Date:17.1	10.2023
Your Name:_	Marco Bernini
Manuscript T	Title: PRE-PECTORAL BREAST RECONSTRUCTION WITH TISSUE EXPANDER ENTIRELY COVERED BY
ACELLULAR D	DERMAL MATRIX: FEASIBILITY, SAFETY AND HISTOLOGICAL FEATURES RESULTING FROM THE FIRST 64
PROCEDURES	S
Manuscript n	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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		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.	_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,	_XNone	
	speakers bureaus, 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	
	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,	_XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

No conflict of interest

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

Date:17.10.2	2023
Your Name:	Giacomo Gigliucci
Manuscript Title	e: PRE-PECTORAL BREAST RECONSTRUCTION WITH TISSUE EXPANDER ENTIRELY COVERED BY
ACELLULAR DER	MAL MATRIX: FEASIBILITY, SAFETY AND HISTOLOGICAL FEATURES RESULTING FROM THE FIRST 64
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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations,	_XNone	
	speakers bureaus, 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	
	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,	_XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

No conflict of interest

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

Date:17.10.2023
Your Name:Dario Cassetti
Manuscript Title: PRE-PECTORAL BREAST RECONSTRUCTION WITH TISSUE EXPANDER ENTIRELY COVERED BY
ACELLULAR DERMAL MATRIX: FEASIBILITY, SAFETY AND HISTOLOGICAL FEATURES RESULTING FROM THE FIRST 64
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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations,	_XNone	
	speakers bureaus, 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	_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	Descipt of a minutest	V. News	
12	Receipt of equipment, materials, drugs, medical	_XNone	
	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests		

No conflict of interest

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

Date:17.10.2023	
Your Name:Cinzia To	mmasi
Manuscript Title: PRE-PEC	FORAL BREAST RECONSTRUCTION WITH TISSUE EXPANDER ENTIRELY COVERED BY
ACELLULAR DERMAL MATI	RIX: FEASIBILITY, SAFETY AND HISTOLOGICAL FEATURES RESULTING FROM THE FIRST 64
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		Time frame: past	36 months
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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations,	_XNone	
	speakers bureaus, 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	
	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,	_XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

No conflict of interest

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

Date:17.10.2023
Your Name:Ilaria Gaggelli
Manuscript Title: PRE-PECTORAL BREAST RECONSTRUCTION WITH TISSUE EXPANDER ENTIRELY COVERED BY
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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	XNone	
	educational events		
6	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 in other board, society,	_XNone	
	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-	XNone	
	financial interests		

No conflict of interest

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

Date:17.10.2023
Your Name:Lorenzo Arlia
Manuscript Title: PRE-PECTORAL BREAST RECONSTRUCTION WITH TISSUE EXPANDER ENTIRELY COVERED BY
ACELLULAR DERMAL MATRIX: FEASIBILITY, SAFETY AND HISTOLOGICAL FEATURES RESULTING FROM THE FIRST 64
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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations,	_XNone	
	speakers bureaus, 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	
	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,	_XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

No conflict of interest

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

Date:	17.10.2023
Your I	Name:Carlotta Becherini
Manu	script Title: PRE-PECTORAL BREAST RECONSTRUCTION WITH TISSUE EXPANDER ENTIRELY COVERED BY
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		Time frame: past	36 months
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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	XNone	
	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 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	

No conflict of interest

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

Date:	17.10.2023		
Your I	Name:Vic	a Salvestrini	
Manu	script Title: PRE-P	ECTORAL BREAST RECONSTRUCTION WITH TISSUE EXPANDER ENTIRELY COVERED BY	
ACELL	LULAR DERMAL M	ATRIX: FEASIBILITY, SAFETY AND HISTOLOGICAL FEATURES RESULTING FROM THE FIRST 6	4
PROC	EDURES		
Manu	script number (if	nown):	

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4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations,	_XNone	
	speakers bureaus, 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	
	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		
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11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

No conflict of interest

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

Date:17.10.2023	
Your Name:Lu	ca Visani
Manuscript Title: PR	E-PECTORAL BREAST RECONSTRUCTION WITH TISSUE EXPANDER ENTIRELY COVERED BY
ACELLULAR DERMAL	MATRIX: FEASIBILITY, SAFETY AND HISTOLOGICAL FEATURES RESULTING FROM THE FIRST 64
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Manuscript number	(if known):
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4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations,	_XNone	
	speakers bureaus, 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	_XNone	
	pending		
9	Participation on a Data	X None	
5	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 Nono	
12	materials, drugs, medical	_XNone	
	writing, gifts or other		
12	services	N News	
13	Other financial or non- financial interests	XNone	

