

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name)

GIUSEPPINA

2. Surname (Last Name)

GALLUCCI

3. Date

21-March-2020

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

ALFREDO TARTARONE

5. Manuscript Title

Cardiovascular risk of smoking and benefits of smoking cessation

6. Manuscript Identifying Number (if you know it)

JTD-2019-IOLC-08

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Dr. GALLUCCI has nothing to disclose.

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1. Given Name (First Name)

ALFREDO

2. Surname (Last Name)

TARTARONE

3. Date

21-March-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Cardiovascular risk of smoking and benefits of smoking cessation

6. Manuscript Identifying Number (if you know it)

JTD-2019-IOLC-08

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Dr. TARTARONE has nothing to disclose.

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1. Given Name (First Name) ROSA	2. Surname (Last Name) LEROSE	3. Date 21-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name ALFREDO TARTARONE
5. Manuscript Title Cardiovascular risk of smoking and benefits of smoking cessation		
6. Manuscript Identifying Number (if you know it) JTD-2019-IOLC-08		

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Dr. LEROSE has nothing to disclose.

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VITTORIA

2. Surname (Last Name)

LALINGA

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21-March-2020

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Corresponding Author's Name

ALFREDO TARTARONE

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Dr. LALINGA has nothing to disclose.

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1. Given Name (First Name)  
ALBA

2. Surname (Last Name)  
CAPOBIANCO

3. Date  
21-March-2020

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Corresponding Author's Name  
ALFREDO TARTARONE

5. Manuscript Title  
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