Date: April 5, 2023

Your Name: Dr. Andrew Gorgy

Manuscript Title: Implant-based Breast Surgery and Capsular Formation – When, How and Why?: A Narrative

Review

Manuscript number (if known): ATM-23-131(ATM-2022-MPRSCIL-01)

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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		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.	XNone	
		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		
c	educational events Payment for expert	V None	
6	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	X None	
9	Safety Monitoring Board or		
	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	X None	
	occon or occon op alone		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the fo	ollowing box:

Date: April 5, 2023

Your Name: Natasha Barone

Manuscript Title: Implant-based Breast Surgery and Capsular Formation – When, How and Why?: A Narrative

Review

Manuscript number (if known): ATM-23-131(ATM-2022-MPRSCIL-01)

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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	V. Nana	
6	Payment for expert testimony	XNone	
	testimony		
7	Support for attending	X None	
′	meetings and/or travel		
	meetings and, or traver		
0	Datants planned issued as	V None	
8	Patents planned, issued or pending	XNone	
	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	se summarize the above co	nflict of interest in the foll	owing box:

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

Natosma Barone

Date: April 5, 2023

Your Name: Hillary Nepon

Manuscript Title: Implant-based Breast Surgery and Capsular Formation – When, How and Why?: A Narrative

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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		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	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		
- '		(1) . (
Plea	ise summarize the above co	nflict of interest in the fol	lowing box:

Date: April 5, 2023

Your Name: Jacqueline Dalfen

Manuscript Title: Implant-based Breast Surgery and Capsular Formation – When, How and Why?: A Narrative

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	Time frame: past	36 months
Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
Royalties or licenses	XNone	
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5	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	X None		
	testimony			
	•			
7	Support for attending meetings and/or travel	XNone		
	meetings and/or traver			
8	Patents planned, issued or	XNone		
	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		
	·			
12	Receipt of equipment,	XNone		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	XNone		
	financial interests			
Plea	se summarize the above co	nflict of interest in the fo	llowing box:	
N	o conflict of interest			
Plea	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

4 Consulting fees

Date: April 5, 2023

Your Name: Johnny I. Efanov

Manuscript Title: Implant-based Breast Surgery and Capsular Formation – When, How and Why?: A Narrative

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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		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	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	
	·		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the following	owing box:

Date: April 5, 2023

Your Name: Dr. Peter G Davison

Manuscript Title: Implant-based Breast Surgery and Capsular Formation – When, How and Why?: A Narrative

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4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
c	educational events Payment for expert	V None	
6	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	X None	
9	Safety Monitoring Board or		
	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	X None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ise summarize the above co	nflict of interest in the fo	ollowing box:

Date: April 5, 2023

Your Name: Joshua Vorstenbosch, MD PhD

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		relationship or indicate	institution)			
		none (add rows as				
		needed)				
	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				

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



Joshua Vorstenbosch, MD PhD FRCSC

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Royal Victoria Hospital
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Montreal, Quebec
H4A 3J1
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