### ICMJE DISCLOSURE FORM

**Date:** May 28th, 2021  
**Your Name:** Haiyang Chen  
**Manuscript Title:** An evaluation of the reporting quality in clinical practice guidelines for hepatocellular carcinoma using the RIGHT checklist  
**Manuscript number (if known):** ATM-21-2611-R1

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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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) |
|---|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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 |  
|   |                                                                                          |                                                                                   |
| 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.

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 28th, 2021
Your Name: Meng Tao
Manuscript Title: An evaluation of the reporting quality in clinical practice guidelines for hepatocellular carcinoma using the RIGHT checklist
Manuscript number (if known): ATM-21-2611-R1

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|---|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X__None |
|   | **Time frame: Since the initial planning of the work** | **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 |
### Conflict of Interest Form

|   | Description                                                                 | Agreement |
|---|-----------------------------------------------------------------------------|-----------|
| 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 28th, 2021
Your Name: Ding Li
Manuscript Title: An evaluation of the reporting quality in clinical practice guidelines for hepatocellular carcinoma using the RIGHT checklist
Manuscript number (if known): ATM–21–2611–R1

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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|   | 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                                                                         |
|   |                                                                 | __X__ None |
|---|----------------------------------------------------------------|------------|
| 5 | Payment or honoraria for lectures, presentations,             | __X__ None |
|   | 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  | __X__ None |
|   | Board                                                      | __X__ None |
| 10| Leadership or fiduciary role in other board, society,        | __X__ None |
|   | committee or advocacy group, paid or unpaid               | __X__ None |
| 11| Stock or stock options                                     | __X__ None |
| 12| Receipt of equipment, materials, drugs, medical writing,     | __X__ None |
|   | 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 28th, 2021
Your Name: Jing Han
Manuscript Title: An evaluation of the reporting quality in clinical practice guidelines for hepatocellular carcinoma using the RIGHT checklist
Manuscript number (if known): ATM-21-2611-R1

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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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.)<br>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                                                                            |
|   | Question                                                                 | Answer |
|---|-------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |
| 6 | Payment for expert testimony                                            | None   |
| 7 | Support for attending meetings and/or travel                             | None   |
| 8 | Patents planned, issued or pending                                      | None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board        | None   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None   |
| 11| Stock or stock options                                                  | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |
| 13| Other financial or non-financial interests                               | 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 28th, 2021

Your Name: Cheng Cheng

Manuscript Title: An evaluation of the reporting quality in clinical practice guidelines for hepatocellular carcinoma using the RIGHT checklist

Manuscript number (if known): ATM-21-2611-R1

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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| Item | Description | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|------|-------------|---------------------------------------------------|---------------------------|
| 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. | |
|   | Financial or Non-Financial 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 |
| 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 28th, 2021__

**Your Name:** ___Yanfang Ma___

**Manuscript Title:** ___An evaluation of the reporting quality in clinical practice guidelines for hepatocellular carcinoma using the RIGHT checklist___

**Manuscript number (if known):** ___ATM-21-2611-R1___

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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| 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.

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 28th, 2021__

Your Name: ___Yingxi Wu___

Manuscript Title: ___An evaluation of the reporting quality in clinical practice guidelines for hepatocellular carcinoma using the RIGHT checklist___

Manuscript number (if known): ___ATM-21-2611-R1___

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

**Time frame: Since the initial planning of the work**

|   |     | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-----|-----------------------------------------------------------------------------------|
| 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**
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
|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 9th, 2021___________________________________________________________
Your Name: __Vishal G Shelat__________________________________________________
Manuscript Title: ___An evaluation of the reporting quality in clinical practice guidelines for hepatocellular carcinoma using the RIGHT checklist________________________________
Manuscript number (if known): __ATM-21-2611-R1___________________________________

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: 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                                                                       |
|   |                                                                                                 |                                                                                  |
| No. | 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.

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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 9th, 2021___________________________

Your Name: ______ Francisco Tustumi___________________________

Manuscript Title: ____An evaluation of the reporting quality in clinical practical guidelines for hepatocellular carcinoma using the RIGHT checklist___________________________

Manuscript number (if known): ____ATM-21-2611-R1___________________________

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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| 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 |
| 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.

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 8th, 2021

Your Name: Sanjaya K. Satapathy

Manuscript Title: An evaluation of the reporting quality in clinical practical guidelines for hepatocellular carcinoma using the RIGHT checklist

Manuscript number (if known): ATM-21-2611-R1

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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) |
|---|-----------------------------------------------|------------------------------------------------------------------|
| 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: Since the initial planning of the work |
|---|-----------------------------------------------|
| 1 | X None |

|   | Time frame: past 36 months |
|---|-----------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). Novartis, Fibronostics Gilead, Biotest, Genfit, Conatus, Intercept, Shire, Exact Sciences, Eananta, Dova, Bayer |
| 3 | Royalties or licenses X None |
|   | **Consulting fees** | Gilead, Intercept, Bayer |
|---|---------------------|--------------------------|
|   | **Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events** | Intercept, Alexion, Dova |
| 6 | **Payment for expert testimony** | __X__None |
|   | **Support for attending meetings and/or travel** | __X__None |
|   | **Patents planned, issued or pending** | __X__None |
|   | **Participation on a Data Safety Monitoring Board or Advisory Board** | __X__None |
|   | **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid** | AASLD Education Committee Clinical Practice Sig. Chair |
| 11 | **Stock or stock options** | __X__None |
|   | **Receipt of equipment, materials, drugs, medical writing, gifts or other services** | __X__None |
|   | **Other financial or non-financial interests** | __X__None |

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

Sanjaya K. Satapathy has served as a speaker for Intercept, Alexion, Dova, as an advisory board member for Gilead, Intercept, Bayer and has received research funding from Novartis, Fibronostics Gilead, Biotest, Genfit, Conatus, Intercept, Shire, Exact Sciences, Eananta, Dova, Bayer. Sanjaya K. Satapathy is an employee of Northwell Health.

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 18th, 2021

Your Name: Koo Jeong Kang

Manuscript Title: An evaluation of the reporting quality in clinical practical guidelines for hepatocellular carcinoma using the RIGHT checklist

Manuscript number (if known): ATM-21-2611-R1

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

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__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 28th, 2021
Your Name: Qiming Wang
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|   | 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 |

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