

## ICMJE DISCLOSURE FORM

Date: 15/10/2022

Your Name: Jing Zeng

Manuscript Title: Acute Myeloid Leukemia after PARP Inhibitor Treatment in Ovarian Cancer—A Case Report and Literature Review

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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**ICMJE DISCLOSURE FORM**

Date: 15/10/2022

Your Name: Jiangrong Wu

Manuscript Title: Acute Myeloid Leukemia after PARP Inhibitor Treatment in Ovarian Cancer—A Case Report and Literature Review

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## ICMJE DISCLOSURE FORM

Date: 15/10/2022

Your Name: Qingli Li

Manuscript Title: Acute Myeloid Leukemia after PARP Inhibitor Treatment in Ovarian Cancer—A Case Report and Literature Review

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 15/10/2022

Your Name: Kemin Li

Manuscript Title: Acute Myeloid Leukemia after PARP Inhibitor Treatment in Ovarian Cancer—A Case Report and Literature Review

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 15/10/2022

Your Name: Danging Wang

Manuscript Title: Acute Myeloid Leukemia after PARP Inhibitor Treatment in Ovarian Cancer—A Case Report and Literature Review

Manuscript number (if known): \_\_\_\_\_

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Date: 15/10/2022

Your Name: Rutie Yin

Manuscript Title: Acute Myeloid Leukemia after PARP Inhibitor Treatment in Ovarian Cancer—A Case Report and Literature Review

Manuscript number (if known): \_\_\_\_\_

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