

## ICMJE DISCLOSURE FORM

Date: 07/03/2022

Your Name: Tania Saibene

Manuscript Title: Incidence of capsular contracture on irradiated ADM-assisted prepectoral breast reconstructions

Manuscript number (if known): ABS-21-141

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)
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4	Consulting fees	<input checked="" type="checkbox"/> None	

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

**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:**

**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: 07/03/2022

Your Name: Claudia Cecconi

Manuscript Title: Incidence of capsular contracture on irradiated ADM-assisted prepectoral breast reconstructions

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## ICMJE DISCLOSURE FORM

Date: 07/03/2022

Your Name: Maria Cristina Toffanin

Manuscript Title: Incidence of capsular contracture on irradiated ADM-assisted prepectoral breast reconstructions

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Date: 07/03/2022

Your Name: Matteo Cagol

Manuscript Title: Incidence of capsular contracture on irradiated ADM-assisted prepectoral breast reconstructions

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## ICMJE DISCLOSURE FORM

Date: 07/03/2022

Your Name: Massimo Ferrucci

Manuscript Title: Incidence of capsular contracture on irradiated ADM-assisted prepectoral breast reconstructions

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Date: 07/03/2022

Your Name: Raffaello Grigoletto

Manuscript Title: Incidence of capsular contracture on irradiated ADM-assisted prepectoral breast reconstructions

Manuscript number (if known): ABS-21-141

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Your Name: Silvia Michieletto

Manuscript Title: Incidence of capsular contracture on irradiated ADM-assisted prepectoral breast reconstructions

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