

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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Dr. Yan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Samyd	2. Surname (Last Name) Bustos	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Dr. Bustos has nothing to disclose.

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1. Given Name (First Name)
Doga

2. Surname (Last Name)
Kuruoglu

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

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1. Given Name (First Name) Antonio	2. Surname (Last Name) Forte	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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"		
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Oscar

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Manrique

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18-March-2020

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