ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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## Section 1. Identifying Information

1. Given Name (First Name)  
Zi-Han

2. Surname (Last Name)  
Wang

3. Date  
29-March-2020

4. Are you the corresponding author?  
☑ No  

Corresponding Author’s Name: Xiang Qu

5. Manuscript Title  
Breast reconstruction using a laparoscopically harvested pedicled omental flap after endoscopic mastectomy for patients with breast cancer: An observational study of a minimally invasive method

6. Manuscript Identifying Number (if you know it)  
GS-19-480

## Section 2. The Work Under Consideration for Publication

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☑ No

## Section 3. Relevant financial activities outside the submitted work.

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Section 6. Disclosure Statement

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Dr. Wang has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name)                  2. Surname (Last Name)                  3. Date
   Pei                                          Xin                              29-March-2020

4. Are you the corresponding author?  Yes ☐  No ☑
   Corresponding Author’s Name
   Xiang Qu

5. Manuscript Title
   Breast reconstruction using a laparoscopically harvested pedicled omental flap after endoscopic mastectomy for patients with breast cancer: An observational study of a minimally invasive method

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes ☐  No ☑
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Dr. Xin has nothing to disclose.

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1. Given Name (First Name)  
   Xiang

2. Surname (Last Name)  
   Qu

3. Date  
   29-March-2020

4. Are you the corresponding author?  
   Yes  No

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Zhong-Tao</th>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Zhang</td>
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<td>3. Date</td>
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