ICMJE DISCLOSURE FORM

Date: 3rd June 2021

Your Name: Hanqiong Zhou

Manuscript Title: A quality evaluation of the clinical practiceal guidelines on breast cancer using the RIGHT checklist

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) |
|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| **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.** |
| **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: 3rd June 2021

Your Name: Haiyang Chen

Manuscript Title: A quality evaluation of the clinical practiceal guidelines on breast cancer using the RIGHT checklist
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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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                                                                          |
|   | **Time frame: past 36 months**                                                                 |                                                                                   |
|   | Description                                                                 | 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   |

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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: 3rd June 2021
Your Name: Cheng Cheng
Manuscript Title: A quality evaluation of the clinical practiceal guidelines on breast cancer using the RIGHT checklist
Manuscript number (if known): ____________________________

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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
|   | 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 |
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| 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: 3rd June 2021

Your Name: Xuan Wu

Manuscript Title: A quality evaluation of the clinical practice guidelines on breast cancer 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: past 36 months**                                                        |                                                                                  |
|   | Description                                                                 | Option   |
|---|-----------------------------------------------------------------------------|----------|
| 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: 3rd June 2021

Your Name: Yanfang Ma

Manuscript Title: A quality evaluation of the clinical practiceal guidelines on breast cancer using the RIGHT checklist
Manuscript number (if known): ____________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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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                                                                 | 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.
ICMJE DISCLOSURE FORM

Date: 3rd June 2021
Your Name: Jing Han
Manuscript Title: A quality evaluation of the clinical practiceal guidelines on breast cancer using the RIGHT checklist
Manuscript number (if known):

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | _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: Since the initial planning of the work

Time frame: past 36 months
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| 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.

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ICMJE DISCLOSURE FORM

Date: 3rd June 2021

Your Name: Ding Li

Manuscript Title: A quality evaluation of the clinical practiceal guidelines on breast cancer using the RIGHT checklist

Manuscript number (if known):

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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                                                                 | 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  |
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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  |

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: 18th May 2021

Your Name: Geok Hoon Lim

Manuscript Title: A quality evaluation of the clinical practiceal guidelines on breast cancer using the RIGHT checklist

Manuscript number (if known): ____________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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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 |
|   |   |   |
|---|---|---|
| 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 |
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| 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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_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: 18/5/2021
Your Name: Warren M Rozen
Manuscript Title: A quality evaluation of clinical practical guidelines on breast cancer using the RIGHT checklist
Manuscript number (if known):

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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 | 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   |

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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).                      | None                                                                                      |
| 3 | Royalties or licenses                                                                          | None                                                                                      |
| 4 | Consulting fees                                                                                | None                                                                                      |
|   | **Time frame: past 36 months**                                                                   |                                                                                           |
|   | Financial or Non-Financial Interest | Description                                                                 | 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:

Dr. Ishii has no conflict of interest.

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: 2/6/2021
Your Name: Pankaj G. Roy
Manuscript Title: A quality evaluation of clinical practical guidelines on breast cancer using the RIGHT checklist

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.) | 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 |
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:** 3rd June 2021

**Your Name:** Qiming Wang

**Manuscript Title:** A quality evaluation of the clinical practiceal guidelines on breast cancer using the RIGHT checklist

**Manuscript number (if known):**

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