Date: 04/12/2023
Your Name:Shengchao Huang
Manuscript Title: Application of a modified lateral thoracic artery perforator flap in partial breast defects
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</u> <u>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.

		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)
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.	Funding Funding	Guangdong Medical Research Foundation (No. B2020036) Affiliated Hospital of Guangdong Medical University Clinical Research Program (LCYJ2021B003)
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5 Payment or honoraria for lectures, presentations, speakers bureaus, 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 X None				
lectures, presentations, speakers bureaus, 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				
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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 X_None				
educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Safety Monitoring Board or Advisory Board				
6 Payment for expert testimony				
testimony The support for attending meetings and/or travel Begin{array}{lll} Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Support for attendingX_None X_None X_None X_None X_None X_None X_None	_		V. Name	
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 X_None	ь	_ · · · · · · · · · · · · · · · · · · ·	xnone	
8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board		testimony		
8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board	7	Support for attending	Y None	
8 Patents planned, issued or pending 9 Participation on a Data Safety Monitoring Board or Advisory Board X_None	,			
9 Participation on a Data Safety Monitoring Board or Advisory Board				
9 Participation on a Data Safety Monitoring Board or Advisory Board				
9 Participation on a Data Safety Monitoring Board or Advisory Board				
9 Participation on a Data X_None Safety Monitoring Board or Advisory Board	8	Patents planned, issued or	XNone	
Safety Monitoring Board or Advisory Board		pending		
Safety Monitoring Board or Advisory Board				
Advisory Board	9	· · · · · · · · · · · · · · · · · · ·	XNone	
10 Leadership or fiduciary role X None		-		
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in other board, society,				
committee or advocacy group, paid or unpaid		=		
11 Stock or stock optionsX_None	11	Stock or stock options	XNone	
12 Receipt of equipment,X_None	12		XNone	
materials, drugs, medical				
writing, gifts or other services				
13 Other financial or nonXNone	13	Other financial or non-	XNone	
financial interests		financial interests		

Please summarize the above conflict of interest in the following box:

Funding supports from Guangdong Medical Research Foundation (No. B2020036) and Affiliated Hospital of Guangdong Medical University Clinical Research Program (No. LCYJ2021B003).

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

Date: 04/12/2023
Your Name: Pu Qiu
Manuscript Title: Application of a modified lateral thoracic artery perforator flap in partial breast defects
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</u> manuscript only.

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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	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone		
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone		
13	Other financial or non- financial interests	XNone		
Plea	Please summarize the above conflict of interest in the following box:			
N	lone			

Date: 04/12/2023
Your Name: Zhongzeng Liang
Manuscript Title: Application of a modified lateral thoracic artery perforator flap in partial breast defects
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.

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1	All support for the present manuscript (e.g., funding,	XNone	
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	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone		
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone		
13	Other financial or non- financial interests	XNone		
Plea	Please summarize the above conflict of interest in the following box:			
N	lone			

Date: 04/12/2023
Your Name: Zeming Yan
Manuscript Title: Application of a modified lateral thoracic artery perforator flap in partial breast defects
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.

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone		
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone		
13	Other financial or non- financial interests	XNone		
Plea	Please summarize the above conflict of interest in the following box:			
N	lone			

Date: 04/12/2023
Your Name: Kangwei Luo
Manuscript Title: Application of a modified lateral thoracic artery perforator flap in partial breast defects_
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.

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

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

Date: 04/12/2023
Your Name: Baoyi Huang
Manuscript Title: Application of a modified lateral thoracic artery perforator flap in partial breast defects_
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.

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		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Date: 04/12/2023
Your Name: Liyan Yu
Manuscript Title: Application of a modified lateral thoracic artery perforator flap in partial breast defects_
Manuscript number (if known):

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

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

Date: 04/12/2023
Your Name: Julie Crèvecoeur
Manuscript Title: Application of a modified lateral thoracic artery perforator flap in partial breast defects
Manuscript number (if known):

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		none (add rows as needed)	
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	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time innit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	30 months
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Date:	10/12/23
Your Name:	Alec Winder
Manuscript Tit	le: Application of a modified lateral thoracic artery perforator flap in partial breast defects
Manuscript nu	mber (if known):
	of transparency, we ask you to disclose all relationships/activities/interests listed below that are
	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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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X_None		
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	X_None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None		
13	Other financial or non- financial interests	XNone		
	Please summarize the above conflict of interest in the following box:			

Date: 04/12/2023
Your Name:Yuanqi Zhang
Manuscript Title: Application of a modified lateral thoracic artery perforator flap in partial breast defects
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.

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	processing charges, etc.) No time limit for this item.			
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2	Grants or contracts from	XNone		
	any entity (if not indicated in item #1 above).			
3	Royalties or licenses	XNone		
4	Consulting fees	XNone		

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

Date: 04/12/2023
Your Name:Haiping Jiang
Manuscript Title: Application of a modified lateral thoracic artery perforator flap in partial breast defects_
Manuscript number (if known):

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manuscript (e.g., fundi	All support for the present manuscript (e.g., funding, provision of study materials,	XNone	
	medical writing, article processing charges, etc.) No time limit for this item.		
		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	XNone	

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