ICMJE DISCLOSURE FORM

Date: May 26, 2021
Your Name: Xuan Wu
Manuscript Title: Evaluation of the reporting quality of guidelines for gastric cancer using the RIGHT checklist
Manuscript number (if known): ATM-21-2491

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.

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|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **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.** |                                                                                   |
|   | _X___None |                                                                                   |
| **Time frame: past 36 months** |                                                                                   |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X__None |
| 3 | Royalties or licenses | _X__None |
| 4 | Consulting fees | _X__None |
|   | Description                                                                 | _X_ None |
|---|----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                  | _X_ None |
| 7 | Support for attending meetings and/or travel                                   | _X_ None |
| 8 | Patents planned, issued or pending                                             | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board              | _X_ None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
|11 | Stock or stock options                                                        | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
|13 | Other financial or non-financial interests                                   | _X_ 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:

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Date: May 26, 2021
Your Name: Ding Li
Manuscript Title: Evaluation of the reporting quality of guidelines for gastric cancer using the RIGHT checklist
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| **Time frame: Since the initial planning of the work**                                      |                                                                                   |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above).                   | _X_ None |
| **3** | Royalties or licenses                                                                       | _X_ None |
| **4** | Consulting fees                                                                            | _X_ None |
| **Time frame: past 36 months**                                                             |                                                                                   |
|   | Conflict of Interest                                                                 | X | None |
|---|-------------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                          | X | None |
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Date: May 26, 2021  
Your Name: Haiyang Chen  
Manuscript Title: Evaluation of the reporting quality of guidelines for gastric cancer using the RIGHT checklist  
Manuscript number (if known): ATM-21-2491

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Time frame: past 36 months | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Conflict of Interest Description                                                                 | Agreement | Notes |
|---|-------------------------------------------------------------------------------------------------|-----------|-------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                                   | X | None |
| 7 | Support for attending meetings and/or travel                                                   | X | None |
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Date: May 26, 2021
Your Name: Jing Han
Manuscript Title: Evaluation of the reporting quality of guidelines for gastric cancer using the RIGHT checklist
Manuscript number (if known): ATM-21-2491

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| 3 | Royalties or licenses                                                                          | _X__None                                                                         |
| 4 | Consulting fees                                                                                | _X__None                                                                         |
|   | **Time frame: past 36 months**                                                                 |                                                                                  |
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| 13| Other financial or non-financial interests                                   | X | None |

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Date: May 26, 2021
Your Name: Hanqiong Zhou
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| 3 | Royalties or licenses | __X__ None                                                                      |
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|   | Conflict of Interest                                                                 | X   | None |
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Date: May 26, 2021
Your Name: Zhen He
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| 3 | Royalties or licenses                                                                           | _X__ None                                                                       |
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Date: May 26, 2021
Your Name: Yanfang Ma
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### Conflict of Interest Form

|   | Description                                                                 | X | None |
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Date: May 26, 2021  
Your Name: Bingqi Dong  
Manuscript Title: Evaluation of the reporting quality of guidelines for gastric cancer using the RIGHT checklist  
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                    | X None |
| 7 | Support for attending meetings and/or travel                     | X None |
| 8 | Patents planned, issued or pending                               | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
|10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
|11| Stock or stock options                                          | X None |
|12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
|13| Other financial or non-financial interests                       | X 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: May 26, 2021
Your Name: Yingxi Wu
Manuscript Title: Evaluation of the reporting quality of guidelines for gastric cancer using the RIGHT checklist
Manuscript number (if known): ATM-21-2491

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.

|   | 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.) | _X_ None                                                                       | No time limit for this item.                      |

|   |   |                                                                 | Time frame: past 36 months |
|---|---|-----------------------------------------------------------------|---------------------------|
| 2 |   | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| 3 |   | Royalties or licenses                                           | _X_ None |
| 4 |   | Consulting fees                                                | _X_ None |
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ | None |
| 6 | Payment for expert testimony                                                 | _X_ | None |
| 7 | Support for attending meetings and/or travel                                 | _X_ | None |
| 8 | Patents planned, issued or pending                                           | _X_ | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | _X_ | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ | None |
| 11| Stock or stock options                                                       | _X_ | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ | None |
| 13| Other financial or non-financial interests                                   | _X_ | 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: May 26, 2021
Your Name: Kristina A. Matkowskyj
Manuscript Title: Evaluation of the reporting quality of guidelines for gastric cancer using the RIGHT checklist
Manuscript number (if known): ATM-21-2491

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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|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   | **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.) | _X__ None                                                                      |
|   | **No time limit for this item.**                                                               |                                                                                  |
|   | **Time frame: past 36 months**                                                                |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X__ None                                                                      |
| 3 | Royalties or licenses                                                                          | _X__ None                                                                      |
| 4 | Consulting fees                                                                               | _X__ None                                                                      |
|   | Question                                                                 | Answer |
|---|--------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                              | _X_ None |
| 7 | Support for attending meetings and/or travel                              | _X_ None |
| 8 | Patents planned, issued or pending                                        | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board          | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                    | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                 | _X_ 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.
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Date: May 26, 2021  
Your Name: Aslam Ejaz  
Manuscript Title: Evaluation of the reporting quality of guidelines for gastric cancer using the RIGHT checklist  
Manuscript number (if known): ATM-21-2491

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|---|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
|   | **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.) | _X_ None                                                                            |
|   | **No time limit for this item.**                                                                |                                                                                       |
|   | **Time frame: past 36 months**                                                                  |                                                                                       |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | _X_ None                                                                            |
| 3 | Royalties or licenses                                                                           | _X_ None                                                                            |
| 4 | Consulting fees                                                                                | _X_ None                                                                            |
|   | Description                                                                 | X | None |
|---|------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                 | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                           | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | 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: May 7, 2021  
Your Name: Khaldoun Almhanna  
Manuscript Title: Evaluation of the reporting quality of guidelines for gastric cancer using the RIGHT checklist  
Manuscript number (if known): ATM-21-2491  

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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. | X None |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | None  
Merck Pharmaceutical |
| 5 | | None  
Eisai Pharmaceutical |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |
|---|---------------------------------------------------------------------------------------------------------|
| 6 | Payment for expert testimony _X___None |
| 7 | Support for attending meetings and/or travel _X___None |
| 8 | Patents planned, issued or pending _X___None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board _X___None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid _X___None |
| 11 | Stock or stock options _X___None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services _X___None |
| 13 | Other financial or non-financial interests _X___None |

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

Dr. Almhanna received advisory boards and consulting fees from Merck, and lectures fees from Eisai, outside the submitted work.

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.
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Date: May 26, 2021
Your Name: Qiming Wang
Manuscript Title: Evaluation of the reporting quality of guidelines for gastric cancer using the RIGHT checklist
Manuscript number (if known): ATM-21-2491

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| **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.) | _X__None |
|   | **No time limit for this item.** | |

|   | Time frame: past 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X__None |
| 3 | Royalties or licenses | _X__None |
| 4 | Consulting fees | _X__None |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony | _X_ None |
| 7 | Support for attending meetings and/or travel | _X_ None |
| 8 | Patents planned, issued or pending | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11 | Stock or stock options | _X_ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13 | Other financial or non-financial interests | _X_ None |

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

None.

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