| Date: | te: Mar.10 th .2024 | |
|--------|---|-----------------|
| Your N | ur Name: <u>lihui Pan</u> | |
| Manus | anuscript Title: A retrospective study of Latissimus Dorsi Myocutaneous | Flap Technique: |
| High C | gh Cure Rate and Satisfaction in Periductal Mastitis | |
| Manus | anuscript number (if known): GS-23-484-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 <u>current 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) |
|---|---|--|---|
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | <u>lihui pan None</u> | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | <u>lihui pan</u> None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | <u>lihui pan</u> None | |
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| 4 | Consulting fees | <u>lihui pan</u> None | |
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| 5 | Payment or honoraria for | <u>lihui pan</u> None | |
|-----|--|--------------------------------|--|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | | |
| 6 | Payment for expert | <u>lihui pan None</u> | |
| | testimony | | |
| - | 6 16 11 1: | lil i Al | |
| 7 | Support for attending | <u>lihui pan</u> None | |
| | meetings and/or travel | | |
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| 8 | Patents planned, issued or | <u>lihui pan</u> None | |
| | pending | | |
| | | | |
| 9 | Participation on a Data | <u>lihui pan</u> None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | <u>lihui pan None</u> | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | lihui pan None | |
| 11 | Stock of Stock options | indi pan None | |
| | | | |
| 12 | Receipt of equipment, | lihui pan None | |
| | materials, drugs, medical | iniai pair itoric | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | lihui pan None | |
| | financial interests | | |
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| Ple | ase summarize the above c | onflict of interest in the fol | lowing box: |
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| | None | | |
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| Ple | ase place an "X" next to the | e following statement to in | dicate your agreement: |
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| | \times I certify that I have a | answered every questio | n and have not altered the wording of any of the |
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| qu | estions on this form. | | |
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| Date: | Mar.10 th | .2024 |
|---------|----------------------|--|
| Your N | ame: | Huifen Zhen |
| Manus | cript Title | : A retrospective study of Latissimus Dorsi Myocutaneous Flap Technique: |
| High Cu | ure Rate a | nd Satisfaction in Periductal Mastitis |
| Manus | cript num | ber (if known): GS-23-484-CL |

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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 | <u>Huifen Zhen</u> None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
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| | | Time frame: past | 26 months |
| 2 | Grants or contracts from | 1 | 30 months |
| 2 | | <u>Huifen Zhen</u> None | |
| | any entity (if not indicated in item #1 above). | | |
| | <u>'</u> | | |
| 3 | Royalties or licenses | <u>Huifen Zhen</u> None | |
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| 4 | Consulting fees | <u>Huifen Zhen</u> None | |
| | | | |

| 5 | Payment or honoraria for | <u>Huifen Zhen</u> None | |
|-----|--|--------------------------------|-------------|
| | lectures, presentations, | _ | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| - | educational events | | |
| 6 | Payment for expert testimony | <u>Huifen Zhen</u> None | |
| | testimony | | |
| 7 | Support for attending | Huifan 7han Nana | |
| , | meetings and/or travel | <u>Huifen Zhen</u> None | |
| | meetings and, or traver | | |
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| 8 | Patents planned, issued or | Huifen Zhen None | |
| | pending | | |
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| 9 | Participation on a Data | <u>Huifen Zhen</u> None | |
| | Safety Monitoring Board or | | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | <u>Huifen Zhen</u> None | |
| | in other board, society, | | |
| | committee or advocacy group, paid or unpaid | | |
| 11 | Stock or stock options | Huifen Zhen None | |
| | Stock of Stock options | <u>ITUTIETI ZITETI</u> NOTIE | |
| | | | |
| 12 | Receipt of equipment, | Huifen Zhen None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | <u>Huifen Zhen</u> None | |
| | illialiciai liiterests | | |
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| Ple | ease summarize the above c | onflict of interest in the fol | lowing box: |
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| | None | | |
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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.

| Date: | Mar.10th | .2024 | |
|---------|-------------|--|--|
| Your N | ame: | Miaomiao Jia | |
| Manus | cript Title | : A retrospective study of Latissimus Dorsi Myocutaneous Flap Technique: | |
| High Cu | ire Rate a | nd Satisfaction in Periductal Mastitis | |
| Manus | cript num | ber (if known): GS-23-484-CL | |

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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | 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. | _Miaomiao Jia_None | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Miaomiao Jia None | |
| 3 | Royalties or licenses | Miaomiao Jia None | |
| 4 | Consulting fees | <u>Miaomiao Jia</u> None | |

