ICMJE DISCLOSURE FORM

Date:April 18, 2023	
Your Name:Nicholas Haddock, MD	
Manuscript Title:A Clinical Practice Review on Process Efficiency in Autologous Breast Reconstruction	
Manuscript number (if known): GS-22-680	

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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
	All support for the present manuscript (e.g., funding,	_XNone	
	provision of study materials, medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame: past	26 months
2	Grants or contracts from	XNone	30 months
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	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	X None		
10	in other board, society,	ANone		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	X None		
	τ,			
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	X None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box: none			

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

Payment or honoraria for

None

 $\underline{\underline{X}}$ 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

Dat	e:02/28/2023		
You	r Name:Fede	erico Facchin	
Mar	nuscript Title: $_{}$ $f A$ $f Clini$	ical Practice Review on	Process Efficiency in Autologous Breast Reconstruct
In the trela to the trela to the trela trela the trela	he interest of transparency, ted to the content of your naties whose interests may be ransparency and does not not it in the same of the following questions apply the same of the epidemiology of hyperted dication, even if that medical	we ask you to disclose all in nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do so the author's relationship rities/interests should be dension, you should declare a tion is not mentioned in the port for the work reported	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. It is/activities/interests as they relate to the current of th
		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	l 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: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	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 meetings and/or travel	XNone		
8	Patents planned, issued or	XNone		
	pending			
0	Double in a tipe of a Date	X None		
9	Participation on a Data Safety Monitoring Board or	_XNone		
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society,			
	committee or advocacy			
11	group, paid or unpaid Stock or stock options	X None		
	Stock of Stock options			
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	X None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
	None			
'	TOTIC			

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

_X__ 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:	10/14/2022	
Your Name:	Sumeet T. Teotia_	
Manuscript Title:	A Clinical Practi	ce Review on Process Efficiency in Autologous Breast Reconstruction
Manuscript numb	er (if known):	GS-22-680
In the interest of	transparency, we ask	you to disclose all relationships/activities/interests listed below that are
related to the con	itent of your manuscri	pt. "Related" means any relation with for-profit or not-for-profit third

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	_XNone			
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	_XNone			
	testimony				
-	C				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	_XNone			
	pending				
9	Participation on a Data	None			
	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	X None			
12	Receipt of equipment,	_XNone			
	materials, drugs, medical				
	writing, gifts or other services				
13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
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