

ICMJE DISCLOSURE FORM

Date: May. 31th, 2021

Your Name: Yongjie Yang

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

Manuscript number (if known): ATM-21-2603

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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Date: May. 31th, 2021

Your Name: Yanfang Ma

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

Manuscript number (if known): ATM-21-2603

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ICMJE DISCLOSURE FORM

Date: May. 31th, 2021

Your Name: Jingli Lu

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

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Your Name: Qiwen Zhang

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Date: May. 31th, 2021

Your Name: Kefeng Liu

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

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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	
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.

ICMJE DISCLOSURE FORM

Date: 6/7/21

Your Name: Dirk Schadendorf

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

Manuscript number (if known): ATM-21-2603

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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			
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Time frame: past 36 months			
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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

None.

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ICMJE DISCLOSURE FORM

Date: 6/4/21

Your Name: Sanjiv Agarwala, MD

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

Manuscript number (if known): ATM-21-2603 _____

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None.

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ICMJE DISCLOSURE FORM

Date: May. 31th, 2021

Your Name: Xiaojian Zhang

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

Manuscript number (if known): ATM-21-2603

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
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