ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
2. The work under consideration for publication.
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Pedro  
2. **Surname (Last Name)**  
   Ciudad  
3. **Date**  
   20-March-2020  
4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

5. **Manuscript Title**  
   Single-stage VASER-assisted liposuction and lymphatico-venous anastomoses for the treatment of extremity lymphedema: a case series and systematic review of the literature  
6. **Manuscript Identifying Number (if you know it)**  
   GS-2019-Lymphedema-02

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Are there any relevant conflicts of interest?  
- [ ] Yes  
  - [x] No

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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Ciudad has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Oscar

2. Surname (Last Name)  
Manrique

3. Date  
20-March-2020

4. Are you the corresponding author?  
☑️ No

Corresponding Author’s Name  
Pedro Ciudad

5. Manuscript Title  
Combined microvascular breast and lymphatic reconstruction with deep inferior epigastric perforator flap and gastroepiploic vascularized lymph node transfer for postmastectomy lymphedema patients

6. Manuscript Identifying Number (if you know it)  
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Dr. Manrique has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<td>Samyd</td>
<td>Bustos</td>
<td>20-March-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - ✔ No

Corresponding Author’s Name  
Pedro Ciudad

5. Manuscript Title  
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Dr. Bustos has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Maria

2. Surname (Last Name)  
   Vargas

3. Date  
   20-March-2020

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Pedro Ciudad

5. Manuscript Title  
   Combined microvascular breast and lymphatic reconstruction with deep inferior epigastric perforator flap and gastroepiploic vascularized lymph node transfer for postmastectomy lymphedema patients

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Dr. Vargas has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Cesar
2. Surname (Last Name)  Reynaga
3. Date  20-March-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Combined microvascular breast and lymphatic reconstruction with deep inferior epigastric perforator flap and gastroepiploic vascularized lymph node transfer for postmastectomy lymphedema patients

6. Manuscript Identifying Number (if you know it)
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Dr. Reynaga has nothing to disclose.

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<td>2. Surname (Last Name)</td>
<td>Agko</td>
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<td>3. Date</td>
<td>20-March-2020</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
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<td>Corresponding Author’s Name</td>
<td>Pedro Ciudad</td>
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Dr. Agko has nothing to disclose.

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<tr>
<td>Tony</td>
<td>Huang</td>
<td>20-March-2020</td>
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4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No  

Corresponding Author’s Name  
Pedro Ciudad

5. Manuscript Title  
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1. Given Name (First Name)  
   Eduardo

2. Surname (Last Name)  
   Figueroa Benites

3. Date  
   20-March-2020

4. Are you the corresponding author?  
   ☐ Yes  ☑ No

   Corresponding Author’s Name  
   Pedro Ciudad

5. Manuscript Title  
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Dr. Figueroa Benites has nothing to disclose.

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2. Surname (Last Name)  
   Mayer

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   - No  
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2. Surname (Last Name)  Forte
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