Date:	Jan. 5 th , 2025	
1997	ol Chang Vi	470
Your Ive	wint Title: Application of pe	ctoralis major fascia in retropectroal breast prosthesis reconstruction
Manus	ript little. Application of pa	2.21-163-01
Manus	cript number (if known):(3-24-403-CE

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</u> manuscript only.

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 initi	al planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	provision of study materials, medical writing, article processing charges
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: pas	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	X None	

S-71		_X_None	
5	Payment or honoraria for lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
	2 B N		
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	X None	and the man to the second of t
•	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone	
	group, paid or unpaid	and the second s	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
		6	
13	Other financial or non-	X None	
	financial interests		

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

Date:Jan.	5 th , 2025	
Your Name:	Jun Ma	Mal
Manuscript Tit	le: Applicatio	n of pectoralis major fascia in retropectroal breast prosthesis reconstruction
Manuscript nu	mber (if know	m): GS-24-463-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</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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution) all 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	medical writing
	110 (20) (200)	Time frame: pas	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	

6	speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending	_X_None	
7	testimony Support for attending	_X_None	
		The second secon	
- 1	meetings and/or travel	_X_None	
	Patents planned, issued or	XNone	
	pending		
	Participation on a Data	X_None	
- 1	Safety Monitoring Board or Advisory Board		
_	Leadership or fiduciary role	V Nasa	
	n other board, society,	XNone	
C	committee or advocacy group, paid or unpaid		
11 S	Stock or stock options	XNone	
	Receipt of equipment,	X_None	
v	materials, drugs, medical writing, gifts or other services	ж.	
-	Other financial or non- inancial interests	XNone	

None.

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

Date:	Jan. 5 th , 2025	
Your Na	me: Liang-Gen Yan	s An & Ale
Manusc		pectoralis major fascia in retropectroal breast prosthesis reconstruction
	ript 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.

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) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution) all 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	medical writing
		Time frame: pas	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	The state of the s
	lectures, presentations, speakers bureaus, manuscript writing or		
	educational events		direction to a stable the manufactual tent of the state o
5	Payment for expert testimony	XNone	
	Support for attending meetings and/or travel	XNone	
		en e	
	Patents planned, issued or pending	X_None	
	Participation on a Data	X_None	
	Safety Monitoring Board or Advisory Board		
0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
1	Stock or stock options	X None	A CONTRACT OF THE CONTRACT OF
)	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other services		
3	Other financial or non- financial interests	XNone	
	illialiciai liiterests		

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

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

form.

Date:	Jan. 5th	2025
Your Nan	ne:	Bin Chen
Manuscri	pt Title:	Application of pectoralis major fascia in retropectroal breast prosthesis reconstruction
Manuscri	pt numb	er (if known): <u>GS-24-463-CL</u>

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</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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) all 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	funding
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	٠
3	Royalties or licenses	_X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	X_None
	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
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	X None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
13	Other financial or non- financial interests	XNone

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:

Date:	Jan.	5 th ,	2025		3		_
Your Na	ame: _		Fang Fang 🖊	1	<u> </u>		_
Manus	cript Tit	le:	Application of	pec	toralis major	or fascia in retropectroal breast prosthesis reconstructio	<u>1</u>
			er (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.

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	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.	XNone	provision of study materials
		Time frame: pas	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,	
ĺ	speakers bureaus, manuscript writing or	
	educational events	
6	Payment for expert testimony	X_None
	Commony	
7	Support for attending meetings and/or travel	XNone
	A	
8	Patents planned, issued or pending	X_None
9	Participation on a Data	X None
,	Safety Monitoring Board or	X_NORE
	Advisory Board	
10	Leadership or fiduciary role in other board, society,	XNone
	committee or advocacy group, paid or unpaid	e e e e e e e e e e e e e e e e e e e
11	Stock or stock options	X_None
12	Receipt of equipment,	X_None
	materials, drugs, medical writing, gifts or other services	
13	Other financial or non-	_X_None
	financial interests	

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:

Date:	Jan. 5 th , 2025	v. 5
Your Nam	e: Ya-Bing Wang	ブクク
Manuscri	pt Title: Application of po	ectoralis major fascia in retropectroal breast prosthesis reconstruction
Manuscri	pt number (if known):(GS-24-463-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</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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution) al 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	provision of study materials
		Time frame: pas	it 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	-X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus, manuscript writing or educational events	to provide the control of the contro	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	_X_None	
		r and an	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X None	
a le			
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
	T		

Please summarize the above connict of interest in the following box.			
None.	*		

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

Date: Jan. !	5 th , 2025	
Your Name:	Zheng Wang	12 E
Manuscript Tit	le: Application of pe	ectoralis major fascia in retropectroal breast prosthesis reconstruction
•	mber (if known):	0000 N 00 00 0000 N 0000

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</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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) al 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	funding
		Time frame: pas	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
8 0	lectures, presentations, speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	X_None
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data	X_None
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone
	group, paid or unpaid	
11	Stock or stock options	X None
		V Nace
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None
	Part of Management of the Control of	X None
13	Other financial or non- financial interests	ANOTE
	A comment of the comm	

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: