

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Xiaomei	2. Surname (Last Name) Wu	3. Date 14-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Baosen Zhou
5. Manuscript Title A comparison of the burden of lung cancer attributable to tobacco exposure in China and the USA		
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Liu

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Corresponding Author's Name

Baosen Zhou

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Yes No

5. Manuscript Title

A comparison of the burden of lung cancer attributable to tobacco exposure in China and the USA

6. Manuscript Identifying Number (if you know it)

ATM-20-996-R1

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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