



## 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) Yu	2. Surname (Last Name) Jiang	3. Date 03-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wenhua Liang
5. Manuscript Title Aspirin and Risk of Different Cancers: An Umbrella Meta-Analysis		
6. Manuscript Identifying Number (if you know it) ATM-20-5627		

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Mr. Jiang has no conflicts of interest or financial ties to disclose.

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1. Given Name (First Name) Zixuan	2. Surname (Last Name) Su	3. Date 03-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wenhua Liang
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1. Given Name (First Name) Runchen	2. Surname (Last Name) Wang	3. Date 03-September-2020
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Yaokai	2. Surname (Last Name) Wen	3. Date 03-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wenhua Liang
5. Manuscript Title Aspirin and Risk of Different Cancers: An Umbrella Meta-Analysis		
6. Manuscript Identifying Number (if you know it) ATM-20-5627		

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1. Given Name (First Name) Caichen	2. Surname (Last Name) Li	3. Date 03-September-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wenhua Liang	
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1. Given Name (First Name) Hengrui	2. Surname (Last Name) Liang	3. Date 03-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wenhua Liang
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1. Given Name (First Name) Jianxing	2. Surname (Last Name) He	3. Date 03-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wenhua Liang
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1. Given Name (First Name)

Wenhua

2. Surname (Last Name)

Liang

3. Date

03-September-2020

4. Are you the corresponding author?

Yes  No

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