Date: N	Лау 28 <sup>th</sup> ,2021
Your Name	: Haiyang Chen
Manuscript	t Title: An evaluation of the reporting quality in clinical practice guidelines for hepatocellular
carcinoma	using the RIGHT checklist
Manuscript	t number (if known): ATM-21-2611-R1

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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		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)
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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.	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		XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
	•		
7	Support for attending meetings and/or travel	XNone	
	G ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board  Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		
DI a	ease place an "X" next to the	a following statement to in	adicate your agreement:
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Date: May 28 <sup>th</sup>	,2021	
Your Name: Me	leng Tao	
Manuscript Title: _	An evaluation of the reporting quality in clinical practice guidelines for hepatocellular carcino	oma
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5	Payment or honoraria for	_XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	X None			
U	testimony				
	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				
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12	Receipt of equipment,	X None			
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13	Other financial or non-	_XNone			
	financial interests				
Ple	ease summarize the above o	onflict of interest in the fo	lowing box:		
Г	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.

Date: May 28 <sup>th</sup> ,2	2021	
Your Name: <u>Din</u> g	g Li	
Manuscript Title:	An evaluation of the reporting quality in clinical practice guidelines for hepatocellular carcin	<u>10ma</u>
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Manuscript number	r (if known): ATM-21-2611-R1	

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5		XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	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		
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11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
14	materials, drugs, medical	^NONE	
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13	Other financial or non-	X None	
13	financial interests		
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Date: May 2	8 <sup>th</sup> ,2021
Your Name: <u>Ji</u>	ng Han
Manuscript Title:	An evaluation of the reporting quality in clinical practice guidelines for hepatocellular carcinoma
using the RIGHT o	hecklist
Manuscript numb	er (if known): <u>ATM-21-2611-R1</u>

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	speakers bureaus,		
	manuscript writing or educational events		
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	testimony		
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7	Support for attending meetings and/or travel	XNone	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board  Leadership or fiduciary role	X None	
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12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
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Date: May 28 <sup>th</sup> ,2021	
Your Name: Cheng	Cheng
Manuscript Title:	An evaluation of the reporting quality in clinical practice guidelines for hepatocellular carcinoma
using the RIGHT checklis	st
Manuscript number (if k	(nown): <u>ATM-21-2611-R1</u>

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3	Royalties or licenses	X_None	
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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
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7	Support for attending meetings and/or travel	XNone	
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Date: May 28 <sup>th</sup> ,20	)21
Your Name: Yanf	ang Ma
Manuscript Title:	An evaluation of the reporting quality in clinical practice guidelines for hepatocellular carcinoma
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Manuscript number (	if known):ATM-21-2611-R1

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	lectures, presentations,		
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6	Payment for expert	X None	
	testimony		
	•		
7	Support for attending meetings and/or travel	XNone	
	G ,		
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
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rie	ase place all A liekt to till	, ronowing statement to II	idicate your agreement.

Date: <u>May 28<sup>th</sup>, 2021</u>								
Your Name:Yingxi Wu								
Manuscript Title: _	An evalu	ation of	the reporting	quality:	<u>in clinical</u>	practice	guidelines	for
hepatocellular carcinoma using the RIGHT checklist								
Manuscript number (if known): ATM-21-2611-R1								

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3	Royalties or licenses	XNone	
Δ	Consulting fees	X None	

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel  8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid 11 Stock or stock options 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services 13 Other financial or non-financial interests  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:				
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committee or advocacy group, paid or unpaid  11 Stock or stock options XNone	10		XNone	
group, paid or unpaid  11 Stock or stock options  X_None  X_None  12 Receipt of equipment, materials, drugs, medical writing, gifts or other services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  None.				
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materials, drugs, medical writing, gifts or other services  13 Other financial or non- financial interests  Please summarize the above conflict of interest in the following box:  None.		•		
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Services  13 Other financial or non-financial interests  Please summarize the above conflict of interest in the following box:  None.				
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		None		
Please place an "X" next to the following statement to indicate your agreement:		NOHE.		
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Please place an "X" next to the following statement to indicate your agreement:	L			
	Plو	ase place an "X" next to the	e following statement to i	ndicate your agreement:

Date: May 9 <sup>th</sup>	2021	
Your Name:	ishal G Shelat	
Manuscript Title:	An evaluation of the reporting quality in clinical practice guidelines for hepatocellular carcinon	na
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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		
	in item #1 above).		
3	Royalties or licenses	XNone	
	o hi c	V N	
4	Consulting fees	XNone	

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	speakers bureaus,				
	manuscript writing or				
	educational events				
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	testimony				
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7	Support for attending meetings and/or travel	XNone			
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				
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	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Ple	ease summarize the above c	onflict of interest in the f	ollowing box:		
Г					
	None.				
Ple	Please place an "X" next to the following statement to indicate your agreement:				

on this form.

Date:	May 9 <sup>th</sup>	. 2021		
Your	Name:	Francisco Tustumi		
Manu	script Title:	An evaluation	of the reporting quality in clinical practical guidelines for hepatocellula	r carcinoma
using	the RIGHT o	hecklist		
Manu	script numb	er (if known):	ATM-21-2611-R1	_

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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 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).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Date: May 8 <sup>th</sup> , 202	<u>1</u>
Your Name: Sania	aya K. Satapathy
Manuscript Title:	<u>An evaluation of the reporting quality in clinical practical guidelines for hepatocellular carcinoma</u>
using the RIGHT check	dist
Manuscript number (i	f known): ATM-21-2611-R1

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Novartis, Fibronostics Gilead, Biotest, Genfit, Conatus, Intercept, Shire, Exact Sciences, Eananta, Dova, Bayer	
3	Royalties or licenses	XNone	

4	Consulting fees	Gilead, Intercept, Bayer	
7	consuming rees	Glicad, Intercept, Bayer	
5	Payment or honoraria for	Intercept, Alexion, Dova	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
0	testimony		
	testimony		
7	Support for attending meetings and/or travel	XNone	
	g ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
,	Safety Monitoring Board or	X_None	
	Advisory Board		
10	Leadership or fiduciary role	AASLD Education	Chair
	in other board, society,	Committee Clinical	
	committee or advocacy	Practice Sig.	
	group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	x_none	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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Sanjaya K. Satapathy has served as a speaker for Intercept, Alexion, Dova, as an advisory board member for Gilead, Intercept, Bayer and has received research funding from Novartis, Fibronostics Gilead, Biotest, Genfit, Conatus, Intercept, Shire, Exact Sciences, Eananta, Dova, Bayer. Sanjaya K. Satapathy is an employee of Northwell Health.

# 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.

Date: May 18 <sup>th</sup> , 2021	
Your Name: Koo Jeong Kang	
Manuscript Title: An evaluation of the reporting quality in clinical practical guidelines for hepat	ocellular carcinoma
using the RIGHT checklist	
Manuscript number (if known): <u>ATM-21-2611-R1</u>	

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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 lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	
	ase summarize the above co	onflict of interest in the fol	lowing box:
Ple	ase place an "X" next to the	following statement to in	dicate your agreement:

Date: May 28 <sup>th</sup> ,20	021	
Your Name: Qimin	ing Wang	
Manuscript Title:	An evaluation of the reporting quality in clinical practice guidelines for hepatocellular carcin	oma
using the RIGHT chec	cklist	
Manuscript number (	(if known): <u>ATM-21-2611-R1</u>	

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4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	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		
4.4	group, paid or unpaid	V N	
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
14	materials, drugs, medical	^NONC	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		
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L			

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