Date: _9-May-2022
Your Name: Daixiong Tian
Manuscript Title: The prognosis outcomes of autologous fat transfer for breast reconstruction after breast can
surgery: a systematic review and meta-analysis of cohort studies
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 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 initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	X_None	
		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	

Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Patricipation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role  XNone XNone XNone			
speakers bureaus, manuscript writing or educational events  6  Payment for expert testimony  7  Support for attending meetings and/or travel  8  Patents planned, issued or pending  9  Participation on a Data Safety Monitoring Board or Advisory Board  Safety Monitoring Bo			
manuscript writing or educational events  6  Payment for expert testimony  7  Support for attending meetings and/or travel  8  Patents planned, issued or pending  9  Participation on a Data Safety Monitoring Board or Advisory Board  Safety Monitoring Board  Safety Monitoring Board or Advisory Board			
educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board			
6 Payment for expert testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  - XNone  XNone  XNone  XNone			
testimony  7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board			
7 Support for attending meetings and/or travel  8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board			
8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  - XNone			
8 Patents planned, issued or pending  9 Participation on a Data Safety Monitoring Board or Advisory Board  - XNone			
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9 Participation on a Data XNone Safety Monitoring Board or Advisory Board			
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Safety Monitoring Board or Advisory Board			
Advisory Board			
10 Leadership or fiduciary role XNone			
in other board, society,			
committee or advocacy			
group, paid or unpaid			
11 Stock or stock options XNone			
12 Receipt of equipment,XNone			
materials, drugs, medical			
writing, gifts or other			
services  12. Other financial or non			
13 Other financial or nonXNone			
Illiancial interests			
Please summarize the above conflict of interest in the following box:			
Thease sammanize the above connect of interest in the following box.			
None.			
No.			

\_X \_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: _9-May-2022
Your Name: Ying Chu
Manuscript Title: The prognosis outcomes of autologous fat transfer for breast reconstruction after breast cance
surgery: a systematic review and meta-analysis of cohort studies
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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		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	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
0	testimony	xNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
	,,		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
11	Stock of Stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the	following box:
	lone.		
- 1			

\_ X \_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: _9-May-2022
Your Name: Ge Zhang
Manuscript Title: The prognosis outcomes of autologous fat transfer for breast reconstruction after breast cancel
surgery: a systematic review and meta-analysis of cohort studies
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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		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	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events	Y News	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	XNone	
	meetings and or traver		
8	Patents planned, issued or	X None	
	pending	_ XNone	
	,		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	XNOTIE	
	writing, gifts or other		
	services		
13	Other financial or non-	_ XNone	
	financial interests		
	Please summarize the above conflict of interest in the following box:		
N	lone.		

\_X \_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: _9-May-2022
Your Name: Dan Huang
Manuscript Title: The prognosis outcomes of autologous fat transfer for breast reconstruction after breast cancer
surgery: a systematic review and meta-analysis of cohort studies
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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		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

\_ X \_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: _9-May-2022
Your Name: Jialin Huang
Manuscript Title: The prognosis outcomes of autologous fat transfer for breast reconstruction after breast cance
surgery: a systematic review and meta-analysis of cohort studies
Manuscript number (if known):

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Time frame: past 36 months			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	lectures, presentations,	XNone		
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or	_ XNone		
	pending			
		V N		
9	Participation on a Data	XNone		
	Safety Monitoring Board or Advisory Board			
10		V. Name		
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	XNone		
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	_ XNone		
	financial interests			
Please summarize the above conflict of interest in the following box:				
N	None.			

\_ X \_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: _9-May-2022
Your Name: Jin Zeng
Manuscript Title: The prognosis outcomes of autologous fat transfer for breast reconstruction after breast cancel
surgery: a systematic review and meta-analysis of cohort studies
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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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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