

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.

Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Katz 1



Cartina						
Section 1. Identifying Inf	Identifying Information					
Given Name (First Name) Jeffrey	2. Surname (Last Name Katz	2. Surname (Last Name) 3. E Katz 21-				
4. Are you the corresponding author?	✓ Yes No	✓ Yes No				
5. Manuscript Title Predictors and outcomes of cross-o osteoarthritis	ver to surgery in a random	ized trial of surgery vs. p	hysical therapy for meniscal	tear and		
6. Manuscript Identifying Number (if yo	ou know it)					
Section 2. The Work Under						
The Work Unde	er Consideration for Pu	blication				
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No						
If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.						
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Other Support?	Comments			
NIH	✓					
Section 3. Relevant finance	cial activities outside th	ne submitted work.				
Place a check in the appropriate bo of compensation) with entities as d clicking the "Add +" box. You should	escribed in the instructions	. Use one line for each e	ntity; add as many lines as yo	ou need by		
Are there any relevant conflicts of interest? Ves No						
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Name of Entity	Grant? Personal Fees?	Non-Financial Other Support?	Comments			
PIC Doputy Editor						

Katz 2



Section 4. Intellectual Property Patents & Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No				
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Dr. Katz reports grants from NIH, during the conduct of the study; personal fees from JBJS Deputy Editor, outside the submitted work; .				

Evaluation and Feedback

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Katz 3



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Losina 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Elena	2. Surname (Last Name) Losina		3. Date 21-December-2015		
4. Are you the corresponding author?	Yes ✓ No Corresponding Author's Name Jeffrey Katz				
5. Manuscript Title Predictors and outcomes of cross-over osteoarthritis	5. Manuscript Title Predictors and outcomes of cross-over to surgery in a randomized trial of surgery vs. physical therapy for meniscal tear and				
6. Manuscript Identifying Number (if you k	now it)				
		_			
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Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da				
If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row.					
Excess rows can be removed by pressing the "X" button.					
Name of Institution/Company	Grant	n-Financial Other? Co	omments		
NIH	✓				
Section 3. Relevant financial	activities outside the s	ubmitted work.			
Place a check in the appropriate boxes of compensation) with entities as descrelicking the "Add +" box. You should re	ibed in the instructions. Us	e one line for each entity;	add as many lines as you need by		
Are there any relevant conflicts of inter					
If yes, please fill out the appropriate inf	ormation below.				
Name of Entity	Grant'	n-Financial Other? Co	omments		
IBJS Deputy Editor					

Losina 2



Soutien A
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Levy 1



Section 1. Identifying Information	ation				
1. Given Name (First Name) Bruce	2. Surname (Last I Levy	Name)	3. Date 16-December-2015		
4. Are you the corresponding author?	Yes ✓ No	o Correspond Jeffrey Ka	ding Author's Name tz		
5. Manuscript Title Predictors and outcomes of cross-over to osteoarthritis	o surgery in a rand	domized trial of surg	gery vs. physical therapy for meniscal tea	ar and	
6. Manuscript Identifying Number (if you kno	ow it)				
Section 2. The Work Under Co					
The Work Under Co	nsideration for	Publication			
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)?			•		
Are there any relevant conflicts of interest?					
If yes, please fill out the appropriate info		you have more thar	n one entity press the "ADD" button to a	dd a row.	
Excess rows can be removed by pressing	_ _	al Nameto and al			
Name of Institution/Company	Grant? Person		Other Comments		
NIH	✓				
		_			
Section 3. Relevant financial a	activities outsic	le the submitted	work.		
Place a check in the appropriate boxes ir of compensation) with entities as described clicking the "Add +" box. You should rep	oed in the instruct	ions. Use one line fo	or each entity; add as many lines as you	need by	
Are there any relevant conflicts of interest		No			
If yes, please fill out the appropriate info	rmation below.				
Name of Entity	Grant? Person		Other? Comments		
Arthrex			Royalties and consultant		
Arthrex	✓		Education grant		
Biomet	✓		Education grant		

Levy 2



Name of Entity	Grant? Personal Fees?	Non-Financial Support	Other? Comments		
Stryker	✓		Education grant		
Continu A					
Section 4. Intellectual Propert	y Patents & Copy	yrights			
Do you have any patents, whether plann	ed, pending or issued	l, broadly relevan	t to the work? Yes	√ No	
Section 5. Relationships not c	overed above				
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Dr. Levy reports grants from NIH, during from Stryker, outside the submitted wor		udy; personal fee	es from Arthrex, grants from	n Biomet, grants	

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Safran-Norton 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Clare E.	rst Name)	2. Surname (Last Name) Safran-Norton	3. Date 18-December-2015
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Jeffrey N Katz
5. Manuscript Title Predictors and o osteoarthritis		to surgery in a randomized	d trial of surgery vs. physical therapy for meniscal tear and
6. Manuscript Ide	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Public	cation
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Section 4.	Intellectual Proper	rty Patents & Copyric	yhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Safran-Norton 2



Section 5. Relationships not covered above
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Dr. Safran-Norton has nothing to disclose.

