Date: May. 31th, 2021 Your Name: Qiwen Zhang

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on pancreatic cancer using the RIGHT

checklist

Manuscript number (if known): ATM-21-2644

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)
		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	X_None	
Δ	Consulting fees	X None	

S 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 X None				
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writing, gifts or other				
services				
13 Other financial or nonXNone	13		XNone	
financial interests		financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: May. 31th, 2021 Your Name: Jingli Lu_

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on pancreatic cancer using the RIGHT

checklist

Manuscript number (if known): ATM-21-2644

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writing, gifts or other				
services				
13 Other financial or nonXNone	13		XNone	
financial interests		financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: May. 31th, 2021 Your Name: Mengmeng Jia

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on pancreatic cancer using the RIGHT

checklist

Manuscript number (if known): ATM-21-2644

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13 Other financial or nonXNone	13		XNone	
financial interests		financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: May. 31th, 2021 Your Name: Yanfang Ma

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on pancreatic cancer using the RIGHT

checklist

Manuscript number (if known): ATM-21-2644

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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	X None	

S 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 X None				
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writing, gifts or other				
services				
13 Other financial or nonXNone	13		XNone	
financial interests		financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: May. 31th, 2021 Your Name: Xiaoxu Chen

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on pancreatic cancer using the RIGHT

checklist

Manuscript number (if known): ATM-21-2644

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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writing, gifts or other				
services				
13 Other financial or nonXNone	13		XNone	
financial interests		financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: May. 31th, 2021 Your Name: Xiaohua Ma

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on pancreatic cancer using the RIGHT

checklist

Manuscript number (if known): ATM-21-2644

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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3	Royalties or licenses	XNone	
4	Consulting fees	X None	

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writing, gifts or other				
services				
13 Other financial or nonXNone	13		XNone	
financial interests		financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: May. 31th, 2021 Your Name: Yongjie Yang

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on pancreatic cancer using the RIGHT

checklist

Manuscript number (if known): ATM-21-2644

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Δ	Consulting fees	X None	

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writing, gifts or other				
services				
13 Other financial or nonXNone	13		XNone	
financial interests		financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: May. 31th, 2021 Your Name: Jian Kang

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on pancreatic cancer using the RIGHT

checklist

Manuscript number (if known): ATM-21-2644

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group, paid or unpaid		committee or advocacy		
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	11	Stock of Stock options	xnone	
12 Receipt of equipment,X_None	12	Receipt of equipment,	X None	
materials, drugs, medical		1		
writing, gifts or other				
services				
13 Other financial or nonXNone	13		XNone	
financial interests		financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: May. 31th, 2021 Your Name: Xiaojian Zhang

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on pancreatic cancer using the RIGHT

checklist

Manuscript number (if known): ATM-21-2644

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.

		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	X None	

S 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 X None				
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10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid				
in other board, society, committee or advocacy group, paid or unpaid		-		
committee or advocacy group, paid or unpaid	10	Leadership or fiduciary role	XNone	
group, paid or unpaid		in other board, society,		
group, paid or unpaid		committee or advocacy		
TI Stock of Stock optionsXNone	11		V Ness	
	11	Stock of Stock options	xnone	
12 Receipt of equipment,X_None	12	Receipt of equipment,	X None	
materials, drugs, medical		1		
writing, gifts or other				
services				
13 Other financial or nonXNone	13		XNone	
financial interests		financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: May 19, 2021

Your Name: Salvatore Paiella

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on pancreatic cancer using the RIGHT

checklist

Manuscript number (if known): ATM-21-2644_

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</u> <u>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.

		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)
1	All C II	Time frame: Since the initial	planning of the work
1	All support for the present 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
2	Grants or contracts from	X None	50 monans
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
_	Consulting food	V. Nana	
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 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		
11	Stock or stock options	XNone	
	•		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.	

Please place an "X" next to the following statement to indicate your agreement:

Date: May 25, 2021

Your Name: Matthew H. G. Katz

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on pancreatic cancer using the RIGHT

checklist

Manuscript number (if known): ATM-21-2644_

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</u> <u>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.

		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)
1	All C II	Time frame: Since the initial	planning of the work
1	All support for the present 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
2	Grants or contracts from	X None	50 monans
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
_	Consulting food	V. Nana	
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 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		
11	Stock or stock options	XNone	
	·		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: May 13, 2021

Your Name: Kunihiro Tsuchida

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on pancreatic cancer using the RIGHT

checklist

Manuscript number (if known): ATM-21-2644_

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>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.

		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)
1	Time frame: Since the initial planning of the work		
1	All support for the present 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
2	Grants or contracts from	X None	30 months
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
_	Consulting food	V. Nana	
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	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 in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	D :	V N	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

None.		

Please place an "X" next to the following statement to indicate your agreement:

Date: May 19, 2021

Your Name: Mark Schattner

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on pancreatic cancer using the RIGHT

checklist

Manuscript number (if known): ATM-21-2644

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</u> <u>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.

		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)
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.	Time frame: Since the initial XNone	planning of the work
		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	Consultant Boston Scientific	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	US department of Justice	
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	Novo Nordisk	
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 services	XNone	
13	Other financial or non- financial interests	XNone	

Dr. Schattner received consulting fee from Consultant Boston Scientific, payment for expert testimony from US department of Justice, and participated on a Data Safety Advisory Board of Novo Nordisk.

Please place an "X" next to the following statement to indicate your agreement:

Date: May. 31th, 2021 Your Name: Shuzhang Du

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on pancreatic cancer using the RIGHT

checklist

Manuscript number (if known): ATM-21-2644

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>.

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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	
Δ	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
Ü	testimony		
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		
10	Advisory Board	V None	
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone	
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
Please summarize the above conflict of interest in the following box:			
None.			
	None.		

Please place an "X" next to the following statement to indicate your agreement: