

ICMJE DISCLOSURE FORM

Date: Apr. 12th, 2021

Your Name: Ji Hyeon Joo

Manuscript Title: Pattern of local recurrence after mastectomy and reconstruction in breast cancer patients: A systematic review

Manuscript number (if known): GS 21-15

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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Your Name: Wontaek Kim

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Your Name: Ki Seok Choo

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ICMJE DISCLOSURE FORM

Date: Apr. 12th, 2021

Your Name: Su Bong Nam

Manuscript Title: Pattern of local recurrence after mastectomy and reconstruction in breast cancer patients: A systematic review

Manuscript number (if known): GS 21-15

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