Date:May. 25 <sup>th</sup> , 2021			
Your Name: Yongjie Yang			
Manuscript Title: Evaluation of the r	reporting quality of clinical p	ractice guidelines on gli	omas using the RIGHT checklist
Manuscript number (if known):_ATM	M-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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:
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	None.		

	te:May. 25 <sup></sup> , 2021 ur Name:Yanfang Ma	_				
		f the reporting quality of c	linical practice guidelines on gliomas using the RIGHT ch	ecklist		
	Manuscript number (if known): ATM-21-2604					
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		-	relationships/activities/interests listed below that are			
	-	•	ans any relation with for-profit or not-for-profit third			
-	-	<del>-</del>	of the manuscript. Disclosure represents a commitment			
	transparency and does not ationship/activity/interest,		If you are in doubt about whether to list a			
rei	ationship/activity/interest,	it is preferable that you do	) SO.			
Th	e following questions apply	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>			
	nuscript only.					
		•	defined broadly. For example, if your manuscript pertain			
		- ·	all relationships with manufacturers of antihypertensive	/e		
me	edication, even if that medic	ation is not mentioned in	the manuscript.			
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	e time frame for disclosure i		d in this manuscript without time limit. For all other ite	:1115,		
CIT	tille frame for disclosure i	s the past 30 months.				
		Name all entities with	Specifications/Comments			
		whom you have this	(e.g., if payments were made to you or to your			
		relationship or indicate none (add rows as	institution)			
		needed)				
		Time frame: Since the initia	l planning of the work			
1	All support for the present	X None				
-	manuscript (e.g., funding,	XNone				
	provision of study materials,					
	medical writing, article					
	processing charges, etc.)					
	No time limit for this item.					

Time frame: past 36 months

\_X\_\_None

\_X\_\_None

\_X\_\_None

Grants or contracts from

in item #1 above).
Royalties or licenses

Consulting fees

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any entity (if not indicated

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Command famade of the	V Name	
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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PIE	ease summarize the above co	ominet of interest in the fol	iowing pox:
	None.		
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Yo	te:May. 25°, 2021 ur Name: Jingli Lu	_		
	anuscript Title: Evaluation of anuscript number (if known)		linical practice guidelines on gliomas using the RIGHT cl	hecklist
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hyperto edication, even if that medic	ension, you should declare ation is not mentioned in opport for the work reporte	defined broadly. For example, if your manuscript pertal all relationships with manufacturers of antihypertensi the manuscript.  ed in this manuscript without time limit. For all other it	ve
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your	
		relationship or indicate none (add rows as needed)	institution)	
		Time frame: Since the initia	l 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.	XNone		

Time frame: past 36 months

\_X\_\_None

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Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

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any entity (if not indicated

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:
			1
	None.		

Da	Date:May. 25 <sup>th</sup> , 2021				
Your Name: Shuzhang Du					
	-	· - · ·	linical practice guidelines on gliomas using the RIGHT ch	necklist	
Ma	anuscript number (if known)	:_ATM-21-2604			
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.		
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the current		
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in t pport for the work reporte	defined broadly. For example, if your manuscript perta all relationships with manufacturers of antihypertension the manuscript. d in this manuscript without time limit. For all other it	ve	
		Name all entities with	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
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		needed) Time frame: Since the initia	planning of the work		
		Time frame: Since the initia	planning of the work		
1	All support for the present	XNone			
	manuscript (e.g., funding,				
	provision of study materials, medical writing, article				
	processing charges, etc.)				
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

No time limit for this item.

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Command familiation of the	V Name	
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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PIE	ease summarize the above co	ominet of interest in the fol	iowing pox:
	None.		
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Da	te:May. 25 <sup>th</sup> , 2021					
Yo	ur Name: Jingmin Zhang	<b></b>				
Ma	Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on gliomas using the RIGHT checklist					
Ma	nuscript number (if known)	):_ATM-21-2604				
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" med e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmen If you are in doubt about whether to list a o so.			
	e following questions apply inuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>			
to me	the epidemiology of hyperto edication, even if that medic	ension, you should declare cation is not mentioned in to poort for the work reporte	defined broadly. For example, if your manuscript pertall relationships with manufacturers of antihypertens the manuscript.  d in this manuscript without time limit. For all other in	ive		
		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.)	XNone				
	No time limit for this item.					

Time frame: past 36 months

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\_X\_\_None

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Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Command famade of the	V Name	
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	XNone	
	financial interests		
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	None.		
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Da	te:May. 25 <sup>th</sup> , 2021	_						
Yo	ur Name: Haiyang Meng							
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on gliomas using the RIGHT checklist								
Ma	Manuscript number (if known):_ATM-21-2604							
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that ar ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmen If you are in doubt about whether to list a so.					
	e following questions apply inuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>					
to me	the epidemiology of hyperto dication, even if that medic	ension, you should declare ation is not mentioned in t oport for the work reporte	defined broadly. For example, if your manuscript pert all relationships with manufacturers of antihypertens the manuscript. d in this manuscript without time limit. For all other i	sive				
		Name all entities with	Specifications/Comments					
		whom you have this	(e.g., if payments were made to you or to your					
		relationship or indicate	institution)					
		none (add rows as						
		needed)						
		Time frame: Since the initial	planning of the work					
1	All support for the present	XNone						
	manuscript (e.g., funding,	·						
	provision of study materials,							
	medical writing article							

Time frame: past 36 months

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processing charges, etc.)

