Date: 04/04/2021 Your Name: Jenny Guevara-Martínez Manuscript Title: Case report. Surgical management of a giant malignant phyllodes tumour of the breast. Manuscript number (if known): ABS-20-150-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</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	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5		None	

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

None

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

Date: 04/04/2021 Your Name: Irene Osorio Silla Manuscript Title: Case report. Surgical management of a giant malignant phyllodes tumour of the breast. Manuscript number (if known): ABS-20-150-R1

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

None

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

Date: 04/04/2021 Your Name: Juan Bernar Manuscript Title: Case report. Surgical management of a giant malignant phyllodes tumour of the breast. Manuscript number (if known): ABS-20-150-R1

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4	Consulting fees	None	
5		None	

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

None

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

Date: 04/04/2021 Your Name: Sergio Salido Manuscript Title: Case report. Surgical management of a giant malignant phyllodes tumour of the breast. Manuscript number (if known): ABS-20-150-R1

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4	Consulting fees	None	
5		None	

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

None

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

Date: 04/04/2021 Your Name: Cecilia Meliga Manuscript Title: Case report. Surgical management of a giant malignant phyllodes tumour of the breast. Manuscript number (if known): ABS-20-150-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.

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		Time frame: past	36 months
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	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5		None	

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

None

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

Date: 09/03/2021 Your Name: NATASCHA ELSNER HERNÁNDEZ Manuscript Title: Case report. Surgical management of a giant malignant phyllodes tumour of the breast. Manuscript number (if known): ABS-20-150-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.

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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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5		None	

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

None

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

Date: 04/04/2021 Your Name: Ricardo Pardo Manuscript Title: Case report. Surgical management of a giant malignant phyllodes tumour of the breast. Manuscript number (if known): ABS-20-150-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.

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		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				
	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	None			
	any entity (if not indicated				
	in item #1 above).				
3	Royalties or licenses	None			
4	Consulting fees	None			
5		None			

	Payment or honoraria for	
	lectures, presentations, 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	None
	in other board, society,	
	committee or advocacy group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical	None
	writing, gifts or other services	
13	Other financial or non- financial interests	None

None

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