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|-----|---|------------------------------|------------------------|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | Miaomiao Jia None | | |
| | manuscript writing or educational events | | | |
| 6 | Payment for expert testimony | Miaomiao Jia None | | |
| | testimony | | | |
| 7 | Support for attending meetings and/or travel | Miaomiao Jia None | | |
| | | | | |
| | | | | |
| 8 | Patents planned, issued or pending | Miaomiao Jia None | | |
| | | | | |
| 9 | Participation on a Data | Miaomiao Jia None | | |
| | Safety Monitoring Board or Advisory Board | | | |
| 10 | Leadership or fiduciary role | Miaomiao Jia None | | |
| | in other board, society, | | | |
| | committee or advocacy group, paid or unpaid | | | |
| 11 | Stock or stock options | Miaomiao Jia None | | |
| | | | | |
| 12 | Receipt of equipment, | Miaomiao Jia None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other services | | | |
| 13 | Other financial or non- | Miaomiao Jia None | | |
| | financial interests | | | |
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| Ple | Please summarize the above conflict of interest in the following box: | | | |
| | None | | | |
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| Ple | ase place an "X" next to the | e following statement to inc | licate your agreement: | |
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___X___I certify that I have answered every question and have not altered the wording of any of the

questions on this form.

| Date: | Mar.10 th | .2024 |
|---------|----------------------|--|
| Your N | ame: | Chao Ding |
| Manus | cript Title | : A retrospective study of Latissimus Dorsi Myocutaneous Flap Technique: |
| High Cu | ure Rate a | nd Satisfaction in Periductal Mastitis |
| Manus | cript num | ber (if known): GS-23-484-CL |

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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | 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. | Chao Ding_None | pranning of the work |
| | | Time frame: past | 26 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Chao Ding None | 30 months |
| 3 | Royalties or licenses | <u>Chao Ding</u> None | |
| 4 | Consulting fees | <u>Chao Ding</u> None | |

| 5 | Payment or honoraria for | Chao Ding None | | |
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| | lectures, presentations, | | | |
| | speakers bureaus, | | | |
| | manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | Chao Ding None | | |
| | testimony | | | |
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| 7 | Support for attending | Chao Ding None | | |
| | meetings and/or travel | | | |
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| 8 | Patents planned, issued or | <u>Chao Ding</u> None | | |
| | pending | | | |
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| 9 | Participation on a Data | <u>Chao Ding</u> None | | |
| | Safety Monitoring Board or | | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role | Chao Ding None | | |
| | in other board, society, | | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | <u>Chao Ding</u> None | | |
| | | | | |
| | | | | |
| 12 | Receipt of equipment, | Chao Ding None | | |
| | materials, drugs, medical | | | |
| | writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | <u>Chao Ding</u> None | | |
| | financial interests | | | |
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| Ple | ease summarize the above o | onflict of interest in the fol | lowing box: | |
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| | None | | | |
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| Ple | ase place an "X" next to the | e following statement to in | dicate your agreement: | |
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| | A ILCILIIV IIIALI IIAVE | answered every questic | on and have not aftered the wording of any of the | |
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questions on this form.

| Date: | Mar.10 ^{tl} | 1.2024 |
|---------|----------------------|---|
| Your N | ame: | Xiaojun Zhang |
| Manus | cript Title | e: A retrospective study of Latissimus Dorsi Myocutaneous Flap Technique: |
| High Cu | ure Rate a | and Satisfaction in Periductal Mastitis |
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|---|---|--|---|
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | Xiaojun Zhang None | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, | | |
| | medical writing, article | | |
| | processing charges, etc.) No time limit for this item. | | |
| | No time mint for this item. | | |
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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | Xiaojun Zhang None | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | Xiaojun Zhang None | |
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| 4 | Consulting fees | Xiaojun Zhang None | |
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| 5 | Payment or honoraria for | Xiaojun Zhang None | | |
| | lectures, presentations, | | | |
| | speakers bureaus, manuscript writing or | | | |
| | educational events | | | |
| 6 | Payment for expert | Xiaojun Zhang None | | |
| | testimony | | | |
| 7 | Support for attending | Xiaojun ZhangNone | | |
| | meetings and/or travel | | | |
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| 8 | Patents planned, issued or | Xiaojun Zhang None | | |
| | pending | | | |
| 9 | Participation on a Data | Viscius 7hore Nove | | |
| 9 | Safety Monitoring Board or | Xiaojun Zhang None | | |
| | Advisory Board | | | |
| 10 | Leadership or fiduciary role in other board, society, | Xiaojun Zhang None | | |
| | committee or advocacy | | | |
| | group, paid or unpaid | | | |
| 11 | Stock or stock options | Xiaojun Zhang None | | |
| | | | | |
| 12 | Receipt of equipment, | Xiaojun Zhang None | | |
| | materials, drugs, medical writing, gifts or other | | | |
| | services | | | |
| 13 | Other financial or non- | Xiaojun Zhang None | | |
| | financial interests | | | |
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| Ple | ase summarize the above c | onflict of interest in the following box: | | |
| | None | | | |
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| Ple | ase place an "X" next to the | e following statement to indicate your agreement: | | |
| | V outifu that I have | anguared every question and have not altered the wording of any of the | | |
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| qı | uestions on this form. | | | |
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| Date: | Mar.10th | .2024 | |
|--------|-------------|--|--|
| Your N | lame: | Jinnan Gao | |
| Manus | cript Title | : A retrospective study of Latissimus Dorsi Myocutaneous Flap Technique: | |
| High C | ure Rate a | nd Satisfaction in Periductal Mastitis | |
| Manus | cript num | ber (if known): GS-23-484-CL | |

