ICMJE DISCLOSURE FORM

Date: **May 1st, 2022**

Your Name: **Tae hyun Kong**

Manuscript Title: **Effect of Acellular Dermal Matrix Thickness and Surface Area on Direct-to-Implant Breast Reconstruction**

Manuscript number (if known): __________________________

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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

Time frame: Since the initial planning of the work

Time frame: past 36 months
Please summarize the above conflict of interest in the following box:

The author has no conflicts of interest to declare.

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.
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Date: May 1st, 2022
Your Name: Kyu-Jin Chung
Manuscript Title: Effect of Acellular Dermal Matrix Thickness and Surface Area on Direct-to-Implant Breast Reconstruction
Manuscript number (if known): 

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| 3 | Royalties or licenses                                                                                                  | _ X __None                                                                          |
| 4 | Consulting fees                                                                                                       | _ X __None                                                                          |
|   | Description                                                                                           | Answer |
|---|-------------------------------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _ X __None |
| 6 | Payment for expert testimony                                                                          | _ X __None |
| 7 | Support for attending meetings and/or travel                                                          | _ X __None |
| 8 | Patents planned, issued or pending                                                                     | _ X __None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                     | _ X __None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid     | _ X __None |
|11 | Stock or stock options                                                                                 | _ X __None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                       | _ X __None |
|13 | Other financial or non-financial interests                                                             | _ X __None |

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Date: **May 1st, 2022**
Your Name: **Taegon Kim**
Manuscript Title: **Effect of Acellular Dermal Matrix Thickness and Surface Area on Direct-to-Implant Breast Reconstruction**
Manuscript number (if known): ____________________________

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| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Conflict of Interest                                                                 | Agreement |
|---|-------------------------------------------------------------------------------------|-----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript      | X None    |
|   | writing or educational events                                                        |           |
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**Date:** May 1st, 2022  
**Your Name:** Jun-Ho Lee  
**Manuscript Title:** Effect of Acellular Dermal Matrix Thickness and Surface Area on Direct-to-Implant Breast Reconstruction  
**Manuscript number (if known):**

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