Date:1/7/2022

Your Name: Emanuela Esposito

Manuscript Title: Transaxillary Endoscopic Breast Reconstruction. Case Series from Single Institution

Manuscript number (if known): ABS-2021-NPBR-05(ABS-21-143)

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  |
| 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   | X_None   |   |
| 4 | Consulting fees   | XNone  |   |

| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone                     |                        |
|-----|--|---------------------------|------------------------|
| 6   | Payment for expert testimony   | XNone                     |                        |
| 7   | Support for attending meetings and/or travel   | XNone                     |                        |
| 8   | Patents planned, issued or pending   | XNone                     |                        |
| 9   | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board                                      | XNone                     |                        |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | XNone                     |                        |
| 11  | Stock or stock options   | XNone                     |                        |
| 12  | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                    | X_None                    |                        |
| 13  | Other financial or non-<br>financial interests   | XNone                     |                        |
|     | ase summarize the above co   |                           |                        |
| Ple | ase place an "X" next to the   | following statement to in | dicate your agreement: |

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

form.

Date:1/7/2022

Your Name: Ugo Marone

Manuscript Title: Transaxillary Endoscopic Breast Reconstruction. Case Series from Single Institution

Manuscript number (if known): ABS-2021-NPBR-05(ABS-21-143)

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|---|---|--|---|
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| 3 | Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses   | Time frame: pastXNoneXNone   | 36 months   |
| 4 | Consulting fees   | XNone  |   |

| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | XNone                     |                        |
|-----|--|---------------------------|------------------------|
| 6   | Payment for expert testimony   | XNone                     |                        |
| 7   | Support for attending meetings and/or travel   | XNone                     |                        |
| 8   | Patents planned, issued or pending   | XNone                     |                        |
| 9   | Participation on a Data<br>Safety Monitoring Board or<br>Advisory Board                                      | XNone                     |                        |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | XNone                     |                        |
| 11  | Stock or stock options   | XNone                     |                        |
| 12  | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                    | X_None                    |                        |
| 13  | Other financial or non-<br>financial interests   | XNone                     |                        |
|     | ase summarize the above co   |                           |                        |
| Ple | ase place an "X" next to the   | following statement to in | dicate your agreement: |

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

form.

Date:1/7/2022

Your Name: Ruggero Saponara

Manuscript Title: Transaxillary Endoscopic Breast Reconstruction. Case Series from Single Institution

Manuscript number (if known): ABS-2021-NPBR-05(ABS-21-143)

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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   | Consent for attending                             | V. Nego                        |             |
| ,   | Support for attending meetings and/or travel      | XNone                          |             |
|     | meetings and/or traver                            |                                |             |
|     |   |                                |             |
|     |   |                                |             |
| 0   | Datants planned issued or                         | X None                         |             |
| 8   | Patents planned, issued or pending                | XNone                          |             |
|     | pending   |                                |             |
| _   |   |                                |             |
| 9   | Participation on a Data                           | XNone                          |             |
|     | Safety Monitoring Board or<br>Advisory Board      |                                |             |
| 10  | Leadership or fiduciary role                      | X None                         |             |
| 10  | in other board, society,<br>committee or advocacy | XNOTIE                         |             |
|     |   |                                |             |
|     | group, paid or unpaid                             |                                |             |
| 11  | Stock or stock options                            | X None                         |             |
|     |   |                                |             |
|     |   |                                |             |
| 12  | Receipt of equipment,                             | X None                         |             |
|     | materials, drugs, medical                         | <del></del>                    |             |
|     | writing, gifts or other                           |                                |             |
|     | services  |                                |             |
| 13  | Other financial or non-                           | X None                         |             |
|     | financial interests                               | <del></del>                    |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |
| Ple | ease summarize the above co                       | onflict of interest in the fol | lowing box: |
| Г   |   |                                |             |
|     | None.   |                                |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |

Date:1/7/2022

Your Name: Emanuela Morra

Manuscript Title: Transaxillary Endoscopic Breast Reconstruction. Case Series from Single Institution

Manuscript number (if known): ABS-2021-NPBR-05(ABS-21-143)

