research funding from Regeneron, Novocure, consulting fees from Novocure, Zai lab, Brainlab, Varian, and honoraria for lectures from Zai lab; outside the submitted work.

**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: May. 14<sup>TH</sup>, 2021

Your Name: GIROLAMO FRANCESCO

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on gliomas using the RIGHT checklist

Manuscript number (if known): ATM-21-2604

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## ICMJE DISCLOSURE FORM

Date: May. 13<sup>th</sup>, 2021

Your Name: Santiago Cepeda

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on gliomas using the RIGHT checklist

Manuscript number (if known): ATM-21-2604

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