Date: Fifth January 2023	
/our Name:_Dr Romain LAURENT	
Manuscript Title: Autogenous Breast Reconstruction for total mastectomies: a narrative review	
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)
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	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastx_None	36 months
3	Royalties or licenses	xNone	
4	Consulting fees	x_None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	_x_None		
	testimony			
7	Support for attending meetings and/or travel	xNone		
8	Patents planned, issued or	xNone		
	pending			
_				
9	Participation on a Data Safety Monitoring Board or	xNone		
	Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone		
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- financial interests	x_None		
	Please summarize the above conflict of interest in the following box:			

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.

Date:29 th December 2022			
Your Name:Alexandru Trifan			
Manuscript Title: Autogenous Breast Reconstruction for total mastectomies: a narrative review			
Manuscript number (if known):			

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	_XNone	
4	Consulting fees	X_None	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	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		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
4.4	group, paid or unpaid	V N	
11	Stock or stock options	X_None	
12	Descipt of agricument	V Nana	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
10	financial interests	_XNone	
	ose summarize the above co	nflict of interest in the fo	llowing box:

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.

Date: January 8 th , 2023
Your Name:_Arthur DANINO
Manuscript Title: Autogenous Breast Reconstruction for total mastectomies: a narrative review
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	x_None	
4	Consulting fees	x_None	

5	Payment or honoraria for	xNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
-	C	N.	
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	x None	
	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	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_xNone	
	financial interests		
	one	nflict of interest in the foll	owing box:
Ples	se place an "X" next to the	following statement to inc	licate vour agreement:

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

form.

Date: April 1st, 2023
Your Name: _Dr Laurence PAEK
Manuscrint Title: Autogenous Breast Reconstruction for total mastectomies: a narrative review

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).	x_None	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	
5	Payment or honoraria for lectures, presentations,	x_None	

	speakers bureaus, manuscript writing or educational events			
6	Payment for expert	x_None		
	testimony			
7	Support for attending meetings and/or travel	xNone		
8	Patents planned, issued or	_xNone		
	pending			
	5			
9	Participation on a Data 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,	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: None			

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.

Date: April 1st, 2023
Your Name:_Dr Ramy SCHOUCAIR
Manuscript Title: Autogenous Breast Reconstruction for total mastectomies: a narrative review
Manuscript number (if known):

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3	Royalties or licenses	None	
4	Consulting fees	None	

Payment or honoraria for	None	
lectures, presentations,		
speakers bureaus, manuscript writing or		
educational events		
Payment for expert	None	
testimony		
Support for attending	None	
meetings and/or travel		
Patents planned, issued or	None	
pending	None	
periamg		
Participation on a Data	None	
Safety Monitoring Board or		
Advisory Board		
Leadership or fiduciary role	None	
in other board, society, committee or advocacy		
group, paid or unpaid		
1 Stock or stock options	None	
Receipt of equipment,	None	
materials, drugs, medical		
writing, gifts or other services		
3 Other financial or non-	None	
financial interests		
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ease summarize the above co	iflict of interest in the fo	illowing box:
ease place an "X" next to the	following statement to in	ndicate your agreement:
		ndicate your agreement:

Date: May First 2023		
Your Name:_Dr Julien PAUCHOT		
Manuscript Title: Autogenous Breast	Reconstruction for total mastectomies:	a narrative review
Manuscript number (if known):		

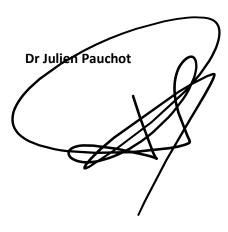
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4	Consulting fees	None	

	None	
lectures, presentations, speakers bureaus,		
manuscript writing or		
educational events		
Payment for expert	_ None	
testimony		
Support for attending	None	
meetings and/or travel	None	
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Patents planned, issued or	None	
pending		
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Participation on a Data Safety Monitoring Board or	None	
Advisory Board		
0 Leadership or fiduciary role	None	
in other board, society,		
committee or advocacy		
group, paid or unpaid Stock or stock options	None	
Stock of Stock options	None	
Receipt of equipment,	None	
materials, drugs, medical		
writing, gifts or other services		
3 Other financial or non-	None	
financial interests		
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lease summarize the above co		
ease place an "X" next to the	following statement to	



Date: April 1st, 2023	
our Name:_Dr Christina BERNIER	
Manuscript Title: Autogenous Breast Reconstruction for total mastectomies: a narrative review	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	

	speakers bureaus, manuscript writing or educational events			
6	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		
Plea	se summarize the above co	nflict of interest in the follo	owing box:	
Plea	se place an "X" next to the	following statement to ind	icate your agreement:	
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date: April 1st, 2023		
Your Name:_Dr Etienne BRIAND		
Manuscript Title: Autogenous Breast Reconstruction for total mastectomies:	narrative review	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	(1) (2)

6	speakers bureaus, manuscript writing or educational events Payment for expert testimony	None	2705 JF 1 9 G 9 PP
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	

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

None		

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

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04/01/23

Date: January, 8 th 2023				
Your Name: Dr Michel Alain DANINO				
Manuscript Title: Autogenous Breast Reconstruction for total mastectomies: a narrative review				
Manuscript number (if known):				

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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	None	Allergan Johnson and Johnson Establishment labs		
5	Payment or honoraria for	None	Allergan		
J	lectures, presentations,	NOTIC	Johnson and Johnson		

	speakers bureaus, manuscript writing or educational events		Establishment labs
	Payment for expert testimony	None	Knight therapy
			Activis med
-	C 1 C 11 P	N.	
7	Support for attending meetings and/or travel	xNone	
	meetings and/or travel		
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	Knight therapy
			Activis med
10	Advisory Board	y None	
10	Leadership or fiduciary role in other board, society, committee or advocacy	xNone	
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	xNone	
	services		
13	Other financial or non- financial interests	xNone	

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

Dr. Michel Alain Danino is a consultant for from Allergan, Johnson and Johnson, Establishment labsand receives payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events from them. Dr. Danino participated to the safety board of Knight therapy and Activis med and receives payment for expert testimony from them.

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

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MA DANINO PD PHD FRCSC