ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Yang

2. Surname (Last Name)  
Wang

3. Date  
19-March-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No

Corresponding Author's Name  
Xin Li

5. Manuscript Title  
Aspirin use and endometrial cancer risk: a meta-analysis and systematic review

6. Manuscript Identifying Number (if you know it)  
ATM-19-4318A

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1. Given Name (First Name)  
   Junda

2. Surname (Last Name)  
   ZHAO

3. Date  
   20-March-2020

4. Are you the corresponding author?  
   Yes ☐  
   No ☑

Corresponding Author’s Name  
Xin Li

5. Manuscript Title  
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1. Given Name (First Name) Xing
2. Surname (Last Name) Chen
3. Date 20-March-2020
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Xin Li
5. Manuscript Title Aspirin use and endometrial cancer risk: a meta-analysis and systematic review
6. Manuscript Identifying Number (if you know it) ATM-19-4318A

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Feifei
2. **Surname (Last Name)**
   - Zhang
3. **Date**
   - 20-March-2020
4. **Are you the corresponding author?**
   - Yes
5. **Manuscript Title**
   - Aspirin use and endometrial cancer risk: a meta-analysis and systematic review
6. **Manuscript Identifying Number (if you know it)**
   - ATM-19-4318A

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XIN

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LI

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