Evaluation and Feedback

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Safran-Norton 3



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Reinke 1



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1. Given Name (First Name) Emily	2. Surname (Last Name) Reinke		3. Date 21-December-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author	
5. Manuscript Title Predictors and outcomes of cross-over to osteoarthritis		d trial of surgery vs. p	hysical therapy for meniscal tear and
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Name of Institution/Company	Grant'	n-Financial upport?	Comments
NIH	/		5R01 AR055557 subcontract
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Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the	work? ☐ Yes ✓ No

Reinke 2



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Dr. Reinke reports grants from NIH, during the conduct of the study; .

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Jones 1



Section 1.	ldentifying Inform	ation				
1. Given Name (Fi Morgan	rst Name)	2. Surname (Last Jones	Name)		3. Date 21-December-2015	
4. Are you the cor	responding author?	Yes ✓ N	lo Correspor Jeffrey Ka	nding Author's Na atz	ame	
5. Manuscript Title Predictors and o osteoarthritis		o surgery in a rar	ndomized trial of sur	gery vs. physica	al therapy for meniscal tear an	d
6. Manuscript Idei	ntifying Number (if you kn	ow it)				
Section 2.	The Work Under Co	onsideration fo	r Publication			
	ubmitted work (including			-	ommercial, private foundation, et esign, manuscript preparation,	c.) for
Are there any rel	evant conflicts of intere		No			
	but the appropriate info be removed by pressing		you have more tha	n one entity pre	ess the "ADD" button to add a	row.
Name of Institut	ion/Company	Grant? Perso	2 2	Other? Co	mments	
NIH		V		1 K23 Jones	3 AR066133 01A1 - Morgan H. s, Pl	
Section 3.	Relevant financial	activities outsi	de the submitted	l work.		
of compensation) with entities as descri	bed in the instru	ctions. Use one line f	for each entity; a	lationships (regardless of amo add as many lines as you need nonths prior to publication.	d by
Are there any rel	evant conflicts of intere	est? Yes	✓ No			
	ı					
Section 4.	Intellectual Proper	ty Patents &	Copyrights			
Do you have any	patents, whether plans	ned, pending or i	ssued, broadly relev	ant to the work	? ☐ Yes ✓ No	

Jones 2



Section 5. Relationships not sovered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Jones reports grants from NIH, during the conduct of the study.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Jones 3



Instructions

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Mandl 1



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Lisa	2. Surname (Last Name) Mandl	3. Date 18-December-2015				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name JN KATZ				
5. Manuscript Title Predictors and outcomes of cross-over osteoarthritis	to surgery in a randomized	d trial of surgery vs. physical therapy for meniscal tear and				
6. Manuscript Identifying Number (if you k	now it)					
		_				
Section 2. The Work Under C	ionsideration for Public	cation				
•		a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,				
Are there any relevant conflicts of interest? Yes V						
Section 3. Relevant financial	activities outside the s	submitted work.				
of compensation) with entities as descri	ribed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.				
Are there any relevant conflicts of inter If yes, please fill out the appropriate inf						
if yes, please fill out the appropriate in						
Name of Entity	Grant? Personal Nor	or-Financial Other? Comments				
Nolters Kluwer Health (Up-To-Date)		Author				
Annals of Internal Medicine	✓	✓ Assistant Editor				
Section 4. Intellectual Prope	rty Patents & Copyric	ghts				
Do you have any patents, whether plar	nned, pending or issued, br	roadly relevant to the work? Yes V				

Mandl 2



Section 5. Relationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Mandl 3



Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

Martin 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Scott	rst Name)	2. Surname (Last Name) Martin	3. Date 22-December-2015
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Jeffrey Katz
5. Manuscript Title Predictors and o osteoarthritis		to surgery in a randomized	trial of surgery vs physical therapy for meniscal tear and
6. Manuscript Ide	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Public	ation
any aspect of the s statistical analysis,	submitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	n) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Martin 2



