ICMJE DISCLOSURE FORM

Date:Apr. 22 nd , 20	021
Your Name:Jin-Woo	Park
Manuscript Title:	Factors influencing postoperative abdominal pain in DIEP flap breast reconstruction
Manuscript 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</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.

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.

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		Time frame: past	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 lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Comment for other disc.	V Nove	
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
	Determination of Second on	V Nana	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V Nana	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options	XNONC	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
5 1		fit . i . f t . i i t i f .	D. C. L.
PIE	ease summarize the above o	ominct of interest in the fo	nowing 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.

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Date:Apr. 22 nd , 2021	
Your Name:Ik Hyun Seong	
Manuscript Title: Factors influencing postoperative abdominal pain in DIEP flap breast reconstruction	_
Manuscript number (if known):	

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	Determination of investor	V Nana	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V Nana	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
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	financial interests		
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PIE	ease summarize the above o	ominct of interest in the fo	nowing box:
	None.		

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

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Date:Apr. 22 nd , 20	21
Your Name:Kyong-J	e Woo
Manuscript Title:	Factors influencing postoperative abdominal pain in DIEP flap breast reconstruction
Manuscript number (if I	known):

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	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
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	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
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