Date	e:10/13/2022		
Your	r Name:Rony Dev		
	• •		-label Olanzapine Use for Symptom
	Management in Ca	ncer Patients - A Case	Report
Man	nuscript number (if known):	APM-22-116	7
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	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the current
to th	• •	nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.
	em #1 below, report all supp time frame for disclosure is	•	in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
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2	Grants or contracts from	None	
	any entity (if not indicated		
3	in item #1 above). Royalties or licenses	None	
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Consulting fees

None

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	None	
TT	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above co	nflict of interest in the foll	owing box:
Γ.	Jan -		
	None		

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

Date	e:12/16/2022		
	Name: Edgardo S	Fortuno III	
	Manuscript Title: Be	enefits and Risks of Off	-label Olanzapine Use for Symptom
	Management in Ca	ancer Patients - A Case	Report
Man	uscript number (if known):	APM-22-1167	
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	time frame for disclosure is	· · · · · · · · · · · · · · · · · · ·	,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as needed)	
		Time frame: Since the initia	planning of the work
1	All support for the present	X None	
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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	X None	
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4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
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7	Support for attending	XNone	
′	meetings and/or travel	None	
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8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fol	lowing box:
_			
	No conflicts of Interest		
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Please place an "X" next to the following statement to indicate your agreement:

Date	e:12/16/2022		
You	r Name: Amaram-D	avila Jaya S	
	Manuscript Title:_ Be	nefits and Risks of Off	-label Olanzapine Use for Symptom
	Management in Ca	ıncer Patients – A Case	Report
Mar	nuscript number (if known):	APM-22-1167	
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	time frame for disclosure is	•	
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		Name all entities with	Specifications/Comments
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		relationship or indicate	institution)
		none (add rows as needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
_	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
2		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	XNone	
	in item #1 above).		
3	Royalties or licenses	X None	
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4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
12	services	V No.	
13	Other financial or non- financial interests	_XNone	
	financial interests		
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Plea	ise summarize the above co	nflict of interest in the fo	lowing box:
N	lo conflict of interests to disclos	se	

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

Dat	e:12/16/2022		
You	r Name: Ali Haider		
		enefits and Risks of Of Incer Patients – A Case	f-label Olanzapine Use for Symptom e Report
Maı	nuscript number (if known):	APM-22-1167	
rela part to to rela	ted to the content of your mailes whose interests may be ransparency and does not not tionship/activity/interest, it	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. is preferable that you do	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. ps/activities/interests as they relate to the current
<u>mar</u>	nuscript only.		
to the med	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare tion is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items,
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al 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.	_XNone	
			+
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
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Consulting fees

_X__None

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	XNone	
,	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V None	
11	Stock or stock options	_XNone	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the foll	owing box:
N	lo conflict of interest to disclose	9	

__X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

Date:12/16/2022
Your Name: Eduardo Bruera
Manuscript Title:_ Benefits and Risks of Off-label Olanzapine Use for Symptom
Management in Cancer Patients - A Case Report
Manuscript number (if known):APM-22-1167

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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,	_XNone	
	medical writing, article		
	processing charges, etc.)		
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2	Grants or contracts from	XNone	
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3	Royalties or licenses	_UpToDate	
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	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
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9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
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11	Stock or stock options	_XNone	
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12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
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13	Other financial or non-	None	
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