| Date: <u>Septe</u> | ember 24, 2022 |
|--|---|
| Your Name: | Joshua Sterling |
| | le: How and Why Tobacco Use Affects ReconstructiveSurgical Practice: a Contemporary Narrative Review mber (if known): |
| In the interest | of transparency, we ask you to disclose all relationships/activities/interests listed below that are |
| related to the operation related to the operat | content of your manuscript. "Related" means any relation with for-profit or not-for-profit third interests may be affected by the content of the manuscript. Disclosure represents a commitment |
| to transparenc | y and does not necessarily indicate a bias. If you are in doubt about whether to list a |

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work |
|---|---|---|---|
| 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. | XNone | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | XNone | | | |
|----|---|--------|--|--|--|
| | manuscript writing or educational events | | | | |
| 6 | Payment for expert testimony | XNone | | | |
| 7 | Support for attending meetings and/or travel | XNone | | | |
| | | | | | |
| 8 | Patents planned, issued or pending | XNone | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | XNone | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | XNone | | | |
| 11 | Stock or stock options | XNone | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X_None | | | |
| 13 | Other financial or non- financial interests | XNone | | | |
| | Please summarize the above conflict of interest in the following box: None. | | | | |
| | | | | | |

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.

| Date: Sept | ember 24, 2022 |
|-----------------|--|
| Your Name: | Connor Policastro |
| Manuscript Tit | le: How and Why Tobacco Use Affects ReconstructiveSurgical Practice: a Contemporary Narrative Review |
| Manuscript nu | mber (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 |
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|---|---|---|---|
| | | Time trame. Since the mittar | planning of the work |
| 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. | XNone | |
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| | | Time frame; nect | 26 mantha |
| 2 | | Time frame: past | 50 months |
| 2 | Grants or contracts from any entity (if not indicated | XNone | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | | | | |
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| , | Support for attending meetings and/or travel | XNone | | | | |
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| 8 | Patents planned, issued or | XNone | | | | |
| | pending | | | | | |
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| 9 | Participation on a Data | XNone | | | | |
| | Safety Monitoring Board or Advisory Board | | | | | |
| 10 | Leadership or fiduciary role | X None | | | | |
| | in other board, society, | | | | | |
| | committee or advocacy | | | | | |
| | group, paid or unpaid | | | | | |
| 11 | Stock or stock options | XNone | | | | |
| | | | | | | |
| 12 | Receipt of equipment, | X None | | | | |
| 12 | materials, drugs, medical | | | | | |
| | writing, gifts or other | | | | | |
| | services | | | | | |
| 13 | Other financial or non- | XNone | | | | |
| | financial interests | | | | | |
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| Plea | ase summarize the above co | nflict of interest in the foll | owing box: | | | |
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| Plea | Please place an "X" next to the following statement to indicate your agreement: | | | | | |

| Your Name: <u>Jason Elyaguov</u> Manuscript Title: How and Why Tobacco Use Affects ReconstructiveSurgical Practice: a Contemporary Narrative Review Manuscript number (if known): TAU-22-427 | Date: | September 2 | 4, 2022 | | | | | |
|--|----------|------------------|-----------------|---------------------|--------------------|------------------|----------------|--------------|
| | Your Nar | ne: <u>Jasor</u> | ı Elyaguov | | | | | |
| Manuscrint number (if known): TALL-22-427 | Manuscr | ipt Title: How | and Why Tobacco | o Use Affects Recor | nstructiveSurgical | Practice: a Cont | temporary Narr | ative Review |
| Widnescript number (ir known). | Manuscr | ipt number (if | known): | TAU-22-427 | | | | |

