

Correlations of mouse lymphoma xenografts with the expressions of MMP-9 and Bcl-2

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The article “Correlations of mouse lymphoma xenografts with the expressions of MMP-9 and Bcl-2, by C.-L. Shi, X.-Y. Zhang, Y. Li, L.-L. Song, L. Wang, published in Eur Rev Med Pharmacol Sci 2019; 23 (3): 1176-1183–DOI: 10.26355/eurrev_201902_17010–PMID: 30779087” has been retracted by the authors as they believe that they have not yet fully studied their work and have discovered some great new results. Therefore, they will rearrange the manuscript and try to provide a more accurate model.

The Publisher apologizes for any inconvenience this may cause.

Author Correction: Correlation between expression levels of lncRNA UCA1 and miR-18a with prognosis of hepatocellular cancer

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After publication, the authors noticed some mistakes in the manuscript and applied to issue the following changes: the legend of Table I, the date of enrollment of the patients in the section titled “Baseline Characteristics of HCC Patients”, the date of follow-up reported in the abstract and in the section entitled “Postoperative Follow-Up”.

The authors also applied to modify the survival curve of Figure 3 due to misuse of data in the statistical analysis.

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The corrected table is reproduced below.

PATIENTS AND METHODS: The 4-year follow-up data of HCC patients were collected for analyzing factors that may influence prognosis in HCC patients by the Cox regression model.

Baseline Characteristics of HCC Patients

A total of 55 HCC patients undergoing surgery or tumor biopsy in The Fifth Affiliated Hospital of Guangxi Medical University from April 2016 to December 2018, all were enrolled, including 31 male and 24 female HCC patients with 39-69 years (50.7 ± 7.31 years). Their clinical data was completely recorded.

Table I. Correlation between UCA1 and miR-18a with clinical data of HCC patients.

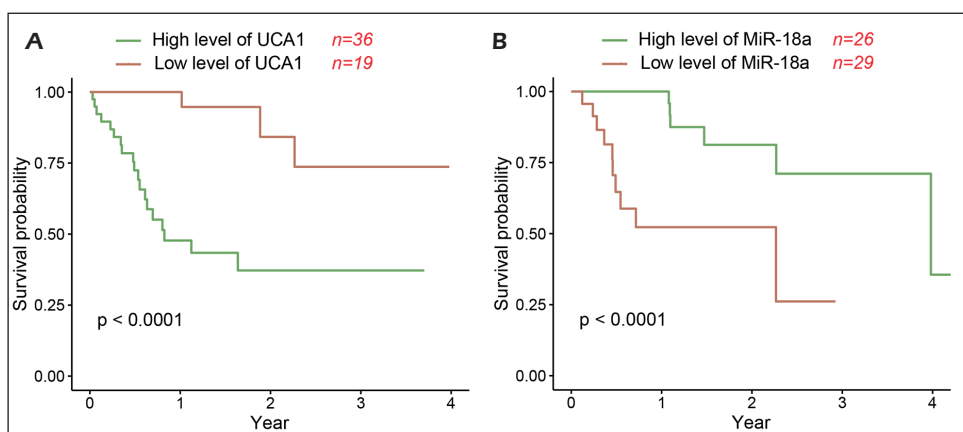


Figure 3. Regulatory effects of UCA1 and miR-18a on survival of HCC patients. **A-B**, Kaplan-Meier curves in HCC patients expressing high or low levels of UCA1 (**A**) or miR-18a (**B**).