

## ICMJE DISCLOSURE FORM

Date: 11/08/2021

Your Name: Michele Maruccia

Manuscript Title: PREPECTORAL BREAST RECONSTRUCTION: AN IDEAL APPROACH TO BILATERAL RISK-REDUCING MASTECTOMY

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.

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**Please summarize the above conflict of interest in the following box:**

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

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Your Name: Rossella Elia

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Your Name: Pasquale Tedeschi

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Your Name: Marco MOSchetta

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Your Name: Giuseppe Giudice

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