Section 5.						
Section 5.	Relationships not covered above					
	Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?					
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):					
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest					
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships.					
Section 6.	Disclosure Statement					
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box					

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Martin 3



Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

Spindler 1



Section 1. Identifying Information	ation			
1. Given Name (First Name) Kurt	2. Surname (Last Name) Spindler		3. Date 22-December-2015	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name	
5. Manuscript Title Predictors and outcomes of cross-over to osteoarthritis	o surgery in a randomized	l trial of surgery vs. ph	nyscial therapy for meniscal tear and	
6. Manuscript Identifying Number (if you kno	ow it)			
		_		
Section 2. The Work Under Co	nsideration for Public	ation		
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da) for
Are there any relevant conflicts of interest lf yes, please fill out the appropriate info		e more than one enti-	ty press the "ADD" button to add a r	OW/
Excess rows can be removed by pressing		e more than one enti-		
Name of Institution/Company	Grant	n-Financial other?	Comments	
NIH				
Section 3. Relevant financial a	activities outside the s	ubmitted work.		
Place a check in the appropriate boxes ir of compensation) with entities as described clicking the "Add +" box. You should rep	oed in the instructions. Us	e one line for each en	ntity; add as many lines as you need	
Are there any relevant conflicts of interes	st? ✓ Yes No			
If yes, please fill out the appropriate info	rmation below.			
Name of Entity	Grant	n-Financial Other?	Comments	
Cytori Scientific Board	V			
Mitek consultant				

Spindler 2



Soutien A					
Section 4. Intellectual Property Patents & Copyrights					
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume					
Section 5. Relationships not covered above					
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?					
Yes, the following relationships/conditions/circumstances are present (explain below):					
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Section 6. Disclosure Statement					
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.					
Dr. Spindler reports grants from NIH, from null, from null, during the conduct of the study; grants from Cytori Scientific Board, personal fees from Mitek consultant, outside the submitted work.					

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

Spindler 3



Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

Marx 1



Section 1. Identifying Information	ation						
1. Given Name (First Name) Robert	2. Surnai Marx	me (Last Nar	ne)		3. Date 17-August-2016		
4. Are you the corresponding author?	Yes	√ No	Correspond Jeffrey Ne	-	or's Name		
5. Manuscript Title Predictors of cross-over toe surgery in a	randomiz	ed trial of s	surgery vs. physic	al therap	y for meniscal tear and osteoarthritis		
6. Manuscript Identifying Number (if you kno	6. Manuscript Identifying Number (if you know it)						
Section 2. The Work Under Co	nsidera	tion for P	ublication				
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)?) for	
Are there any relevant conflicts of intere	Are there any relevant conflicts of interest?						
Cartion 2							
Section 3. Relevant financial activities outside the submitted work.							
Place a check in the appropriate boxes ir of compensation) with entities as describ clicking the "Add +" box. You should rep	oed in the ort relatio	instruction onships tha	ns. Use one line fo t were present d	or each er	ntity; add as many lines as you need k		
Are there any relevant conflicts of intered lf yes, please fill out the appropriate info	ب ا		No				
ii yes, piease iiii out the appropriate iiiio							
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
Mend		✓					
JBJS		✓			Deputy Editor for Sports Medicine and Associate Editor for Evidence based Orthopedics		
Springer		✓			Book Royalties for Marx, "Revision ACL Reconstruction: Indications and Technique." Springer 2013		
Demos Health		✓			Book Royalties for Marx: "The ACL Solution: Prevention and Recovery from Sports' Most Devastating Knee Injury." Devos Health 2012.		

Marx 2



Section 4. Intellectual Property Patents & Copyrights					
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					
Section 5. Relationships not covered above					
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?					
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.					
Dr. Marx reports personal fees from Mend, personal fees from JBJS, personal fees from Springer, personal fees from Demos Health, outside the submitted work; .					

Evaluation and Feedback

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Marx 3



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Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Inform	nation			
1. Given Name (First Name) Rick	2. Surname (Last Name) Wright		3. Date 18-December-2015	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nar Jeffrey N. Katz, MD	me	
5. Manuscript Title Predictors and outcomes of cross-over osteoarthritis	to surgery in a randomize	d trial of surgery vs. physical	l therapy for meniscal tear and	d
6. Manuscript Identifying Number (if you kr	now it)			
		_		
Section 2. The Work Under Co	onsideration for Publi	cation		
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, d			a.) for
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Section 4. Intellectual Property Patents & Copyrights					
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.					
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