No conflict of interest

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

Date:17.10.2023
Your Name:Jacopo Nori Cucchiari
Manuscript Title: PRE-PECTORAL BREAST RECONSTRUCTION WITH TISSUE EXPANDER ENTIRELY COVERED BY
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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for lectures, presentations,	_XNone	
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6	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	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,	_XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

No conflict of interest

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

Date:17.10.2023
Your Name:Diego Di Benedetto
Manuscript Title: PRE-PECTORAL BREAST RECONSTRUCTION WITH TISSUE EXPANDER ENTIRELY COVERED BY
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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	lectures, presentations,	_XNone	
	speakers bureaus, 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	
	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,	_XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

No conflict of interest

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

Date:17.10.2	023
Your Name:	Federica Di Naro
Manuscript Title	PRE-PECTORAL BREAST RECONSTRUCTION WITH TISSUE EXPANDER ENTIRELY COVERED BY
ACELLULAR DER	MAL MATRIX: FEASIBILITY, SAFETY AND HISTOLOGICAL FEATURES RESULTING FROM THE FIRST 64
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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,	_XNone	
	speakers bureaus, 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	_XNone	
	pending		
9	Participation on a Data	X None	
5	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,	V Nono	
12	materials, drugs, medical	_XNone	
	writing, gifts or other		
12	services	N News	
13	Other financial or non- financial interests	XNone	

No conflict of interest

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

Date: 17.10.2023				
Your Name:	:Giulia Bicchierai			
Manuscript	Title: PRE-PECTORAL BREAST RECONSTRUCTION WITH TISSUE EXPANDER ENTIRELY COVERED BY			
ACELLULAR	DERMAL MATRIX: FEASIBILITY, SAFETY AND HISTOLOGICAL FEATURES RESULTING FROM THE FIRST 64			
PROCEDUR	ES			
Manuscript	: number (if known):			

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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.

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		Time frame: past	36 months
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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	XNone	
	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 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	

No conflict of interest

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

Date:17.10.2023
Your Name:Chiara Bellini
Manuscript Title: PRE-PECTORAL BREAST RECONSTRUCTION WITH TISSUE EXPANDER ENTIRELY COVERED BY
ACELLULAR DERMAL MATRIX: FEASIBILITY, SAFETY AND HISTOLOGICAL FEATURES RESULTING FROM THE FIRST 64
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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	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	_XNone	
	pending		
9	Participation on a Data	X None	
5	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,	V Nono	
12	materials, drugs, medical	_XNone	
	writing, gifts or other		
12	services	N News	
13	Other financial or non- financial interests	XNone	

No conflict of interest

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

Date:17.10.2023
Your Name:Simonetta Bianchi
Manuscript Title: PRE-PECTORAL BREAST RECONSTRUCTION WITH TISSUE EXPANDER ENTIRELY COVERED BY
ACELLULAR DERMAL MATRIX: FEASIBILITY, SAFETY AND HISTOLOGICAL FEATURES RESULTING FROM THE FIRST 64
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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	lectures, presentations,	_XNone	
	speakers bureaus, 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	
	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,	_XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

No conflict of interest

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

Date:	_17.10.2023
Your Na	me:Lorenzo Orzalesi
Manusc	ript Title: PRE-PECTORAL BREAST RECONSTRUCTION WITH TISSUE EXPANDER ENTIRELY COVERED BY
ACELLU	LAR DERMAL MATRIX: FEASIBILITY, SAFETY AND HISTOLOGICAL FEATURES RESULTING FROM THE FIRST 64
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Manusc	ript number (if known):

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3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	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	_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	Descipt of a minutest	V. News	
12	Receipt of equipment, materials, drugs, medical	_XNone	
	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests		

No conflict of interest

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

Date:17.10.2023	
Your Name:Lorenzo Livi	
Manuscript Title: PRE-PECTORAL BREAST RECONSTRUCTION WITH TISSUE EXPANDER ENTIRELY COVERED BY	
ACELLULAR DERMAL MATRIX: FEASIBILITY, SAFETY AND HISTOLOGICAL FEATURES RESULTING FROM THE FIRST	64
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Manuscript number (if known):	

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	manuscript writing or educational events		
6	Payment for expert testimony	_XNone	
7	Support for attending	_XNone	
	meetings and/or travel		
8	Patents planned, issued or pending	_XNone	
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		
11	group, paid or unpaid Stock or stock options	X None	
11			
12	Receipt of equipment, materials, drugs, medical	_XNone	
	writing, gifts or other services		
13	Other financial or non-	X None	
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No conflict of interest

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Date:17.10	.2023
Your Name:	Icro Meattini
Manuscript Tit	Ie: PRE-PECTORAL BREAST RECONSTRUCTION WITH TISSUE EXPANDER ENTIRELY COVERED BY
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7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	_XNone	
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10	Leadership or fiduciary role	_XNone	
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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		

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