Date	:: Jan. 15 th , 2024		
	Name: <u>Ishith Seth</u>		
			in Breast Surgery: A Narrative Review
Man	uscript number (if known):	GS-23-414-CL	- <u> </u>
			relationships/activities/interests listed below that are
	_	-	ns any relation with for-profit or not-for-profit third
-	-		the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a
	ionship/activity/interest, it		
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		o the author's relationship	s/activities/interests as they relate to the <u>current</u>
<u>man</u>	uscript only.		
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	•		all relationships with manufacturers of antihypertensive
	ication, even if that medica	· •	*
		-	in this manuscript without time limit. For all other items
the t	ime frame for disclosure is	the past 36 months.	
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your
		none (add rows as	institution)
		needed)	
		Time frame: Since the initia	l 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	X None	
	no junios of necrises	XNONE	

Consulting fees

X

5	Payment or honoraria for	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	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the follo	owing box:
N	one.		

Date	e: <u>Jan. 15th, 2024</u>		
Your	Name: Bryan Lim		
	uscript Title:Use ouscript number (if known):	- C	in Breast Surgery: A Narrative Review L
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	em #1 below, report all sup ime frame for disclosure is		I in this manuscript without time limit. For all other items
		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	t 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	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		
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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,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the follo	owing box:
N	one.		

Date	e: <u>Jan. 15th, 2024</u>		
Your	Name: Konrad Josepl	h	
			in Breast Surgery: A Narrative Review
Man	uscript number (if known):	GS-23-414-Cl	<u> </u>
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to th med In ite	e epidemiology of hyperter ication, even if that medica	nsion, you should declare a tion is not mentioned in th port for the work reported	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. In this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
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		Time frame: Since the initia	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	
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2	Grants or contracts from	Time frame: past X None	50 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		
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	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	XNone	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the follo	owing box:
N	one.		

	e: <u>Jan. 15th, 2024</u>		
	r Name: <u>Dylan Gracias</u>		
			in Breast Surgery: A Narrative Review
Mar	nuscript number (if known):	GS-23-414-CI	
			elationships/activities/interests listed below that are
	-	-	ns any relation with for-profit or not-for-profit third
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		o the author's relationship	s/activities/interests as they relate to the current
<u>mar</u>	nuscript only.		
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		_	all relationships with manufacturers of antihypertensive
	dication, even if that medica		· · · · · · · · · · · · · · · · · · ·
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the	time frame for disclosure is	the past 36 months.	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	(e.g., if payments were made to you or to your institution)
		relationship or indicate none (add rows as	
		relationship or indicate	institution)
1	All support for the present	relationship or indicate none (add rows as needed) Time frame: Since the initia	institution)
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2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	relationship or indicate none (add rows as needed) Time frame: Since the initia XNone Time frame: past	planning of the work
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Consulting fees

X

5	Payment or honoraria for	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	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the follo	owing box:
N	one.		

Date	e: <u>Jan. 15th, 2024</u>		
	Name: Yi Xie		
	uscript Title:Use ouscript number (if known):		in Breast Surgery: A Narrative Review
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		Blama all anataine mitals	Considerations/Comments
		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	XNone	

Consulting fees

X

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

Date	::Jan. 15 th , 2024		
	Name: Richard J Ross		
			in Breast Surgery: A Narrative Review
Man	uscript number (if known):	GS-23-414-Cl	-
		-	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third
-		-	the manuscript. Disclosure represents a commitment
	•	•	If you are in doubt about whether to list a
relat	ionship/activity/interest, it	is preferable that you do	so.
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
	• -		lefined broadly. For example, if your manuscript pertains
	e epidemiology of hyperte ication, even if that medica	· ·	all relationships with manufacturers of antihypertensive
meu	ication, even il that medica	tion is not mentioned in ti	ie manuscript.
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	ime frame for disclosure is		•
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
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		needed)	
		Time frame: Since the initia	I 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	X None	- So months
-	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

Consulting fees

X

5	Payment or honoraria for	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	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the follo	owing box:
N	one.		

Date	: <u>Jan. 15th, 2024</u>		
	Name: Warren M Ro		
	uscript Title:Use ouscript number (if known):		in Breast Surgery: A Narrative Review
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The a to th med	author's relationships/active epidemiology of hyperterication, even if that medica	nsion, you should declare a tion is not mentioned in th	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive ne manuscript. I in this manuscript without time limit. For all other items
	ime frame for disclosure is	•	
		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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		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	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
	Payment for expert testimony	XNone		
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	XNone		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical	X_None		
	writing, gifts or other			
	services			
13	Other financial or non- financial interests	XNone		
Please summarize the above conflict of interest in the following box:				
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N	None.			