

ICMJE DISCLOSURE FORM

Date: 2024.08.25

Your Name: Yoon Jung Jang

Manuscript Title: Therapy-related myeloid neoplasms in Korean patients with ovarian or primary peritoneal cancer treated with poly(ADP-ribose) polymerase inhibitors

Manuscript number (if known): 24-1131

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: 2024.08.25
 Your Name: Heyjin Kim
 Manuscript Title: Therapy-related myeloid neoplasms in Korean patients with ovarian or primary peritoneal cancer treated with poly(ADP-ribose) polymerase inhibitors
 Manuscript number (if known): 24-1131

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ICMJE DISCLOSURE FORM

Date: 2024.08.25
 Your Name: Sang-Young Ryu
 Manuscript Title: Therapy-related myeloid neoplasms in Korean patients with ovarian or primary peritoneal cancer treated with poly(ADP-ribose) polymerase inhibitors
 Manuscript number (if known): 24-1131

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ICMJE DISCLOSURE FORM

Date: 2024.08.25
 Your Name: Moon-Hong Kim
 Manuscript Title: Therapy-related myeloid neoplasms in Korean patients with ovarian or primary peritoneal cancer treated with poly(ADP-ribose) polymerase inhibitors
 Manuscript number (if known): 24-1131

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Date: 2024.08.25
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Date: 2024.08.25
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 Manuscript Title: Therapy-related myeloid neoplasms in Korean patients with ovarian or primary peritoneal cancer treated with poly(ADP-ribose) polymerase inhibitors
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Date: 2024.08.25

Your Name: Jisik Kang

Manuscript Title: Therapy-related myeloid neoplasms in Korean patients with ovarian or primary peritoneal cancer treated with poly(ADP-ribose) polymerase inhibitors

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Date: 2024.08.25
 Your Name: Sung Hyun Yang
 Manuscript Title: Therapy-related myeloid neoplasms in Korean patients with ovarian or primary peritoneal cancer treated with poly(ADP-ribose) polymerase inhibitors
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| Time frame: Since the initial planning of the work | | | |
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Please place an “X” next to the following statement to indicate your agreement:

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: 2024.08.25

Your Name: Im Il Na

Manuscript Title: Therapy-related myeloid neoplasms in Korean patients with ovarian or primary peritoneal cancer treated with poly(ADP-ribose) polymerase inhibitors

Manuscript number (if known): 24-1131

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: 2024.08.25
 Your Name: Hyo-Rak Lee
 Manuscript Title: Therapy-related myeloid neoplasms in Korean patients with ovarian or primary peritoneal cancer treated with poly(ADP-ribose) polymerase inhibitors
 Manuscript number (if known): 24-1131

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ICMJE DISCLOSURE FORM

Date: 2024.08.25
 Your Name: Hye Jin Kang
 Manuscript Title: Therapy-related myeloid neoplasms in Korean patients with ovarian or primary peritoneal cancer treated with poly(ADP-ribose) polymerase inhibitors
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