

ICMJE DISCLOSURE FORM

Date: 13-09-2021
 Your Name: Josephine Dissing
 Manuscript Title: Surgical complications after immediate reconstruction versus mastectomy alone: Impact on the time to delivery of adjuvant therapy
 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 **current manuscript only**.

The author's relationships/activities/interests should be **defined broadly**. 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)
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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:

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

ICMJE DISCLOSURE FORM

Date: 15.09.21

Your Name: Emma Edvardsen

Manuscript Title: Surgical complications after immediate reconstruction versus mastectomy alone: Impact on the time to delivery of adjuvant therapy _____

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 14.09.2021
 Your Name: JULIANE SCHIERBECK
 Manuscript Title: Surgical complications after immediate reconstruction versus mastectomy alone: Impact on the time to delivery of adjuvant therapy
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 160921

Your Name: Jørn Bo Thomsen

Manuscript Title: Surgical complications after immediate breast reconstruction versus mastectomy alone: Impact on the time to delivery of adjuvant therapy

Manuscript number (if known): ABS-21-113-CL

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ICMJE DISCLOSURE FORM

Date: 22/9/2021
 Your Name: Søren Cold
 Manuscript Title: Surgical complications after immediate reconstruction versus mastectomy alone: Impact on the time to delivery of adjuvant therapy
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 20/09/21

Your Name: Camilla Bille

Manuscript Title: Surgical complications after immediate reconstruction versus mastectomy alone: Impact on the time to delivery of adjuvant therapy

Manuscript number (if known): _____

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