Date:_	23 <sup>rd</sup> July 2022	
Your N	ame: Geok Hoon Lim	
Manus	cript Title: Axillary management of breast cancer patients with isolated chest wall recurrence after mastectom	y
Manus	cript 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
2	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

None.

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

Date:\_\_\_\_23<sup>rd</sup> July 2022\_\_\_\_\_ Your Name: Veronica Siton Alcantara Manuscript Title: Axillary management of breast cancer patients with isolated chest wall recurrence after mastectomy Manuscript number (if known):\_\_\_\_\_

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Date:\_\_\_\_23<sup>rd</sup> July 2022\_\_\_\_\_\_ Your Name: Ruey Pyng Ng Manuscript Title: Axillary management of breast cancer patients with isolated chest wall recurrence after mastectomy Manuscript number (if known):

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Date:\_\_\_\_23<sup>rd</sup> July 2022\_\_\_\_\_\_ Your Name: Me Me Win Htein Manuscript Title: Axillary management of breast cancer patients with isolated chest wall recurrence after mastectomy Manuscript number (if known):

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

Date: \_\_\_\_23<sup>rd</sup> July 2022\_\_\_\_\_\_ Your Name: Qing Ting Tan Manuscript Title: Axillary management of breast cancer patients with isolated chest wall recurrence after mastectomy Manuscript number (if known):

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11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

None.

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

Date:\_\_\_\_23<sup>rd</sup> July 2022\_\_\_\_\_\_ Your Name: Swee Ho Lim Manuscript Title: Axillary management of breast cancer patients with isolated chest wall recurrence after mastectomy Manuscript number (if known):

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13	Other financial or non- financial interests	None	

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Date: \_\_\_\_23<sup>rd</sup> July 2022\_\_\_\_\_\_ Your Name: Zhiyan Yan Manuscript Title: Axillary management of breast cancer patients with isolated chest wall recurrence after mastectomy Manuscript number (if known):

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