

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) Wenqiang	2. Surname (Last Name) Xin	3. Date 04-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name xinyu yang
5. Manuscript Title Endarterectomy Versus Stenting for the Prevention of Periprocedural Stroke or Death in Patients with Symptomatic or Asymptomatic Carotid Stenosis: A Meta-Analysis of 10 Randomized Trials		
6. Manuscript Identifying Number (if you know it) ATM-20-4620		

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Dr. Xin has nothing to disclose.

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1. Given Name (First Name) Shixue	2. Surname (Last Name) Yang	3. Date 04-August-2020
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1. Given Name (First Name)

Qifeng

2. Surname (Last Name)

Li

3. Date

04-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Xinyu Yang

5. Manuscript Title

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