

ICMJE DISCLOSURE FORM

Date: 20th November, 2023

Your Name: Yoshiaki Shinden

Manuscript Title: Clinical Effectiveness of Microporous Polysaccharide Hemospheres in Mastectomy
for Breast Cancer Patients

Manuscript number (if known): GS-23-297-CL

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 current manuscript only.

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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)
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 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	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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	

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:

Yoshiaki Shinden 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: 20th November, 2023

Your Name: Yuki Nomoto

Manuscript Title: Clinical Effectiveness of Microporous Polysaccharide Hemospheres in Mastectomy
for Breast Cancer Patients

Manuscript number (if known): GS-23-297-CL

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

Yuki Nomoto 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: 20th November, 2023

Your Name: Ayako Nagata

Manuscript Title: Clinical Effectiveness of Microporous Polysaccharide Hemospheres in Mastectomy for Breast Cancer Patients

Manuscript number (if known): GS-23-297-CL

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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:

Ayako Nagata 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: 20th November, 2023

Your Name: Yuka Eguchi

Manuscript Title: Clinical Effectiveness of Microporous Polysaccharide Hemospheres in Mastectomy for Breast Cancer Patients

Manuscript number (if known): GS-23-297-CL

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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:

Yuka Eguchi 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: 17th December, 2023

Your Name: Hanako Yano

Manuscript Title: Clinical Effectiveness of Microporous Polysaccharide Hemospheres in Mastectomy for Breast Cancer Patients

Manuscript number (if known): GS-23-297-CL

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13	Other financial or non-financial interests	___ None	

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:

Hanako Yano 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: 17th December, 2023

Your Name: Hazuki Saho

Manuscript Title: Clinical Effectiveness of Microporous Polysaccharide Hemospheres in Mastectomy for Breast Cancer Patients

Manuscript number (if known): GS-23-297-CL

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13	Other financial or non-financial interests	___ None	

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:

Hazuki Saho 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: 17th December, 2023

Your Name: Naoki Hayashi

Manuscript Title: Clinical Effectiveness of Microporous Polysaccharide Hemospheres in Mastectomy
for Breast Cancer Patients

Manuscript number (if known): GS-23-297-CL

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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:

Naoki Hayashi 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: 20th November, 2023

Your Name: Koji Minami

Manuscript Title: Clinical Effectiveness of Microporous Polysaccharide Hemospheres in Mastectomy for Breast Cancer Patients

Manuscript number (if known): GS-23-297-CL

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

Koji Minami 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: 20th November, 2023

Your Name: Tadahiro Hirashima

Manuscript Title: Clinical Effectiveness of Microporous Polysaccharide Hemospheres in Mastectomy
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Manuscript number (if known): GS-23-297-CL

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Tadahiro Hirashima 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: 17th December, 2023

Your Name: Ken Sasaki

Manuscript Title: Clinical Effectiveness of Microporous Polysaccharide Hemospheres in Mastectomy
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Manuscript number (if known): GS-23-297-CL

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Ken Sasaki 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: 17th December, 2023

Your Name: Heiji Yoshinaka

Manuscript Title: Clinical Effectiveness of Microporous Polysaccharide Hemospheres in Mastectomy for Breast Cancer Patients

Manuscript number (if known): GS-23-297-CL

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None.

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

Heiji Yoshinaka 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: 17th December, 2023

Your Name: Tetsuhiro Owaki

Manuscript Title: Clinical Effectiveness of Microporous Polysaccharide Hemospheres in Mastectomy for Breast Cancer Patients

Manuscript number (if known): GS-23-297-CL

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Tetsuhiro Owaki 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: 20th November, 2023

Your Name: Akihiro Nakajo

Manuscript Title: Clinical Effectiveness of Microporous Polysaccharide Hemospheres in Mastectomy for Breast Cancer Patients

Manuscript number (if known): GS-23-297-CL

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None.

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Akihiro Nakajo 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: 20th November, 2023

Your Name: Takao Ohtsuka

Manuscript Title: Clinical Effectiveness of Microporous Polysaccharide Hemospheres in Mastectomy
for Breast Cancer Patients

Manuscript number (if known): GS-23-297-CL

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

Takao Ohtsuka I certify that I have answered every question and have not altered the wording of any of the questions on this form.