Date: May 22, 2023

Your Name: Kyra Nicholson

Manuscript Title: Impact of the National Accreditation Program for Breast Center's Reconstruction Standard on

Reconstruction Rates at Commission on Cancer Centers with Breast Center Accreditation

Manuscript number (if known): ABS-23-3-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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
c		None	
6	Payment for expert testimony	None	
	testimony		
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		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid 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		

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: 611123	
Your Name: Kristine Kucht	a fac Breest
Manuscript Title: Tmpact of the	a National Accredictation Program for Breast
Manuscript number (if known):	Conter's Reconstruction Standard on Peronstruction Rules at Commission on Concer Centers with
	Cite at (DMM) SS(VI)
	Breast Concer Accreeled attan

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 you institution)
		Time frame: Since the initi	al planning of the work
	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.	X None Time frame: pa	ast 36 months
!	Grants or contracts from any entity (if not indicated in item #1 above).	× None	
3	Royalties or licenses	None	
4	Consulting fees	None	

- 1	Payment or honoraria for	× None	
,	lectures, presentations, speakers bureaus,		
		Olgopical days of the	
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
		2/11	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	≺ None	
0	pending		
	Ferrand		
9	Participation on a Data	None	
	Safety Monitoring Board or	MILE THE PERSON	
	Advisory Board	District State of the State of	
10	Leadership or fiduciary role in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options	FIRE PULL TILL	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	X None	
12	financial interests	Artone	
3.8			

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

Date: 6/1/2023	
Your Name: Richard J. Bleicher, MD	
Manuscript Title: Impact of the National Accreditation Program for Breast Center's Reconstruction Star on Reconstruction Rates at Commission on Cancer Centers with Breast Center Accreditation Manuscript number (if known): ABS-23-3-R2	ıdard
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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		
11	group, paid or unpaid	V. Nana	
11	Stock or stock options	XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	ase summarize the above co	nflict of interest in the f	ollowing box:
	I/A		
	•		

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

Date:6/28/23				
Your Name:Randy Stevens , MD				
Manuscript Title: Impact of the National Accreditation Program for Breast Center's Reconstruction Standard on				
Reconstruction Rates at Commission on Cancer Centers with Breast Center Accreditation				
Manuscript number (if known):ABS-23-3-R2				

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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 lectures, presentations, speakers bureaus,	None	
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role		Committee member
	in other board, society,		CAQC - ASTRO
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

I am a committee member on the American Society for Radiation Oncology (ASTRO) Clinical Affairs and Quality Council (CAQC) which is centered around promoting quality improvement in radiation oncology. As a committee member, I contribute to the development and implementation of quality improvement initiatives, guidelines, and standards within the field.

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:June 16	2023
Your Name:Jill R Die	tz
Manuscript Title:	NAPBC Breast Recon
paper	
Manuscript number (if kno	own):

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
5	lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
0	testimony	None	
	testimony		
7	Support for attending	None	
′	meetings and/or travel	None	
	ineetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	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	
	_		
_			
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
42	services	A.I.	
13	Other financial or non-	None	
	financial interests		
Plea	ise summarize the above con	flict of interest in the	tollowing box:
DI.	oso place an "Y" poyt to the f	allawing statement to	indicate very egypoment.

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

form.

Date:6/14/2023	
 Your Name: Lee Wilk	e e
Manuscript Title:	Impact of the National Accreditation Program for Breast Center's Reconstruction Standard on
Reconstruction Rates at	Commission on Cancer Centers with Breast Center Accreditation
Manuscript number (if k	known): ABS-23-3-R2

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	 NCTN LAPS Grant; National Cancer Institute – Principal Investigator (6 year ongoing grant) Perimeter Medical – Institutional grant support for clinical trials
3	Royalties or licenses	None	

	Canadaina fara	Mana	
4	Consulting fees	None	
5	Payment or honoraria for	None	Department of Defense Grant Reviewer
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
8	Patents planned, issued or pending	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	N	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	Founder and minority stock owner – Elucent medical
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

- 1. I am the Principal Investigator for the University of Wisconsin NCTN NCI LAPs grant which provides funding for Phase 2/3 clinical trials in cancer at the University of Wisconsin (Federal funding)
- 2. I am the PI for a clinical trial investigating tumor margins in breast cancer through a company called Perimeter I do not take salary support and this is for institution support for the trial
- 3. I am a minority stock owner and founder of a technology for intraoperative navigation elucent Medical I own less than 2% of the company.
- 4. I am a reviewer for the Department of Defense Era of Hope Grant mechanism and receive a small stipend for time spent reviewing these grants these are federal grants

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:	_June 2, 2023
Your Name:	_Scott H. Kurtzman, MD FACS
Manuscript Ti	tle: Impact of the National Accreditation Program for Breast Center's Reconstruction Standard
on Reconstru	action Rates at Commission on Cancer Centers with Breast Center
Accreditation	<u> </u>
Manuscript nu	umber (if known): ABS-23-3-R2

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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	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

		1	
	I		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	XNone	
	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy group, paid or unpaid	NAPBC	Immediate past Chair
11	Stock or stock options	X None	
11	Stock of Stock options	_^NOTIE	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		
DI -	and accompanies and the section	COLUMN CO	La Caracteria

As a member and past Chair of NAPBC, I have and had an interest in demonstrating the value of NAPBC accreditation.

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 form.	of the questions on this

Dan James Maris

ICMJE DISCLOSURE FORM

Date: 6 L	2023		
Your Name:	TELLY	SARANTON MO FACS	
Manuscript Tit	tle:	to both properties and the second of the second sections	as an arministration
Manuscript nu	ımber (if know	vn): A85-23-3-R2	

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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	A COMMITTEE OF STREET AND STREET	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)
	de description of an equations	Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding,	None	
provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	A 360		
		× \$60.16	
		Time frame: pas	t 36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
	speakers bureaus, manuscript writing or educational events	Nove	
6	Payment for expert	None	
0	testimony	A 320	
7	Support for attending meetings and/or travel	None	
		The state of the s	
		1	
8	Patents planned, issued or pending	None	
	INVESTIGATE AND CO. TO SEC.		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board	A 9894	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	1. 10 mm 1
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	None	is in this manuscript whitein the direct. For all orba
	services		
13	Other financial or non- financial interests	None	and making services
		TOTAL BUILDING PARTY	
	the desirement of the control of the control of	A COMPANIES BOAT SHEET AND A	

Please summarize the above conflict of interest in the following box:	
a the interest of a sequence, we assive to despise all relationships) activious interests seed helow stated to the contribute grows manuscript. "Releted" means say mathin with far profit or not compress satisfies whose lines for any be assected by the containt of the manuscript. Disclosure represents a compartite whose can see any see any security he manuscript. On the satisfies a first a transparency sort sort with receivering indicate a bias. If you are in doubt about whather is a list a should not be factorized by factorized for every list professible that you do so.	

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

Dery Janto (11/22)

Date:June 1, 2023
Your Name:Katharine Yao, MD
Manuscript Title: Impact of the National Accreditation Program for Breast Center's Reconstruction
Standard on Reconstruction Rates at Commission on Cancer Centers with Breast Center Accreditation
Manuscript number (if known): ABS-23-3-R2

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All augus aut fau tha mus		planning of the work
1	All support for the present manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	
5		_XNone	

	Payment or honoraria for		
	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	None	Chair, National Accreditation Program for Breast Centers
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X_None	
		., .,	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Dlas	se summarize the above co	nflict of interest in the	e following box:

I am Chair of the National Accreditation Program for Breast Centers of the American College of Surgeons. I do not receive any payment for this role.	t

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