No time limit for this item.

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

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any entity (if not indicated

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	.0 Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:
			1
	None.		

Da	te:May. 25 <sup>™</sup> , 2021							
Yo	ur Name: Zhe Chen							
Ma	anuscript Title: Evaluation o	f the reporting quality of cl	linical practice guidelines on gliomas using the RIGHT	checklist				
Ma	Manuscript number (if known):_ATM-21-2604							
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" med e affected by the content on necessarily indicate a bias.	relationships/activities/interests listed below that ar ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmer If you are in doubt about whether to list a o so.					
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>					
to		ension, you should declare	defined broadly. For example, if your manuscript pertent all relationships with manufacturers of antihypertent the manuscript.					
	item #1 below, report all su e time frame for disclosure i		d in this manuscript without time limit. For all other	items,				
		Name all entities with	Specifications/Comments					
		whom you have this	(e.g., if payments were made to you or to your					
		relationship or indicate	institution)					
		none (add rows as						
		needed)		4				
		Time frame: Since the initia	planning of the work					
1	All support for the present	XNone						
	manuscript (e.g., funding,							
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	medical writing, article processing charges, etc.)  No time limit for this item.		
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
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9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	.0 Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:
			1
	None.		

Date:\_\_\_\_May. 25<sup>th</sup>, 2021\_

Royalties or licenses

Consulting fees

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X\_\_None

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M	ur Name: Qiwen Zhang anuscript Title: Evaluation o anuscript number (if known)	f the reporting quality of c	clinical practice guidelines on gliomas using the RIGHT o	:hecklist
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitmen . If you are in doubt about whether to list a o so.	
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
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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)	
		Time frame: Since the initia	al planning of the work	
L	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.	XNone		
)	Grants or contracts from	Time frame: pas X None	t 36 months	
	any entity (if not indicated			

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
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7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
financial interes	financial interests		
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
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	None.		

Yo Ma	te:May. 25 <sup>th</sup> , 2021 ur Name: Xiaojian Zhang anuscript Title: Evaluation of anuscript number (if known)	$3  \underline{\hspace{1cm}}$ f the reporting quality of cl	inical practice guidelines on gliomas using the RIGHT ch	ecklist
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	e following questions apply inuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hyperto edication, even if that medic	ension, you should declare cation is not mentioned in to the poort for the work reporte	defined broadly. For example, if your manuscript pertai all relationships with manufacturers of antihypertensive the manuscript.  d in this manuscript without time limit. For all other ite	/e
		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	
L	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.	XNone		
		Time frame: past	36 months	
2	Grants or contracts from any entity (if not indicated	XNone		

in item #1 above).
Royalties or licenses

Consulting fees

4

\_X\_\_None

X\_\_None

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
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7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
financial interes	financial interests		
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:
Г	A1		
	None.		

Date: 5/11/2021	
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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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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Regeneron Novocure	
3	Royalties or licenses	XNone	
4	Consulting fees	Novocure Zai lab	
		Brainlab	

		Varian	
5	Payment or honoraria for	Zai lab	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X None	
13	financial interests		
	maneral interests		

#### 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, Brain	nlab,
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:

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

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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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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3	Royalties or licenses	X_None	
4	Consulting fees	<b>X</b> _None	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony	X_None	
7	Support for attending meetings and/or travel	<b>X</b> _None	
	<b>G</b> ,		
8	Patents planned, issued or pending	<b>X</b> None	
0	Deuticination on a Data	.,	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<b>X</b> None	
10	D Leadership or fiduciary role in other board, society, committee or advocacy	V None	
10		X_None	
	group, paid or unpaid		
11	Stock or stock options	<b>X</b> _None	
10			
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	<b>X</b> _None	
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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:

Date: May. 13 <sup>***</sup> , 2021	
Your Name: Santiago Cepeda	
Manuscript Title: Evaluation of the r	eporting quality of clinical practice guidelines on gliomas using the RIGHT checklist
Manuscript number (if known):	_ ATM-21-2604

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		needed)	
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1	All support for the present	XNone	
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	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone			
	speakers bureaus, manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Commont for attack disc	V. Nana			
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	X None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical	XNone			
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
ъ.					
Plea	ase summarize the above co	nflict of interest in the following	box:		
N	None.				

Da	te:May. 25 <sup>th</sup> , 2021	_				
	ur Name: Jian Kang					
	Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on gliomas using the RIGHT checklis					
Ma	nuscript number (if known)	:_ATM-21-2604				
rel par to	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.			
	e following questions apply inuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>			
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		needed)				
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1	All support for the present	X None				
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	medical writing, article					
	processing charges, etc.)  No time limit for this item.					
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Time frame: past 36 months

\_X\_\_None

\_X\_\_None

\_X\_\_None

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

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any entity (if not indicated

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
_					
7	Support for attending	XNone			
	meetings and/or travel				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment, materials, drugs, medical	X_None			
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Ple	ease summarize the above co	onflict of interest in the fol	lowing box:		
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	None.				