Date	e:29 March 2021		
You	r Name:Belma Doyle_		
Maı	nuscript Title: Outcomes a	after Skin-reducing Maste	ctomy and Immediate Hybrid Breast Reconstruction using
Con	nbination of Acellular Derma	al Matrix and De-epithelia	lized Dermal Flap in Large and/or Ptotic Breasts
Maı	nuscript number (if known):	ABS-21-10-R1	
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		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	al planning of the work
1	All support for the present	X None	an planning of the work
1	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time form	at 2C months
2	Grants or contracts from	Time frame: pas	ot 50 months
2	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	
	,		
4	Consulting fees	_XNone	

5	Payment or honoraria for 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	
	J ,		
8	Patents planned, issued or	_XNone	
	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	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	onflict of interest in the fol	lowing box:
N	None		
1			

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

	e:29 March 2021		
You	r Name:Elina Shaari		
Mar	nuscript Title: Outcomes a	after Skin-reducing Maste	ctomy and Immediate Hybrid Breast Reconstruction using
			lized Dermal Flap in Large and/or Ptotic Breasts
Mar	nuscript number (if known):	ABS-21-10-R1	
rela part to ti	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply touscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to tl med In it	he epidemiology of hyperte dication, even if that medica	nsion, you should declare ition is not mentioned in to port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript. d in this manuscript without time limit. For all other items
		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 initia	al 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: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X None	
4	Consulting fees	_XNone	

5	Payment or honoraria for 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	
	J ,		
8	Patents planned, issued or	_XNone	
	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	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	onflict of interest in the fol	lowing box:
N	None		
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	:29 March 2021		
Your	Name:Hisham Hame	ed	
Com	- 	al Matrix and De-epithelial	tomy and Immediate Hybrid Breast Reconstruction using lized Dermal Flap in Large and/or Ptotic Breasts
relat parti to tra relat	ed to the content of your need to the content of your needs whose interests may be an sparency and does not not needs in the conship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	uscript only.	o the addition of clationismp	sy activities, interests as they relate to the <u>earrent</u>
to th med In ite	e epidemiology of hyperte ication, even if that medica	nsion, you should declare a ition is not mentioned in the port for the work reported	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. I in this manuscript without time limit. For all other items
		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 initia	l 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	t 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 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	
	J ,		
8	Patents planned, issued or	_XNone	
	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	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	onflict of interest in the fol	lowing box:
N	None		
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:15/04/2021	
Your Name:Ashutosh Kothari_	
Manuscript Title: Outcomes a	after Skin-reducing Mastectomy and Immediate Hybrid Breast Reconstruction using
Combination of Acellular Dermal Ma	atrix and De-epithelialized Dermal Flap in Large and/or Ptotic Breasts
Manuscript number (if known):	ABS-21-10-R1

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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	x_None	
	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	x_None	
4	Consulting fees	xNone	

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	x None		
,	meetings and/or travel			
	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	x None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	x None		
	эт э			
12	Receipt of equipment,	x None		
12	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	x None		
13	financial interests			
	manda micresis			
Plea	se summarize the above co	nflict of interest in the foll	owing box:	
T	I have no conflict of interest			
1	1 Have no commet of interest			

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

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