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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Jinnan Gao None | |
| 3 | Royalties or licenses | Jinnan Gao None | |
| 4 | Consulting fees | <u>Jinnan Gao</u> None | |

| Е | Dayment or honoraria for | Linnan Can Nana | |
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| 5 | Payment or honoraria for lectures, presentations, | Jinnan Gao None | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| | educational events | Linnan Caa N | |
| 6 | Payment for expert testimony | Jinnan Gao None | |
| | testimony | | |
| 7 | Support for attending meetings and/or travel | Jinnan Gao None | |
| | g , | | |
| | | | |
| 8 | Patents planned, issued or | <u>Jinnan Gao</u> None | |
| | pending | | |
| 9 | Participation on a Data | Jinnan Gao None | |
| | Safety Monitoring Board or | The state of the s | |
| | Advisory Board | | |
| 10 | Leadership or fiduciary role | <u>Jinnan Gao</u> None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | Jinnan Gao None | |
| | | | |
| 12 | Descint of actions out | Linnan Caa N | |
| 12 | Receipt of equipment, materials, drugs, medical | Jinnan Gao None | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | <u>Jinnan Gao</u> None | |
| | imanciai interests | | |
| Ple | ease summarize the above c | onflict of interest in the foll | owing box: |
| | None | | |
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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.

| Date: | Mar.10 th | 2024 |
|--------|----------------------|--|
| Your N | ame: | Fan Guo |
| Manus | cript Title | A retrospective study of Latissimus Dorsi Myocutaneous Flap Technique: |
| High C | ure Rate a | nd Satisfaction in Periductal Mastitis |
| Manus | cript num | ber (if known): GS-23-484-CL |

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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. | Fan Guo None | planning of the work |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Fan Guo None | |
| 3 | Royalties or licenses | Fan Guo None | |
| 4 | Consulting fees | <u>Fan Guo</u> None | |

| 5 | Payment or honoraria for | <u>Fan Guo</u> None | | | |
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| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or educational events | | | | |
| 6 | Payment for expert | Fan Guo None | | | |
| U | testimony | rail Guo None | | | |
| | , | | | | |
| 7 | Support for attending | Fan GuoNone | | | |
| • | meetings and/or travel | Tan Gao | | | |
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| 8 | Patents planned, issued or | Fan Guo None | | | |
| | pending | | | | |
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| 9 | Participation on a Data | Fan Guo None | | | |
| | Safety Monitoring Board or | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role | <u>Fan Guo</u> None | | | |
| | in other board, society, | | | | |
| | committee or advocacy | | | | |
| 11 | group, paid or unpaid | | | | |
| 11 | Stock or stock options | <u>Fan Guo</u> None | | | |
| | | | | | |
| 12 | Receipt of equipment, | Fan Guo None | | | |
| 12 | materials, drugs, medical | rail Guo None | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | Fan Guo None | | | |
| | financial interests | | | | |
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| PIE | ase summarize the above o | conflict of interest in the f | ollowing box: | | |
| | None | | | | |
| | None | | | | |
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| Please place an "X" next to the following statement to indicate your agreement: | | | | | |
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| X I certify that I have answered every question and have not altered the wording of any of the | | | | | |
| | A ICCILITY LITAL I HAVE | allowered every quee | non and nave not altered the wording of any or the | | |
| _ | regular mave | dilowordd over y quee | ion and have not alcored the wording or any or an | | |