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| | | Time frame: past | 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | XNone | |
| 3 | Royalties or licenses | XNone | |
| 4 | Consulting fees | XNone | |

| 5 | Payment or honoraria for | XNone | | | | |
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| 6 | Payment for expert | XNone | | | | |
| | testimony | | | | | |
| 7 | Cupport for attending | X None | | | | |
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| | ,,, | | | | | |
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| 8 | Patents planned, issued or | XNone | | | | |
| | pending | | | | | |
| | | | | | | |
| 9 | Participation on a Data | XNone | | | | |
| | Safety Monitoring Board or Advisory Board | | | | | |
| 10 | Leadership or fiduciary role | X None | | | | |
| | in other board, society, | | | | | |
| | committee or advocacy | | | | | |
| | group, paid or unpaid | | | | | |
| 11 | Stock or stock options | XNone | | | | |
| | | | | | | |
| 12 | Receipt of equipment, | X None | | | | |
| 12 | materials, drugs, medical | | | | | |
| | writing, gifts or other | | | | | |
| | services | | | | | |
| 13 | Other financial or non- | XNone | | | | |
| | financial interests | | | | | |
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| Plea | Please place an "X" next to the following statement to indicate your agreement: | | | | | |

| Date: | Septem | nber 24, 2022 | | | | |
|---------|-------------|-----------------|----------------------------|---|------------------------|------|
| Your Na | me: | Jay Simhan | | | | |
| Manusc | ript Title: | How and Why | Tobacco Use Affects | ReconstructiveSurgical Practice: a Con- | temporary Narrative Re | view |
| Manusc | ript numl | ber (if known): | TAU-22-42 | , | | |
| | | | | | | |

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|---|--|--|---|
| | | Time frame: Since the initial | planning of the work |
| 1 | All support for the present | XNone | |
| | manuscript (e.g., funding, | | |
| | provision of study materials, medical writing, article | | |
| | processing charges, etc.) | | |
| | No time limit for this item. | | |
| | | | |
| | | | |
| | | Time frame: past | 36 months |
| 2 | Grants or contracts from | XNone | |
| | any entity (if not indicated | | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | XNone | |
| | | | |
| | | | |
| 4 | Consulting fees | XNone | |
| | | | |

| 5 | Payment or honoraria for | XNone | | | | |
|----------|---|--------------------------------|------------|--|--|--|
| | lectures, presentations, | | | | | |
| | speakers bureaus, manuscript writing or | | | | | |
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| | pending | | | | | |
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| 9 | Participation on a Data | XNone | | | | |
| | Safety Monitoring Board or Advisory Board | | | | | |
| 10 | Leadership or fiduciary role | X None | | | | |
| | in other board, society, | | | | | |
| | committee or advocacy | | | | | |
| | group, paid or unpaid | | | | | |
| 11 | Stock or stock options | XNone | | | | |
| | | | | | | |
| 12 | Receipt of equipment, | X None | | | | |
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| | writing, gifts or other | | | | | |
| | services | | | | | |
| 13 | Other financial or non- | XNone | | | | |
| | financial interests | | | | | |
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| Plea | Please place an "X" next to the following statement to indicate your agreement: | | | | | |

| Date: _ | Septem | nber 24, 2022 | |
|---------|--------------|---------------------|--|
| Your Na | ame: | Dmitriy Nikolavsky | |
| Manus | cript Title: | How and Why Tobacco | Use Affects ReconstructiveSurgical Practice: a Contemporary Narrative Review |
| Manus | cript numl | oer (if known): | TAU-22-427 |
| | | | |

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| | speakers bureaus, manuscript writing or | | | | | | |
| | educational events | | | | | | |
| 6 | Payment for expert | XNone | | | | | |
| | testimony | | | | | | |
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| , | Support for attending meetings and/or travel | ^_None | | | | | |
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| 8 | Patents planned, issued or | XNone | | | | | |
| | pending | | | | | | |
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| 9 | Participation on a Data | XNone | | | | | |
| | Safety Monitoring Board or Advisory Board | | | | | | |
| 10 | Leadership or fiduciary role | X None | | | | | |
| | in other board, society, | | | | | | |
| | committee or advocacy | | | | | | |
| | group, paid or unpaid | | | | | | |
| 11 | Stock or stock options | XNone | | | | | |
| | | | | | | | |
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| | financial interests | | | | | | |
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| N | None. | | | | | | |
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