ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Maria
2. Surname (Last Name)  Yan
3. Date  18-March-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Oscar J. Manrique MD, FACS

5. Manuscript Title
Oncological Safety of Lipofilling after Breast Conserving Surgery: comment on “Lipofilling after breast conserving surgery: a comprehensive literature review investigating its oncologic safety”

6. Manuscript Identifying Number (if you know it)
GS-20-184

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Yan has nothing to disclose.

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<tr>
<th>1. Given Name (First Name)</th>
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<td>Bustos</td>
<td>18-March-2020</td>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [X] No

Corresponding Author’s Name  
Oscar J. Manrique MD FACS

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
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Dr. Bustos has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) | Doga
2. Surname (Last Name) | Kuruoglu
3. Date | 18-March-2020

4. Are you the corresponding author? | Yes [✓] No

---

5. Manuscript Title
   Oncological Safety of Lipofilling after Breast Conserving Surgery: comment on “Lipofilling after breast conserving surgery: a comprehensive literature review investigating its oncologic safety”

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1. Given Name (First Name)  
   Antonio

2. Surname (Last Name)  
   Forte

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   18-March-2020

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   Oscar J. Manrique MD FACS

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2. Surname (Last Name)  
   Manrique

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   18-March-2020

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