

ICMJE DISCLOSURE FORM

Date: 10/13/2022

Your Name: Rony Dev

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: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
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13	Other financial or non-financial interests	<u> </u> None	

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None

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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: 12/16/2022

Your Name: Edgardo S Fortuno III

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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Date: 12/16/2022

Your Name: Amaram-Davila Jaya S

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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Date: 12/16/2022

Your Name: Ali Haider

Manuscript Title: Benefits and Risks of Off-label Olanzapine Use for Symptom Management in Cancer Patients – A Case Report

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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

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