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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   | Consent for attending                             | V. Nego                        |             |
| ,   | Support for attending meetings and/or travel      | XNone                          |             |
|     | meetings and/or traver                            |                                |             |
|     |   |                                |             |
|     |   |                                |             |
| 0   | Datants planned issued or                         | X None                         |             |
| 8   | Patents planned, issued or pending                | XNone                          |             |
|     | pending   |                                |             |
| _   |   |                                |             |
| 9   | Participation on a Data                           | XNone                          |             |
|     | Safety Monitoring Board or<br>Advisory Board      |                                |             |
| 10  | Leadership or fiduciary role                      | X None                         |             |
| 10  | in other board, society,<br>committee or advocacy | XNOTIE                         |             |
|     |   |                                |             |
|     | group, paid or unpaid                             |                                |             |
| 11  | Stock or stock options                            | X None                         |             |
|     |   |                                |             |
|     |   |                                |             |
| 12  | Receipt of equipment,                             | X None                         |             |
|     | materials, drugs, medical                         | <del></del>                    |             |
|     | writing, gifts or other                           |                                |             |
|     | services  |                                |             |
| 13  | Other financial or non-                           | X None                         |             |
|     | financial interests                               |                                |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |
| Ple | ease summarize the above co                       | onflict of interest in the fol | lowing box: |
| Г   |   |                                |             |
|     | None.   |                                |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |

Date:1/7/2022

Your Name: Gianluca Di Monta

Manuscript Title: Transaxillary Endoscopic Breast Reconstruction. Case Series from Single Institution

Manuscript number (if known): ABS-2021-NPBR-05(ABS-21-143)

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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   | Consent for attending                             | V. Nego                        |             |
| ,   | Support for attending meetings and/or travel      | XNone                          |             |
|     | meetings and/or traver                            |                                |             |
|     |   |                                |             |
|     |   |                                |             |
| 0   | Datants planned issued or                         | X None                         |             |
| 8   | Patents planned, issued or pending                | XNone                          |             |
|     | pending   |                                |             |
| _   |   |                                |             |
| 9   | Participation on a Data                           | XNone                          |             |
|     | Safety Monitoring Board or<br>Advisory Board      |                                |             |
| 10  | Leadership or fiduciary role                      | X None                         |             |
| 10  | in other board, society,<br>committee or advocacy | XNOTIE                         |             |
|     |   |                                |             |
|     | group, paid or unpaid                             |                                |             |
| 11  | Stock or stock options                            | X None                         |             |
|     |   |                                |             |
|     |   |                                |             |
| 12  | Receipt of equipment,                             | X None                         |             |
|     | materials, drugs, medical                         | <del></del>                    |             |
|     | writing, gifts or other                           |                                |             |
|     | services  |                                |             |
| 13  | Other financial or non-                           | X None                         |             |
|     | financial interests                               |                                |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |
| Ple | ease summarize the above co                       | onflict of interest in the fol | lowing box: |
| Г   |   |                                |             |
|     | None.   |                                |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |

Date:1/7/2022

Your Name: Maurizio Rho

Manuscript Title: Transaxillary Endoscopic Breast Reconstruction. Case Series from Single Institution

Manuscript number (if known): ABS-2021-NPBR-05(ABS-21-143)

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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   | 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                                | XNone                          |             |
|     | testimony   |                                |             |
| 7   | Consent for attending                             | V. Nego                        |             |
| ,   | Support for attending meetings and/or travel      | XNone                          |             |
|     | meetings and/or traver                            |                                |             |
|     |   |                                |             |
|     |   |                                |             |
| 0   | Datants planned issued or                         | X None                         |             |
| 8   | Patents planned, issued or pending                | XNone                          |             |
|     | pending   |                                |             |
| _   |   |                                |             |
| 9   | Participation on a Data                           | XNone                          |             |
|     | Safety Monitoring Board or<br>Advisory Board      |                                |             |
| 10  | Leadership or fiduciary role                      | X None                         |             |
| 10  | in other board, society,<br>committee or advocacy | XNOTIE                         |             |
|     |   |                                |             |
|     | group, paid or unpaid                             |                                |             |
| 11  | Stock or stock options                            | X None                         |             |
|     |   |                                |             |
|     |   |                                |             |
| 12  | Receipt of equipment,                             | X None                         |             |
|     | materials, drugs, medical                         | <del></del>                    |             |
|     | writing, gifts or other                           |                                |             |
|     | services  |                                |             |
| 13  | Other financial or non-                           | X None                         |             |
|     | financial interests                               | <del></del>                    |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |
| Ple | ease summarize the above co                       | onflict of interest in the fol | lowing box: |
| Г   |   |                                |             |
|     | None.   |                                |             |
|     |   |                                |             |
|     |   |                                |             |
|     |   |                                |             |

