| Date: | Jan. 30 ^t | th , 2021 | |
|--------|----------------------|---|------|
| Your I | Name: | Naomi Sarah Ecanow | |
| Manu | script Title: | Gestational Gigantomastia complicated by breast infarctive necrosis in the setting of C | OVID |
| 19 inf | ection: a cas | se report | |
| Manu | script numb | ber (if known): <u>ABS-21-140</u> | |

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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

| | | 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 | 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 | XNone | |
| | 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 | XNone | |
| | | | |
| | | | |
| 12 | Receipt of equipment, | X_None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | XNone | |
| | financial interests | _ | |
| | | | |
| | | | |
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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:

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

| Date: <u>1/30/22</u> | |
|----------------------|---|
| Your Name: | Anna Martha Chichura |
| Manuscript Titl | e: Gestational Gigantomastia complicated by breast infarctive necrosis in the setting of COVID-19 |
| infection: a cas | <u>e report</u> |
| Manuscript nur | nber (if known): <u>ABS-21-140</u> |

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

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | XNone | |
|----|---|---------|--|
| | manuscript writing or educational events | | |
| 6 | Payment for expert testimony | XNone | |
| 7 | Support for attending meetings and/or travel | Hologic | |
| | | | |
| 8 | Patents planned, issued or pending | XNone | |
| 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 | XNone | |
| | | | |
| 12 | Receipt of equipment, | 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:

| Dr. Chichura reports that she attended a cadaveric educations course sponsored by Hologic. |
|--|
| |
| |

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.

| Date: | 2/2/22 |
|------------------------|--|
| Your Name: | Katherine Kopkash |
| Manuscript Title: | Gestational Gigantomastia complicated by breast infarctive necrosis in the setting of COVID-19 |
| infection: a case repo | rt |
| Manuscript number | if known): ABS-21-140 |

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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|---|---|--|---|
| | | 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. | None | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |
| 4 | Consulting fees | None | |

| 5 | Payment or honoraria for | None | |
|------|--|--------------------------------|------------|
| | lectures, presentations, | | |
| | speakers bureaus, | | |
| | manuscript writing or | | |
| _ | educational events | | |
| 6 | Payment for expert | None | |
| | testimony | | |
| - | 6 16 11 11 | | |
| 7 | Support for attending | None | |
| | meetings and/or travel | | |
| | | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | None | |
| | pending | | |
| _ | | | |
| 9 | Participation on a Data | None | |
| | Safety Monitoring Board or | | |
| 10 | Advisory Board | | |
| 10 | Leadership or fiduciary role | None | |
| | in other board, society, committee or advocacy | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | None | |
| 11 | Stock of Stock options | None | |
| | | | |
| 12 | Receipt of equipment, | None | |
| | materials, drugs, medical | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- | None | |
| | financial interests | | |
| | | | |
| | ise summarize the above co | nflict of interest in the foll | owing box: |
| I IN | one | | |

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.

| Date: 1/31/24 | 022 | | .,. | | | |
|----------------------|------------|------------|--------------|----------------|-----------|-----------------|
| Your Name: | Cotherine | fesce, | MA. | | | W. |
| Manuscript Title: | swateral | Gigantima | the conflict | ed by breat in | rune | 0-19 in feiture |
| Manuscript number (i | f known):/ | BS - 21-14 | 10 ' | utnu | g of covi | a call vefor |

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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 initi | al planning of the work |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, | _X_None | |
| | medical writing, article processing charges, etc.) No time limit for this item. | | |
| | 2 . | -: (| at 26 months |
| | | Time frame: pa | St 36 Months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | _X_None | |
| 4 | Consulting fees | None | |
| | | | A CONTRACTOR OF THE CONTRACTOR |

| Payment or honoraria for lectures, presentations, | _X_None | |
|---|--|--|
| speakers bureaus, manuscript writing or educational events | | |
| Payment for expert testimony | _X_None | |
| Support for attending meetings and/or travel | None | |
| | | |
| Patents planned, issued or pending | _X_None | |
| Participation on a Data Safety Monitoring Board or | None | |
| Leadership or fiduciary role in other board, society, committee or advocacy | None | |
| Stock or stock options | _X_None | |
| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| Other financial or non- | _X_None | |
| financial interests | | |
| 37 | | |
| | lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services | lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options None Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non- None |

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

Nove

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

| Date: | <u>Feb.</u> | 4 th , | 2022 | | | |
|--------|----------------------------|-------------------|--|-----|--|--|
| Your N | Name: | | Megan E. Sullivan | | | |
| Manu | script Tit | tle:_ | Gestational Gigantomastia complicated by breast infarctive necrosis in the setting of CO | VID | | |
| 19 inf | 9 infection: a case report | | | | | |
| Manu | script nu | ımb | er (if known): <u>ABS-21-140</u> | | | |

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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). | X_None | |
| 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 | | |
| - | | V N | |
| 7 | Support for attending meetings and/or travel | XNone | |
| | | | |
| | | | |
| 8 | Patents planned, issued or | XNone | |
| | pending | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | |
| | | | |
| _ | Advisory Board | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy | XNone | |
| | | | |
| | group, paid or unpaid | | |
| 11 | Stock or stock options | X None | |
| | - Para - | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical | X None | |
| | | | |
| | writing, gifts or other | | |
| | services | | |
| 13 | Other financial or non- financial interests | XNone | |
| | | | |
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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:

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

| Date: <u>Jan 29, 2022</u> | | | | | |
|---------------------------|---|--|--|--|--|
| Your Name: | Katharine Yao, MD | | | | |
| Manuscript Ti | tle: Gestational Gigantomastia complicated by breast infarctive necrosis in the setting of COVID-19 | | | | |
| infection: a ca | se report | | | | |
| Manuscript nu | umber (if known): ABS-21-140 | | | | |

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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 6 | 26 |
| | | 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 | X_None | | | |
|----------|---|--------------------------------|-----------|--|--|
| | lectures, presentations, | | | | |
| | speakers bureaus, | | | | |
| | manuscript writing or | | | | |
| | educational events | V. Nene | | | |
| 6 | Payment for expert | XNone | | | |
| | testimony | | | | |
| 7 | Support for attending | X None | | | |
| ' | meetings and/or travel | | | | |
| | meetings and/or traver | | | | |
| | | | | | |
| | | | | | |
| 8 | Patents planned, issued or | X None | | | |
| | pending | | | | |
| | | | | | |
| 9 | Participation on a Data Safety Monitoring Board or | XNone | | | |
| | | | | | |
| | Advisory Board | | | | |
| 10 | Leadership or fiduciary role in other board, society, | X_None | | | |
| | | | | | |
| | committee or advocacy | | | | |
| 11 | group, paid or unpaid Stock or stock options | X None | | | |
| 11 | | | | | |
| | | | | | |
| 12 | Receipt of equipment, | X None | | | |
| | materials, drugs, medical | | | | |
| | writing, gifts or other | | | | |
| | services | | | | |
| 13 | Other financial or non- | XNone | | | |
| | financial interests | | | | |
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| Dlas | isa summariza tha ahovo co | nflict of interest in the fall | owing hov | | |
| FIE | Please summarize the above conflict of interest in the following box: | | | | |
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