ICMJE DISCLOSURE FORM

Date:_____May. 31th, 2021_____  
Your Name:___ Yongjie Yang___  
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on melanoma using the RIGHT checklist  
Manuscript number (if known):_ ATM-21-2603______________________________________________________

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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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. | _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                                                                                      |
|   |                                                                 | __X__None |
|---|----------------------------------------------------------------|-----------|
| 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. 31th, 2021____
Your Name:___Yanfang Ma___
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on melanoma using the RIGHT checklist
Manuscript number (if known): _ ATM-21-2603_____________________________________________________

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|   | **Time frame: Since the initial planning of the work** | **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_ |
|   | **Time frame: past 36 months** | |
|   | Description                                                                 | 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 |

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ICMJE DISCLOSURE FORM

Date:____May. 31th, 2021____
Your Name:___Jingli Lu___
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on melanoma using the RIGHT checklist
Manuscript number (if known): _ ATM-21-2603_____________________________________________________

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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                                                                               |
|   | **No time limit for this item.**                                                                  |                                                                                  |
|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: Since the initial planning of the work

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 |

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ICMJE DISCLOSURE FORM

Date: _____ May. 31th, 2021 _____
Your Name: ___ Qiwen Zhang ___
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on melanoma using the RIGHT checklist
Manuscript number (if known): _ ATM-21-2603_____________________________________________________

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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 |
| **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 |

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None.

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ICMJE DISCLOSURE FORM

Date: ______ May. 31th, 2021 ______
Your Name: ___ Kelei Guan ___
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on melanoma using the RIGHT checklist
Manuscript number (if known): _ ATM-21-2603______________________________________________________

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|   | **No time limit for this item.**                                                                 |                                                                                  |
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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                                                                       |
|   | Description                                                                 | Answer |
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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 |
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Date:____May. 31th, 2021____
Your Name:___Kefeng Liu___
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on melanoma using the RIGHT checklist
Manuscript number (if known): _ATM-21-2603______________________________________________________

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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 |
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| 11 | Stock or stock options | _X_ None |
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Date: _____May. 31\textsuperscript{th}, 2021____

Your Name: ____Jian Kang____

Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on melanoma using the RIGHT checklist

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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                                                                          |

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

**Time frame: past 36 months**
|   | 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 |
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| 8 | Patents planned, issued or pending | X | None |
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| 11 | Stock or stock options | X | None |
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Date: ______ May. 31th, 2021 _____
Your Name: ____ Shuzhang Du ___
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on melanoma using the RIGHT checklist
Manuscript number (if known): _ ATM-21-2603_____________________________________________________

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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                                                                         |
|   | 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 |
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| 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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Date:____May. 31th, 2021____
Your Name:___Shu Tang___
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on melanoma using the RIGHT checklist
Manuscript number (if known):_ ATM-21-2603______________________________________________________

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|   | 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                                                                 | 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|

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ICMJE DISCLOSURE FORM

Date:_____May. 31th, 2021_____  
Your Name:___Xuehui Liu___  
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on melanoma using the RIGHT checklist  
Manuscript number (if known):_ ATM-21-2603_____________________________________________________

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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 |
| 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 |  |
|   | Financial Interest                                                                 |   |
|---|-----------------------------------------------------------------------------------|---|
| 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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Date:____May. 31th, 2021____
Your Name:___ Ailing Zhang ___
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on melanoma using the RIGHT checklist
Manuscript number (if known):_ ATM-21-2603______________________________________________________

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| Item | Description | Time frame | 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. | Since the initial planning of the work | _X_ _None |  |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | past 36 months | _X_ _None |  |
| 3    | Royalties or licenses | past 36 months | _X_ _None |  |
| 4    | Consulting fees | past 36 months | _X_ _None |  |
|   | Financial or Nonfinancial Interests                                                                 | Response |
|---|----------------------------------------------------------------------------------------------------|----------|
| 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 nonfinancial 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: 6/7/21
Your Name: Dirk Schadendorf
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on melanoma using the RIGHT checklist
Manuscript number (if known): ATM-21-2603

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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) |
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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                                                                        |
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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                                                                         |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
|---|---------------------------------------------------------------------------------------------------------------|---------|
|   | 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 | _X_ None |
|   | 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 |

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Date: 6/4/21
Your Name: Sanjiv Agarwala, MD
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on melanoma using the RIGHT checklist
Manuscript number (if known): ____ ATM-21-2603 ____

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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 |
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| 3 | Royalties or licenses                                                                             | X None |
| 4 | Consulting fees                                                                                  | X None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Answer |
|---|------------------------------------------------------------------------------|--------|
| 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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| 8 | Patents planned, issued or pending                                            | _X_ None |
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| 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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Date: ______ May. 31th, 2021____
Your Name: ___ Xiaojian Zhang __
Manuscript Title: Evaluation of the reporting quality of clinical practice guidelines on melanoma using the RIGHT checklist
Manuscript number (if known): _ ATM-21-2603__________________________________________________________

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| 3 | Royalties or licenses | __X__ None |
| 4 | Consulting fees | __X__ None |
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