ICMJE DISCLOSURE FORM

Date: 09/05/21

Your Name: Alireza Hamidian Jahromi

Manuscript Title: Editorial: Feasibility, complications, and cosmetic outcomes of immediate autologous fat grafting

during breast-conserving surgery for early-stage breast cancer

Manuscript number (if known): GS-21-563

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.

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.

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

5	Payment or honoraria for	None				
	lectures, presentations, speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	None				
	testimony					
7	Support for attending meetings and/or travel	None				
8	Patents planned, issued or	None				
	pending					
9	Participation on a Data	None				
	Safety Monitoring Board or					
40	Advisory Board					
10	Leadership or fiduciary role in other board, society,	None				
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	None				
	•					
12	Receipt of equipment,	None				
	materials, drugs, medical					
	writing, gifts or other services					
13	Other financial or non-	None				
	financial interests					
Plea	Please summarize the above conflict of interest in the following box:					

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

None

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: 09/05/21

Your Name: Sydney Horen

Manuscript Title: Editorial: Feasibility, complications, and cosmetic outcomes of immediate autologous fat grafting

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