Date:			2/1/2022		
Your Name:			Eman Alkhalawi		
Manuscript Title:			Cervical cancer in Saudi Arabia: trends in su	rvival by stage at diagnosis and geographic region	
Mar	nuscript Number (if k	known):	Click or tap here to enter text.		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, you that medication is not mentioned		ript. "Rela of the man e in doubt os/activitie ension, you entioned	ated" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	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.		nolarship from the Saudi Arabian Ministry ration	Tuition was paid to the London School of Hygiene and Tropical Medicine. A stipend was paid to me. The funder had no influence of the research topic, methodology or any part of the manuscript. Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
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3	Royalties or licenses	⊠ No	one		

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4	Consulting fees	None — — — — — — — — — — — — — — — — — — —
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/1/2022
Your Name:	Claudia Allemani
Manuscript Title:	Cervical cancer in Saudi Arabia: trends in survival by stage at diagnosis and geographic region
Manuscript Number (if known):	Click or tap here to enter text.

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13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/1/2022
Your Name:	Ali Saeed Alzahrani
Manuscript Title:	Cervical cancer in Saudi Arabia: trends in survival by stage at diagnosis and geographic region
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 36 months	s
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3	Royalties or licenses	None ■	

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Date:	2/1/2022
Your Name:	Michel P. Coleman
Manuscript Title:	Cervical cancer in Saudi Arabia: trends in survival by stage at diagnosis and geographic region
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