Date:1/7/2022

Your Name: Franca Avino

Manuscript Title: Transaxillary Endoscopic Breast Reconstruction. Case Series from Single Institution

Manuscript number (if known): ABS-2021-NPBR-05(ABS-21-143)

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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 lectures, presentations,                             | XNone       |  |  |  |  |  |
|-----|---|-------------|--|--|--|--|--|
|     |   |             |  |  |  |  |  |
|     | speakers bureaus,   |             |  |  |  |  |  |
|     | manuscript writing or   |             |  |  |  |  |  |
|     | educational events  |             |  |  |  |  |  |
| 6   | Payment for expert testimony  | XNone       |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
| -   | Company for attackling  | V. Nego     |  |  |  |  |  |
| 7   | Support for attending meetings and/or travel                                  | XNone       |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
| 0   | Datants planned issued or   | X None      |  |  |  |  |  |
| 8   | Patents planned, issued or pending  | XNone       |  |  |  |  |  |
|     | pending   |             |  |  |  |  |  |
| _   |   |             |  |  |  |  |  |
| 9   | Participation on a Data   | XNone       |  |  |  |  |  |
|     | Safety Monitoring Board or<br>Advisory Board                                  |             |  |  |  |  |  |
| 10  | •   | X None      |  |  |  |  |  |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy   | XNOTIE      |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     | group, paid or unpaid   |             |  |  |  |  |  |
| 11  | Stock or stock options  | X None      |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
| 12  | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other | X None      |  |  |  |  |  |
|     |   | <del></del> |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     | services  |             |  |  |  |  |  |
| 13  | Other financial or non-<br>financial interests                                | X None      |  |  |  |  |  |
|     |   | <del></del> |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
| Ple | Please summarize the above conflict of interest in the following box:         |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     | None.   |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |

Date:1/7/2022

Your Name: Stefano Mori

Manuscript Title: Transaxillary Endoscopic Breast Reconstruction. Case Series from Single Institution

Manuscript number (if known): ABS-2021-NPBR-05(ABS-21-143)

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|----------------------------|---|--|---|--|--|
|                            |   | Time frame: Since the initial  | 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 lectures, presentations,                             | XNone       |  |  |  |  |  |
|-----|---|-------------|--|--|--|--|--|
|     |   |             |  |  |  |  |  |
|     | speakers bureaus,   |             |  |  |  |  |  |
|     | manuscript writing or   |             |  |  |  |  |  |
|     | educational events  |             |  |  |  |  |  |
| 6   | Payment for expert testimony  | XNone       |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
| -   | Company for attackling  | V. Nego     |  |  |  |  |  |
| 7   | Support for attending meetings and/or travel                                  | XNone       |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
| 0   | Datants planned issued or   | X None      |  |  |  |  |  |
| 8   | Patents planned, issued or pending  | XNone       |  |  |  |  |  |
|     | pending   |             |  |  |  |  |  |
| _   |   |             |  |  |  |  |  |
| 9   | Participation on a Data   | XNone       |  |  |  |  |  |
|     | Safety Monitoring Board or<br>Advisory Board                                  |             |  |  |  |  |  |
| 10  | •   | X None      |  |  |  |  |  |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy   | XNOTIE      |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     | group, paid or unpaid   |             |  |  |  |  |  |
| 11  | Stock or stock options  | X None      |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
| 12  | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other | X None      |  |  |  |  |  |
|     |   | <del></del> |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     | services  |             |  |  |  |  |  |
| 13  | Other financial or non-<br>financial interests                                | X None      |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
| Ple | Please summarize the above conflict of interest in the following box:         |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     | None.   |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |
|     |   |             |  |  |  |  |  |