Date:			1/31/2023		
Your Name:			Jeske M. Bubberman		
Manuscript Title:			Sensory recovery and the role of innervated flaps in autologous breast reconstruction – a narrative review		
Ma	nuscript Number (if I	known)	: <u>-</u>		
In the interest of transparency, we a content of your manuscript. "Relate affected by the content of the manuindicate a bias. If you are in doubt a The author's relationships/activities epidemiology of hypertension, you sthat medication is not mentioned in			nanuscript. Disclosure represents a commitme ubt about whether to list a relationship/activity ities/interests should be defined broadly. For eyou should declare all relationships with manufed in the manuscript.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
		Name	all entities with whom you have this	Specifications/Comments (e.g., if payments were	
			onship or indicate none (add rows as needed)	made to you or to your institution)	
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4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
			e following statement to indicate your agreeme	
\boxtimes	I certify that I have	answe	ered every question and have not altered the wo	rding of any of the questions on this form.

3 12/13/2021 ICMJE Disclosure Form

Date:		1/31/2023				
Your Name:		Joep A.F. Van Rooij	Joep A.F. Van Rooij			
Manuscript Title:		Sensory recovery and the role of innervate narrative review	Sensory recovery and the role of innervated flaps in autologous breast reconstruction – a narrative review			
Mai	nuscript Number (if k	nown):				
con affe	tent of your manuscri	rency, we ask you to disclose all relationships/activitie pt. "Related" means any relation with for-profit or no f the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily			
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		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)			
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	charges, etc.) No time limit for this item.					
	No time limit for	Time frame: past 36 month	s			
2	No time limit for	Time frame: past 36 month ☑ None				

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None □	
7	Support for attending meetings and/or travel	None	
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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have	answe	ered every question and have not altered the wo	rding of any of the questions on this form.

3 12/13/2021 ICMJE Disclosure Form

Date:			1/31/2023			
Your Name:			René R.W.J. Van der Hulst			
Manuscript Title:			Sensory recovery and the role of innervated flaps in autologous breast reconstruction – a narrative review			
Ма	nuscript Number (if k	known)	: <u>-</u>			
content of your manuscript. "Relat affected by the content of the manuscript."			elated" means any relation with for-profit or no nanuscript. Disclosure represents a commitme bt about whether to list a relationship/activity	/interest, it is preferable that you do so.		
epi		nsion,		example, it your manuscript pertains to the acturers of antihypertensive medication, even if		
	em #1 below, report ne for disclosure is th		port for the work reported in this manuscript w 36 months.	ithout time limit. For all other items, the time		
			all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
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3 12/13/2021 ICMJE Disclosure Form

Date:			1/31/2023			
Your Name:			Stefania M.H. Tuinder			
Manuscript Title:			Sensory recovery and the role of innervated narrative review	Sensory recovery and the role of innervated flaps in autologous breast reconstruction – a narrative review		
Ma	nuscript Number (if l	known	:			
In the interest of transparency, we ask y content of your manuscript. "Related" raffected by the content of the manuscript indicate a bias. If you are in doubt about The author's relationships/activities/interpidemiology of hypertension, you shouthat medication is not mentioned in the			manuscript. Disclosure represents a commitme ubt about whether to list a relationship/activity rities/interests should be defined broadly. For eyou should declare all relationships with manufed in the manuscript. port for the work reported in this manuscript w	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
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