

## ICMJE DISCLOSURE FORM

Date: Mar.10<sup>th</sup>.2024  
 Your Name: lihui Pan  
 Manuscript Title: A retrospective study of Latissimus Dorsi Myocutaneous Flap Technique: High Cure Rate and Satisfaction in Periductal Mastitis  
 Manuscript 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 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)
<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>	<u>lihui pan</u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>lihui pan</u> None	
3	Royalties or licenses	<u>lihui pan</u> None	
4	Consulting fees	<u>lihui pan</u> None	

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

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None
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Date: Mar.10<sup>th</sup>.2024  
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## ICMJE DISCLOSURE FORM

Date: Mar.10<sup>th</sup>.2024  
 Your Name: Miaomiao Jia  
 Manuscript Title: A retrospective study of Latissimus Dorsi Myocutaneous Flap Technique: High Cure Rate and Satisfaction in Periductal Mastitis  
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Date: Mar.10<sup>th</sup>.2024

Your Name: Chao Ding

Manuscript Title: A retrospective study of Latissimus Dorsi Myocutaneous Flap Technique: High Cure Rate and Satisfaction in Periductal Mastitis

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Date: Mar.10<sup>th</sup>.2024

Your Name: Xiaojun Zhang

Manuscript Title: A retrospective study of Latissimus Dorsi Myocutaneous Flap Technique: High Cure Rate and Satisfaction in Periductal Mastitis

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Date: Mar.10<sup>th</sup>.2024

Your Name: Jinnan Gao

Manuscript Title: A retrospective study of Latissimus Dorsi Myocutaneous Flap Technique: High Cure Rate and Satisfaction in Periductal Mastitis

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Your Name: Fan Guo

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