Date:	2022/10/28	
Your Name:	Cheng Cheng	
Manuscript Title:	_ A quality evaluation	of the clinical practice guidelines for bladder cancer based on the RIGHT
<u>checklist</u>		
Manuscript numbe	r (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 <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)
	l.	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		
	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	
4	Consulting fees	XNone	

5	5 Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, 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	X None	
5	Safety Monitoring Board or		
10	Advisory Board	V. Naza	
10	Leadership or fiduciary role in other board, society,	XNone	
	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		

None

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

Date:	2022/10/28	
Your Name:	Xuan Wu	
Manuscript Titl	le: A quality evaluatio	n of the clinical practice guidelines for bladder cancer based on the RIGHT
checklist		
Manuscript nui	mber (if known):	

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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	X None	
5	Safety Monitoring Board or		
10	Advisory Board	V. Naza	
10	Leadership or fiduciary role in other board, society,	XNone	
	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		

None

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

Date:	2022/10/28	
Your Name:	Wenping Song	
Manuscript Title:	A quality evaluation of	of the clinical practice guidelines for bladder cancer based on the RIGHT
<u>checklist</u>		
Manuscript numbe	r (if known):	

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7	Support for attending meetings and/or travel	XNone	
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9	Participation on a Data	X None	
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10	Advisory Board	V. Naza	
10	Leadership or fiduciary role in other board, society,	XNone	
	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		

None

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

Date:	2022/10/28	
Your Name:	Dongbei Li	
Manuscript Title:	A quality evaluation	of the clinical practice guidelines for bladder cancer based on the RIGHT
<u>checklist</u>		
Manuscript numb	per (if known):	

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4	Consulting fees	XNone	

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	speakers bureaus, 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	X None	
5	Safety Monitoring Board or		
10	Advisory Board	V. Naza	
10	Leadership or fiduciary role in other board, society,	XNone	
	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		

None

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

Date:	2022/10/28	
Your Name:	Lidan Hao	
Manuscript Title:	A quality evaluation	of the clinical practice guidelines for bladder cancer based on the RIGHT
<u>checklist</u>		
Manuscript num	ber (if known):	

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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	X None	
5	Safety Monitoring Board or		
10	Advisory Board	V. Naza	
10	Leadership or fiduciary role in other board, society,	XNone	
	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 inter	financial interests		

None

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

Date:	2022/10/28	
Your Name:	Xiaojing Li	
Manuscript Title:	A quality evaluation	of the clinical practice guidelines for bladder cancer based on the RIGHT
<u>checklist</u>		
Manuscript numb	er (if known):	

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8	Patents planned, issued or pending	XNone	
9	Participation on a Data	X None	
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10	Advisory Board	V. Naza	
10	Leadership or fiduciary role in other board, society,	XNone	
	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 inter	financial interests		

None

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

Date:	2022/10/28	
Your Name:	Wenzhou Zhang	
Manuscript Title:_	_ A quality evaluation of th	e clinical practice guidelines for bladder cancer based on the RIGHT
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Manuscript numb	er (if known):	

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10	Advisory Board	V. Naza	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	XNone	
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13	Other financial or non-	XNone	
financial inter	financial interests		

None

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Date:	2022/10/28	
Your Name:	Ding Li	
Manuscript Titl	e:A quality evaluati	on of the clinical practice guidelines for bladder cancer based on the RIGHT
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Manuscript nur	mber (if known):	

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