

## ICMJE DISCLOSURE FORM

Date: 9/21/21  
 Your Name: Karan Grover  
 Manuscript Title: The Modified Wise-Pattern Superomedial Pedicle Reduction Mammoplasty for Benign Macromastia: A Nine-Year Case Series  
 Manuscript number (if known): ABS-21-102-CL

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>_KG_</u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>_KG_</u> None	
3	Royalties or licenses	<u>_KG_</u> None	
4	Consulting fees	<u>_KG_</u> None	

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

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

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  X   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: 9/28/21

Your Name: Andrew Marano

Manuscript Title: The Modified Wise-Pattern Superomedial Pedicle Reduction Mammoplasty for Benign Macromastia: A Nine-Year Case Series

Manuscript number (if known): ABS-21-102-CL

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2	Grants or contracts from any entity (if not indicated in item #1 above).	_AM__ None	
3	Royalties or licenses	_AM__ None	
4	Consulting fees	_AM__ None	

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11	Stock or stock options	<u>  </u> AM <u>  </u> None	
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## ICMJE DISCLOSURE FORM

Date: 9/28/21  
 Your Name: Alexandra Lin  
 Manuscript Title: The Modified Wise-Pattern Superomedial Pedicle Reduction Mammoplasty for Benign Macromastia: A Nine-Year Case Series  
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>_AL_</u> None	
3	Royalties or licenses	<u>_AL_</u> None	
4	Consulting fees	<u>_AL_</u> None	

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

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## ICMJE DISCLOSURE FORM

Date: 9/28/21

Your Name: Anya Panyushenko

Manuscript Title: The Modified Wise-Pattern Superomedial Pedicle Reduction Mammoplasty for Benign Macromastia: A Nine-Year Case Series

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3	Royalties or licenses	_AP_ None	
4	Consulting fees	_AP_ None	

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6	Payment for expert testimony	<u>  </u> AP <u>  </u> None	
7	Support for attending meetings and/or travel	<u>  </u> AP <u>  </u> None	
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11	Stock or stock options	<u>  </u> AP <u>  </u> None	
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## ICMJE DISCLOSURE FORM

Date: 9/28/21  
 Your Name: Wendy Castillo  
 Manuscript Title: The Modified Wise-Pattern Superomedial Pedicle Reduction Mammoplasty for Benign Macromastia: A Nine-Year Case Series  
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Date: 9/28/21

Your Name: Christine Rohde

Manuscript Title: The Modified Wise-Pattern Superomedial Pedicle Reduction Mammoplasty for Benign Macromastia: A Nine-Year Case Series

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3	Royalties or licenses	_CR_ None	
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