

ICMJE DISCLOSURE FORM

Date: 25th July 2022

Your Name: CHAN Kwok Ying

Manuscript Title: Supportive care and symptom management in patients with advanced hematological malignancies : a 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: 25th July 2022

Your Name: CHAN, Thomas Sau Yan

Manuscript Title: Supportive care and symptom management in patients with advanced hematological malignancies : a literature review

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 25th July 2022

Your Name: GILL, Harinder Singh Harry

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ICMJE DISCLOSURE FORM

Date: 25th July 2022

Your Name: CHAN, Chi Wing Timmy

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Your Name: LI, Cho Wing

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Your Name: AU, Ho Yan

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Your Name: WONG, Chi Yan

Manuscript Title: Supportive care and symptom management in patients with advanced hematological malignancies : a literature review

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Your Name: HUI, Chun Him

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Date: 25th July 2022

Your Name: MOK, Lesley Wan Sze

Manuscript Title: Supportive care and symptom management in patients with advanced hematological malignancies : a literature review

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Your Name: KWOK, Cecilia Sze Lai

Manuscript Title: Supportive care and symptom management in patients with advanced hematological malignancies : a literature review

Manuscript number (if known): _____

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Date: 25th July 2022

Your Name: CHAN, Man Lui

Manuscript Title: Supportive care and symptom management in patients with advanced hematological malignancies : a literature review

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Date: 25th July 2022

Your Name: SHAM, Mau Kwong

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