Date:_6/28/21
Your Name:_Bridgette Bolshem
Manuscript Title:_Identification of Factors that Predict Premature Tissue Expander Loss in Immediate Breast
Reconstruction
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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		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		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending	xNone	
	meetings and/or travel		
8	Patents planned, issued or	x None	
0	pending	xNone	
	pending		
_	Pauticiantian and Data	Name	
9	Participation on a Data	xNone	
	Safety Monitoring Board or Advisory Board		
10		A.I	
10	Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy		
44	group, paid or unpaid	Name	
11	Stock or stock options	xNone	
12	Descirat of annium and	Ni	
12	Receipt of equipment,	xNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	x None	
13	financial interests		
	illialiciai liitelests		
Dlas	se summarize the above co	nflict of interest in the f	ollowing hov:

The author reports no conflict of interest	

Date: 7/2/21
Your Name:A. Leilani Fahey
Manuscript Title:_Identification of Factors that Predict Premature Tissue Expander Loss in Immediate Breast
Reconstruction
Manuscript number (if known):

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3	Royalties or licenses	xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for	x None		
	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		
	meesinge ana, er a are.			
8	Patents planned, issued or	x_None		
	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-	_xNone		
	financial interests			
	Please summarize the above conflict of interest in the following box: The author reports no conflict of interest.			

The author reports no conflict of interest.	

Date:_7/2/21	_
Your Name:Atlee M. Melillo	
Manuscript Title:_ Identification of Factors that Predict Premature Tissue Expander Loss in Immediate Breast	
Reconstruction	
Manuscript number (if known):	

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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	_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	
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	
	·		
12	Receipt of equipment,	_xNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	x None	
13	financial interests	_xNone	
	illialiciai liiterests		
	nse summarize the above co		lowing box:

Date:_7/2/21	
Your Name:Katherine Rodby	
Manuscript Title: Identification of Factors that Predict Premature Tissue Expander Loss in Immediate Breast	
Reconstruction	
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	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 meetings and/or travel	xNone			
8	Patents planned, issued or	x_None			
	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				
42	services	Na			
13	Other financial or non- financial interests	xNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
Т	he author reports no conflict of	f interest.			

Date:7/2/21
Your Name:Gal Rapaport
Manuscript Title:_ Identification of Factors that Predict Premature Tissue Expander Loss in Immediate Breast
Reconstruction
Manuscript number (if known):

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

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	_		
5	Payment or honoraria for	x None	
	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		
	,		
8	Patents planned, issued or	x None	
	pending		
	periang		
9	Participation on a Data	x None	
	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	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:

The author reports no conflict of interest.		

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

I certify that I have answer form.	red every question and ha	ve not altered the wording	of any of the questions on this

Date:7/2/21	
Your Name:John P. Gaughan	
Manuscript Title:_ Identification of Factors that Predict Premature Tissue Expander Loss in Immediate Breast	
Reconstruction	
Manuscript number (if known):	

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3	Royalties or licenses	xNone	
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		_	

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	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	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	
12	materials, drugs, medical	xNone	
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		
Plas	ise summarize the above co	nflict of interest in the f	ollowing hox.

The author reports no conflict of interest.	

Date:7/2/21	_
Your Name:_Martha S. Matthews	
Manuscript Title:_ Identification of Factors that Predict Premature Tissue Expander Loss in Immediate Breast	
Reconstruction	
Manuscript number (if known):	

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	any entity (if not indicated				
	in item #1 above).				
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 meetings and/or travel	xNone					
	meetings and/or travel						
		N.					
8	Patents planned, issued or	_xNone					
	pending						
9	Participation on a Data	x None					
9	Safety Monitoring Board or	xNone					
	Advisory Board						
10	Leadership or fiduciary role	x None					
10	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						
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13	Other financial or non-	xNone					
	financial interests						
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