

ICMJE DISCLOSURE FORM

Date: 3rd June 2021 _____

Your Name: Hanqiong Zhou _____

Manuscript Title: A quality evaluation of the clinical practiceal guidelines on breast cancer using the RIGHT checklist

Manuscript number (if known): _____

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.

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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
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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: 3rd June 2021 _____

Your Name: Haiyang Chen _____

Manuscript Title: A quality evaluation of the clinical practiceal guidelines on breast cancer using the RIGHT checklist

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 3rd June 2021 _____

Your Name: Cheng Cheng _____

Manuscript Title: A quality evaluation of the clinical practice guidelines on breast cancer using the RIGHT checklist

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 3rd June 2021 _____

Your Name: Xuan Wu _____

Manuscript Title: A quality evaluation of the clinical practiceal guidelines on breast cancer using the RIGHT checklist

Manuscript number (if known): _____

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Date: 3rd June 2021 _____

Your Name: Yanfang Ma _____

Manuscript Title: A quality evaluation of the clinical practiceal guidelines on breast cancer using the RIGHT checklist

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 3rd June 2021 _____

Your Name: Jing Han _____

Manuscript Title: A quality evaluation of the clinical practice guidelines on breast cancer using the RIGHT checklist

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Date: 3rd June 2021 _____

Your Name: Ding Li _____

Manuscript Title: A quality evaluation of the clinical practiceal guidelines on breast cancer using the RIGHT checklist

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ICMJE DISCLOSURE FORM

Date: 18th May 2021 _____

Your Name: Geok Hoon Lim _____

Manuscript Title: A quality evaluation of the clinical practiceal guidelines on breast cancer using the RIGHT checklist

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 18/5/2021

Your Name: Warren M Rozen

Manuscript Title: A quality evaluation of clinical practical guidelines on breast cancer using the RIGHT checklist

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2021/05/18

Your Name: Naohiro Ishii

Manuscript Title: A quality evaluation of clinical practical guidelines on breast cancer using the RIGHT checklist

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Dr.Ishii has no conflict of interest.

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

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ICMJE DISCLOSURE FORM

Date: 2/6/2021

Your Name: Pankaj G. Roy

Manuscript Title: A quality evaluation of clinical practical guidelines on breast cancer using the RIGHT checklist

Manuscript number (if known): _____

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input 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:

X 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: 3rd June 2021 _____

Your Name: Qiming Wang _____

Manuscript Title: A quality evaluation of the clinical practiceal guidelines on breast cancer using the RIGHT checklist

Manuscript number (if known): _____

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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