## ICMJE DISCLOSURE FORM

Date:09/06/2023
Your Name:Denis Drobot
Manuscript Title: Surgical treatment of breast cancer related lymphedema – the combined approach
Manuscript number (if known):

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 manuscript only</u>.

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)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	None	
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None None	36 months
4	Consulting fees	None	

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

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.

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Date:09/06/2023	
Your Name:Assaf Aviram Zeltzer	
Manuscript Title: Surgical treatment of breast cancer related lymphedema – the combined approach	
Manuscript number (if known):	

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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, medical writing, article processing charges, etc.)  No time limit for this item.	None		
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		
4	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	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
44	group, paid or unpaid	A1	
11	Stock or stock options	None	
12	Descript of a surject on the	No. o	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	None	
PΙ	ease summarize the above c	onflict of interest in t	he following box:
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none		

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