

ICMJE DISCLOSURE FORM

Date: March 5,2023

Your Name: Xiaonan Yang

Manuscript Title: Real-world management of abnormal scarring using topical silicone gel: Expert consensus and case series from the Asian SCARS Expert Group

Manuscript Number (if known): Click or tap here to enter text.

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 to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial 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.	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
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3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>X</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	X								
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr><td>X</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	X								
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr><td>X</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	X								
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr><td>X</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	X								
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11	Stock or stock options	<input type="checkbox"/> None	
		X	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		X	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		x	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/29/2023

Your Name: Visnu Lohsiriwat

Manuscript Title: Real-world management of abnormal scarring using topical silicone gel: Expert consensus and case series from the Asian SCARS Expert Group

Manuscript Number (if known): Click or tap here to enter text.

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 to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2/24/2023

Your Name: Frank Chun-Shin, Chang

Manuscript Title: Real-world management of abnormal scarring using topical silicone gel: Expert consensus and case series from the Asian SCARS Expert Group

Manuscript Number (if known): Click or tap here to enter text.

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 to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 3/23/2023

Your Name: Dr Tan Thiam Chye

Manuscript Title: Real-world management of abnormal scarring using topical silicone gel: Expert consensus and case series from the Asian SCARS Expert Group

Manuscript Number (if known): NA

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 to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 3/20/2023

Your Name: Catherine J. Howard

Manuscript Title: Real-world management of abnormal scarring using topical silicone gel: Expert consensus and case series from the Asian SCARS Expert Group

Manuscript Number (if known): [Click or tap here to enter text.](#)

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">Cathay Drug Philippines</td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;">Biofemme Unilab</td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Cathay Drug Philippines		Biofemme Unilab								
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2/22/2023

Your Name: Liang Qiao

Manuscript Title: Real-world management of abnormal scarring using topical silicone gel: Expert consensus and case series from the Asian SCARS Expert Group

Manuscript Number (if known): Click or tap here to enter text.

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 to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>									
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/7/2023

Your Name: Sheng-Wen Steven Shaw

Manuscript Title: Real-world management of abnormal scarring using topical silicone gel: Expert consensus and case series from the Asian SCARS Expert Group

Manuscript Number (if known): Click or tap here to enter text.

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 to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: Since the initial planning of the work						
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="363 331 922 465"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" data-bbox="927 331 1469 465"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="363 551 922 645"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" data-bbox="927 551 1469 645"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="363 880 922 974"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" data-bbox="927 880 1469 974"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="363 1088 922 1182"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" data-bbox="927 1088 1469 1182"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="363 1296 922 1391"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" data-bbox="927 1296 1469 1391"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="363 1505 922 1599"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" data-bbox="927 1505 1469 1599"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="363 1691 922 1785"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" data-bbox="927 1691 1469 1785"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

S. Shaw

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/6/2023

Your Name: Tran Nguyen Anh Tu

Manuscript Title: Improved traumatic scar with the combined use of silicone gel and laser therapy]

Manuscript Number (if known): Click or tap here to enter text.

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 to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 3/6/2023

Your Name: CHAN Yung

Manuscript Title: Real-world management of abnormal scarring using topical silicone gel: Expert consensus and case series from the Asian SCARS Expert Group

Manuscript Number (if known): Click or tap here to enter text.

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Date: 4/24/2023

Your Name: Daniel Dellosa

Manuscript Title: Real-world management of abnormal scarring using topical silicone gel: Expert consensus and case series from the Asian SCARS Expert Group

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 4/24/2023

Your Name: Dinesh Nagrale

Manuscript Title: Real-world management of abnormal scarring using topical silicone gel: Expert consensus and case series from the Asian SCARS Expert Group

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