

ICMJE DISCLOSURE FORM

Date: Jun 2 2021

Your Name: Xiaohui Duan

Manuscript Title: The effect of the TP53 and RB1 mutations on the survival of hepatocellular carcinoma patients with different racial backgrounds

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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Time frame: past 36 months			
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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Please place an "X" next to the following statement to indicate your agreement:

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Date: Jun 2 2021

Your Name: Yi Cai

Manuscript Title: The effect of the TP53 and RB1 mutations on the survival of hepatocellular carcinoma patients with different racial backgrounds

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ICMJE DISCLOSURE FORM

Date: Jun 2 2021

Your Name: Tingting He

Manuscript Title: The effect of the TP53 and RB1 mutations on the survival of hepatocellular carcinoma patients with different racial backgrounds

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Please summarize the above conflict of interest in the following box:

Dr. He is an employee of OrigiMed.

Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: Jun 2 2021

Your Name: Xiaoliang Shi

Manuscript Title: The effect of the TP53 and RB1 mutations on the survival of hepatocellular carcinoma patients with different racial backgrounds

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ICMJE DISCLOSURE FORM

Date: Jun 2 2021

Your Name: Juan Zhao

Manuscript Title: The effect of the TP53 and RB1 mutations on the survival of hepatocellular carcinoma patients with different racial backgrounds

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ICMJE DISCLOSURE FORM

Date: Jun 2 2021

Your Name: Hui Zhang

Manuscript Title: The effect of the TP53 and RB1 mutations on the survival of hepatocellular carcinoma patients with different racial backgrounds

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ICMJE DISCLOSURE FORM

Date: Jun 2 2021

Your Name: Yao Shen

Manuscript Title: The effect of the TP53 and RB1 mutations on the survival of hepatocellular carcinoma patients with different racial backgrounds

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ICMJE DISCLOSURE FORM

Date: Jun 2 2021

Your Name: Hongjian Zhang

Manuscript Title: The effect of the TP53 and RB1 mutations on the survival of hepatocellular carcinoma patients with different racial backgrounds

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Your Name: Bo Jiang

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9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

Please summarize the above conflict of interest in the following box:

Dr. Jiang reports fundings from Natural Science Foundation of Hunan Province (Grant Number: 2018JJ3294), Natural Science Foundation of Hunan Province (Grant Number: 2019JJ80007) and Doctor Foundation Project of Hunan Provincial People's Hospital (2020) during the conduct of the study.

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.

ICMJE DISCLOSURE FORM

Date: Jun 2 2021

Your Name: Xianhai Mao

Manuscript Title: The effect of the TP53 and RB1 mutations on the survival of hepatocellular carcinoma patients with different racial backgrounds

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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Time frame: Since the initial planning of the work			
1	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.	Funding: Natural Science Foundation of Hunan Province (Grant Number: 2018JJ3294)	payments were made to my institution
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		Funding: Doctor Foundation Project of Hunan Provincial People's Hospital (2020)	payments were made to my institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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