Date:_01/16/2023
Your Name: Pedro Ciudad, MD; PhD
Manuscript Title: Surgical Management of Breast Cancer-Related Lymphedema: A Comprehensive Review of
Contemporary Practices
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</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)
All support for the present	ı	planning of the work
	_ X _NOTIE	
provision of study materials,		
medical writing, article		
No time limit for this item.		
	Time frame: nast	36 months
Grants or contracts from	-	50 monens
any entity (if not indicated		
in item #1 above).		
Royalties or licenses	_X_None	
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Consulting rees	X _None	
	medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial 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. Time frame: past X_None Time frame: past X_None 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.

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_ X _None	
6	Payment for expert testimony	X _None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or	_ X _None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ X _None	
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,	X None	
12	materials, drugs, medical	_ X _None	
	writing, gifts or other services		
13	Other financial or non- financial interests	_X_None	
	illianciai interests		
Ple	ase summarize the above o	onflict of interest in the fo	lowing box:

None			

Date:_01/16/2023
Your Name: Joseph M. Escandón
Manuscript Title: Surgical Management of Breast Cancer-Related Lymphedema: A Comprehensive Review of
Contemporary Practices
Manuscript number (if known):

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	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	_ X _None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_ X _None	
4	Consulting fees	_ X _None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_ X _None	
6	Payment for expert testimony	X _None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or	_ X _None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ X _None	
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,	X None	
12	materials, drugs, medical	_ X _None	
	writing, gifts or other services		
13	Other financial or non- financial interests	_X_None	
	illianciai interests		
Ple	ase summarize the above o	onflict of interest in the fo	lowing box:

None			

Date:_01/16/2023
Your Name:_ Daniela Duarte-Bateman
Manuscript Title: Surgical Management of Breast Cancer-Related Lymphedema: A Comprehensive Review of
Contemporary Practices
Manuscript number (if known):

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4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_ X _None	
6	Payment for expert testimony	X _None	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or	_ X _None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ X _None	
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,	X None	
12	materials, drugs, medical	_ X _None	
	writing, gifts or other services		
13	Other financial or non- financial interests	_X_None	
	illianciai interests		
Ple	ase summarize the above o	onflict of interest in the fo	lowing box:

None			

Date:_01/16/2023
Your Name:_ Lauren Escandón
Manuscript Title: Surgical Management of Breast Cancer-Related Lymphedema: A Comprehensive Review of
Contemporary Practices
Manuscript number (if known):

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	in other board, society,						
	committee or advocacy group, paid or unpaid						
11	Stock or stock options	X _None					
12	Receipt of equipment,	X None					
12	materials, drugs, medical	_ X _None					
	writing, gifts or other services						
13	Other financial or non- financial interests	_X_None					
	illianciai interests						
Ple	Please summarize the above conflict of interest in the following box:						

None			

Date:_01/16/2023
Your Name:_ Michele Maruccia
Manuscript Title: Surgical Management of Breast Cancer-Related Lymphedema: A Comprehensive Review of
Contemporary Practices
Manuscript number (if known):

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3	Royalties or licenses	_ X _None	
4	Consulting fees	_ X _None	

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6	Payment for expert testimony	X _None					
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	pending						
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ X _None					
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,	X None					
12	materials, drugs, medical	_ X _None					
	writing, gifts or other services						
13	Other financial or non- financial interests	_X_None					
	illianciai interests						
Ple	Please summarize the above conflict of interest in the following box:						

None			

Date:_01/16/2023
Your Name:_ Antonio J. Forte
Manuscript Title: Surgical Management of Breast Cancer-Related Lymphedema: A Comprehensive Review of
Contemporary Practices
Manuscript number (if known):

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_ X _None					
6	Payment for expert testimony	X _None					
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9	Participation on a Data Safety Monitoring Board or Advisory Board	_ X _None					
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,	X None					
12	materials, drugs, medical	_ X _None					
	writing, gifts or other services						
13	Other financial or non- financial interests	_X_None					
	illianciai interests						
Ple	Please summarize the above conflict of interest in the following box:						

None			

Date:_01/16/2023
Your Name:_ Horacio F. Mayer, MD
Manuscript Title: Surgical Management of Breast Cancer-Related Lymphedema: A Comprehensive Review of
Contemporary Practices
Manuscript number (if known):

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4	Consulting fees	X _None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_ X _None			
6	Payment for expert testimony	X _None			
7	Support for attending meetings and/or travel	_X_None			
8	Patents planned, issued or	_ X _None			
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9	Participation on a Data Safety Monitoring Board or Advisory Board	_ X _None			
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,	X None			
12	materials, drugs, medical	_ X _None			
	writing, gifts or other services				
13	Other financial or non- financial interests	_X_None			
	illianciai interests				
Ple	Please summarize the above conflict of interest in the following box:				

None			

Date:_01/16/2023
Your Name: Oscar J. Manrique, MD, FACS
Manuscript Title: Surgical Management of Breast Cancer-Related Lymphedema: A Comprehensive Review of
Contemporary Practices
Manuscript number (if known):

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4	Consulting fees	_X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_ X _None			
6	Payment for expert testimony	X _None			
7	Support for attending meetings and/or travel	_X_None			
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