

## ICMJE DISCLOSURE FORM

Date:     Feb. 8<sup>th</sup>, 2024    

Your Name:     Annemette Kirkegaard Jørgensen    

Manuscript Title:     Pathology and Resection Margins following Mastectomy prior to Immediate Breast Reconstruction    

Manuscript number (if known):     GS-23-407    

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**.

The author’s relationships/activities/interests should be **defined broadly**. 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

X 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:     Feb. 8<sup>th</sup>, 2024    

Your Name:     Camilla Bille    

Manuscript Title: Pathology and Resection Margins following Mastectomy prior to Immediate Breast Reconstruction

Manuscript number (if known):     GS-23-407    

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X None	
11	Stock or stock options	<input type="checkbox"/> X None	
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## ICMJE DISCLOSURE FORM

Date:     Feb. 8<sup>th</sup>, 2024    

Your Name:     Anne Marie Bak Jylling    

Manuscript Title: Pathology and Resection Margins following Mastectomy prior to Immediate Breast Reconstruction

Manuscript number (if known):     GS-23-407    

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3	Royalties or licenses	<u>  </u> X None	
4	Consulting fees	X None	

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## ICMJE DISCLOSURE FORM

Date:     Feb. 8<sup>th</sup>, 2024    

Your Name:     Orit Kaidar-Person    

Manuscript Title: Pathology and Resection Margins following Mastectomy prior to Immediate Breast Reconstruction

Manuscript number (if known):     GS-23-407    

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4	Consulting fees	<input type="checkbox"/> None	

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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:**

**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: Feb. 8<sup>th</sup>, 2024

Your Name: Trine Tramm

Manuscript Title: Pathology and Resection Margins following Mastectomy prior to Immediate Breast Reconstruction

Manuscript number (if known): GS-23-407-R1

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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Research grant from Novo Nordic Foundation (2.1 mill DKr)	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Pfizer (educational material for oncologists in training) Onkologisk tidskrift (lecture)	Oncological journal
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Danish Breasts Cancer Group, committee for Pathology	unpaid
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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

Trine Tramm reports receiving research grant from Novo Nordic Foundation (2.1 mill DKr), payment or honoraria for lecture from Onkologisk tidskrift, payment or honoraria from Pfizer for educational material for oncologists in training, and holding unpaid positions in the Pathology Committee in Danish Breast Cancer Group. None of the above relationships are related to the current manuscript.

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

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