

## ICMJE DISCLOSURE FORM

**Date:** 2021-11-15

**Your Name:** Rui Liu

**Manuscript Title:** The effects of proliferating cell nuclear antigen and p53 in patients with oral squamous cell carcinoma: a systematic review and meta-analysis

**Manuscript number (if known):**

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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3	Royalties or licenses	<u>  X  </u>	
4	Consulting fees	<u>  X  </u>	

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8	Patents planned, issued or pending	<u>  X  </u>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  X  </u>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>  X  </u>	
11	Stock or stock options	<u>  X  </u>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  X  </u>	
13	Other financial or non-financial interests	<u>  X  </u>	

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## ICMJE DISCLOSURE FORM

**Date:** 2021-11-15

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**Date:** 2021-11-15

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