Date:May. 25 th , 2021
Your Name: Yongjie Yang
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on lung cancer using the RIGHT
checklist
Manuscript number (if known):_ TLCR-21-405

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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 initia	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	

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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		
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7	Support for attending	X None		
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9	Participation on a Data	XNone		
	Safety Monitoring Board or			
10	Advisory Board	V. Name		
10	Leadership or fiduciary role	XNone		
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11		V None		
11	Stock or stock options	XNone		
12	Receipt of equipment,	X_None		
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	writing, gifts or other			
	services			
12	Other financial or non-	V None		
13	Other financial or non- financial interests	XNone		
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	Please summarize the above conflict of interest in the following box:			
	None.			
Pام	Please place an "X" next to the following statement to indicate your agreement:			

Date:May. 25 th , 2021
Your Name: Jingli Lu
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on lung cancer using the RIGHT
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Manuscript number (if known):_ TLCR-21-405

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Date:May. 25 th , 2021
Your Name: Yanfang Ma
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on lung cancer using the RIGHT
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Manuscript number (if known):_ TLCR-21-405

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	None.			
Pام	Please place an "X" next to the following statement to indicate your agreement:			

Date:May. 25 th , 2021
Your Name: Chen Xi
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on lung cancer using the RIGH
checklist
Manuscript number (if known):_ TLCR-21-405

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4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone		
	lectures, presentations,			
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	None.			
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Date:May. 25 th , 2021
Your Name: Jian Kang
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on lung cancer using the RIGHT
checklist
Manuscript number (if known):_ TLCR-21-405

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Date:May. 25 th , 2021
Your Name: Qiwen Zhang
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on lung cancer using the RIGHT
checklist
Manuscript number (if known):_ TLCR-21-405

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Date:May. 25 th , 2021
Your Name: Xuedong Jia
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on lung cancer using the RIGHT
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Manuscript number (if known):_ TLCR-21-405

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Date:May. 25 th , 2021
Your Name: Kefeng Liu
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on lung cancer using the RIGHT
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Manuscript number (if known):_ TLCR-21-405

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Date:May. 25 th , 2021
Your Name: Shuzhang Du
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on lung cancer using the RIGHT
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Plم	ase summarize the above c	onflict of interest in the fo	llowing box:
	None.		
Pام	ase place an "X" next to the	e following statement to in	dicate your agreement:

Date: April 28, 2021

Your Name: Florian Kocher

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

checklist

Manuscript number (if known): TLCR-21-405

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	manuscript writing or		
	educational events		
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	_XNone	
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9	Participation on a Data	XNone	
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10	Leadership or fiduciary role	XNone	
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	financial interests		
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Please summarize the above conflict of interest in the following box:

Dr. Kocher has no conflict of interest to disclose.		

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: April 28, 2021

Your Name: Andreas Seeber

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

checklist

Manuscript number (if known): TLCR-21-405

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)
		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.		
	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	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Compart for attending	X None	
/	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		
11	group, paid or unpaid	V None	
11	Stock or stock options	_XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Please summarize the above conflict of interest in the following box:

Dr. Seeber has no conflict of interet to disclose.			

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 8, 2021

Your Name: Cesare Gridelli

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

checklist

Manuscript number (if known): TLCR-21-405

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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	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	_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-	X None	
13	financial interests	^NOTIE	
	inianida interests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
1			

Dr. Gridelli has no conflict of interet to disclose.		

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.

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

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

Date: April 27, 2021

Consulting fees

checklist

Your Name: Mariano Provencio

Manuscript number (if known):__ TLCR-21-405_____

part to ti	ies whose interests may be	affected by the content of ecessarily indicate a bias. I	ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to th		nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.
	em #1 below, report all sup time frame for disclosure is	-	in this manuscript without time limit. For all other items,
		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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past _XNone	36 months
3	Royalties or licenses	_XNone	

_None

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				
0	Dauticination on a Data	V. None			
9	Participation on a Data Safety Monitoring Board or	XNone			
	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,	X None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non- financial interests	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
ט	Dr. Provencio has no conflict of interest to disclose.				

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:	Mav	1.	2021
Dute.	iviuy	_,	2021

Your Name: Nobuhiko Seki

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

checklist

Manuscript number (if known):_ TLCR-21-405______

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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	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
	No time innit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	Commercial research	Eli Lilly, Chugai Pharmaceutical, Taiho Pharmaceutical,
_	any entity (if not indicated	grants	Pfizer Japan, Ono Pharmaceutical, and Nippon
	in item #1 above).	8	Boehringer Ingelheim
			<u> </u>
3	Royalties or licenses	XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Speaking honoraria	Eli Lilly, AstraZeneca, MSD Oncology, Chugai Pharmaceutical, Taiho Pharmaceutical, Pfizer Japan, Ono Pharmaceutical, Nippon Boehringer Ingelheim, and Bristol-Myers Squibb Japan
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 services	XNone	
13	Other financial or non- financial interests	XNone	

Please summarize the above conflict of interest in the following box:

Dr Nobuhiko Seki obtained commercial research grants from Eli Lilly, Chugai Pharmaceutical, Taiho Pharmaceutical, Pfizer Japan, Ono Pharmaceutical, and Nippon Boehringer Ingelheim, and has received speaking honoraria from Eli Lilly, AstraZeneca, MSD Oncology, Chugai Pharmaceutical, Taiho Pharmaceutical, Pfizer Japan, Ono Pharmaceutical, Nippon Boehringer Ingelheim, and Bristol-Myers Squibb Japan.

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:	April	29,	2021
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Your Name: Yusuke Tomita

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

checklist

Manuscript number	(if known):	TLCR-21-405	

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	AH	1	planning of the work
1	All support for the present	None	
	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	None None	
_	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

	lectures, presentations,	None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Safety Monitoring Board or	None	
	Advisory Board		
10	10 Leadership or fiduciary role in other board, society, committee or advocacy	None	
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

Please summarize the above conflict of interest in the following box:

Dr. Yusuke Tomita has nothing to disclose.	

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

 \underline{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. 25 th , 2021
Your Name:Xiaojian Zhang
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on lung cancer using the RIGHT
checklist
Manuscript number (if known):_ TLCR-21-405

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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	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone	
	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 Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11		V. Nana	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None	
12			
	services		
13	Other financial or non-	X None	
13	financial interests		
Ple	ease summarize the above c	onflict of interest in the	following box:
None.			
	//5411		
Ple	ease place an "X" next to the	rollowing statement to) indicate your agreement: