

#### **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.

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

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Section 1.	Identifying Inform	ation							
1. Given Name (Fi Mark	rst Name)	2. Surname (Last Name) Glazebrook 3. Date 21-March-2019							
4. Are you the cor	responding author?	Yes	✓ No	-	Corresponding Author's Name Alastair Younger				
5. Manuscript Title Outcomes of Total Ankle Replacement, Arthroscopic Ankle Fusion and Open Ankle Fusion for Isolated Non-deformed End- Stage Ankle Arthritis									
6. Manuscript Ide	ntifying Number (if you kno	ow it)							
Section 2.									
	The Work Under Co				,				
	submitted work (including					ent, commercial, private foundation, etc.) for udy design, manuscript preparation,			
	evant conflicts of intere			No					
	out the appropriate info be removed by pressing			u have more than	one enti	ity press the "ADD" button to add a row.			
Name of Institut	ion/Company	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments			
ntegra		<b>✓</b>				research grant			
DePuy		<b>✓</b>				grant for data collection			
Section 3.									
Section 3.	Relevant financial a	ctivities	outside '	the submitted	work.				
of compensation	n) with entities as describ	oed in the	instruction	ns. Use one line fo	or each er	cial relationships (regardless of amount ntity; add as many lines as you need by			
_	evant conflicts of intere		·	n were <b>present d</b> No	uring the	e 36 months prior to publication.			
•	out the appropriate info								
			Dovesment	Non-Financial					
Name of Entity		Grant !	Personal Fees?	Support?	Other?	Comments			
Wright Medical/BMTI		✓	<b>√</b>			research/institutional support and consulting fees			
Smith & Nephew		<b>✓</b>	$\checkmark$			research/institutional support and consulting fees			



Name of Entity	Grant•	Fees?	Support?	Other •	Comments	
erring Inc	<b>√</b>	<b>✓</b>			research/institutional support and consulting fees	
BioSET Inc	<b>✓</b>	<b>✓</b>			research/institutional support and consulting fees	
Cartiva Inc	<b>✓</b>	<b>✓</b>			research/institutional support and consulting fees	
Section 4. Intellectual Propert	ty Pate	ents & Cop	pyrights			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						
Continue 5						
Section 5. Relationships not c	overed a	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/cond	litions/cir	cumstance	s are present (exp	olain belo	w):	
No other relationships/conditions/cir	rcumstand	ces that pre	esent a potential o	conflict o	finterest	
Journal reviewer for Foot & Ankle Interna Clinical Orthopaedics & Related Research		ournal of Bo	one and Joint Surg	gery (Amo	erican), The Bone & Joint Journal, and	
At the time of manuscript acceptance in	urpale wil	ll ack autho	ars to confirm and	lifnocos	cary undate their disclosure statement	

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**

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Glazebrook reports grants from Integra, grants from DePuy, during the conduct of the study; grants and personal fees from Wright Medical/BMTI, grants and personal fees from Smith & Nephew, grants and personal fees from Ferring Inc, grants and personal fees from Cartiva Inc, outside the submitted work; and Journal reviewer for Foot & Ankle International, Journal of Bone and Joint Surgery (American), The Bone & Joint Journal, and Clinical Orthopaedics & Related Research.

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Outcomes of Tot	5. Manuscript Title Outcomes of Total Ankle Replacement, Arthroscopic Ankle Fusion and Open Ankle Fusion for Isolated Non-deformed End- Stage Ankle Arthritis										
6. Manuscript Idei	ntifying Number (if you kn	ow it)									
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	ubmitted work (including				-	ent, commercial, private foundation, etc.) for udy design, manuscript preparation,					
	evant conflicts of intere	st? ✓	Yes	No							
	out the appropriate info			u have more thar	one ent	ity press the "ADD" button to add a row.					
Name of Institut		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments					
ntegra		<b>✓</b>				research grant					
Section 3.	Relevant financial	activitie	s outside	the submitted	work.						
of compensation	n) with entities as descri	bed in the	instruction	ns. Use one line fo	or each ei	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication.					
•	evant conflicts of intere			No							
If yes, please fill o	out the appropriate info	rmation k	oelow.								
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments					
ntegra		<b>✓</b>	<b>√</b>			Grants/ consulting					
Stryker		<b>✓</b>	<b>√</b>			unrestricted research grant; consulting fee/honorarium; support for travel expenses					



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Wright Medical Technology (WMT)		<b>✓</b>			consulting fee/honorarium; support for travel expense
Ferring		<b>✓</b>			consulting fees
Carticept		<b>√</b>			consulting fee/honorarium; support for travel expense
Section 4. Intellectual Propert	y Pate	ents & Coj	pyrights		
Do you have any patents, whether plann	•			nt to the	work?
Do you have any parents, miles plans		9 0. 1350.0	,,		
Section 5. Relationships not c	overed	above			
Are there other relationships or activities potentially influencing, what you wrote i				influence	d, or that give the appearance of
Yes, the following relationships/cond	itions/cir	cumstance	es are present (exp	olain belo	pw):
✓ No other relationships/conditions/cir	cumstan	ces that pre	esent a potential o	conflict o	finterest
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					•
Section 6. Disclosure Statemen	nt				
Based on the above disclosures, this form below.	n will auto	omatically (	generate a disclos	sure state	ement, which will appear in the box
Dr. Daniels reports grants from Integra, opersonal fees from Stryker, personal fees from Carticept, outside the submitted w	from Wr				



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Dryden 1



Section 1.	Identifying Inform	nation							
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6. Manuscript Ide	6. Manuscript Identifying Number (if you know it)								
Section 2.	The Work Under C	onsideration for Public	cation						
Did you or your institution <b>at any time</b> 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									
Section 3.									
Section 5.	Relevant financial	activities outside the s	submitted work.						
of compensation	Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .								
Are there any rel	evant conflicts of intere	est?							
Section 4.	Intellectual Prope	rty Patents & Copyric	yhts						
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No						

Dryden 2



Section 5. Polationships 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?
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Dr. Dryden has nothing to disclose.

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Dryden 3



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Section 2. The Work Under C	Consideration for Pul	blication		
Did you or your institution <b>at any time</b> recany aspect of the submitted work (includin statistical analysis, etc.)?  Are there any relevant conflicts of interesting the state of the stat	eive payment or services fr ng but not limited to grants	om a third party , data monitoring		
If yes, please fill out the appropriate in	formation below. If you		one entity press the "ADD"	' button to add a row.
Excess rows can be removed by pressi				
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support?	Other Comments	
Integra LifeSciences	<b>✓</b>		unrestricted research	ch grant;
Section 3. Polovant financia				
Relevant financia	l activities outside th	e submitted	work.	
Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re	ribed in the instructions eport relationships that v	. Use one line fo	or each entity; add as many	lines as you need by
Are there any relevant conflicts of inte		0		
If yes, please fill out the appropriate in	formation below.			
Name of Entity	Grant? Personal Fees?	Non-Financial Support	Other? Comments	
Wright Medical Technologies			consultancy; payme royalties; payment f of educational pres	for development
Vancouver Coastal Health Authority and			Administrative stipe	end



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
DePuy Synthes	<b>✓</b>				Fellowship funding	
Zimmer Omega	<b>✓</b>				Fellowship funding	
Arthrex	<b>✓</b>				Felloship funding	
Amniox	<b>✓</b>	$\checkmark$			Research grant, consulting	
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Based on the above disclosures, this forn below.	n will auto	omatically (	generate a disclos	sure state	ement, which will appear in the box	
Dr. Penner reports grants from Integra L Technologies, personal fees from Vanco Synthes, grants from Zimmer Omega, gr work; .	uver Coa	stal Health	Authority and Pro	ovidence	Health Care, grants from DePuy	



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Veljkovic 1



Section 1. Identifying Information	ation									
1. Given Name (First Name) Andrea	2. Surname (Last Na Veljkovic	me)	3. Date 30-July-2018							
4. Are you the corresponding author?	re you the corresponding author?  Yes  Younger  Alastair Younger									
5. Manuscript Title Outcomes of Total Ankle Replacement, Arthroscopic Ankle Fusion and Open Ankle Fusion for Isolated Non-deformed End- Stage Ankle Arthritis										
6. Manuscript Identifying Number (if you kno	ow it)									
Section 2. The Work Under Co	nsideration for P	ublication								
Did you or your institution <b>at any time</b> received any aspect of the submitted work (including statistical analysis, etc.)?										
Are there any relevant conflicts of interes	st? Yes ✓	No								
Section 3. Relevant financial a	ctivities outside	the submitted	work.							
Place a check in the appropriate boxes ir of compensation) with entities as described clicking the "Add +" box. You should rep	ed in the instructio	ns. Use one line fo	or each entity; add as many lines	s as you need by						
Are there any relevant conflicts of interes	st? 🗸 Yes	No								
If yes, please fill out the appropriate info	rmation below.									
	Crant Personal	Non-Financial	3							
Name of Entity	Grant! Personal Fees?	Support?	Other Comments							
Acumed	<b>✓</b>		research support							
Zimmer	✓		fellowship support							
Bioventus	<b>✓</b>		research support							
Wright medical	<b>✓</b>		research support							
Arthrex	<b>✓</b>		fellowship support/rese	arch support						
Synthes	<b>✓</b>		fellowship support							
Ferring	<b>✓</b>		research support							
Amniox	<b>✓</b>		research support							

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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):
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
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Veljkovic reports grants from Acumed, grants from Zimmer, grants from Bioventus, grants from Wright medical, grants from Arthrex, grants from Synthes, grants from Ferring, grants from Amniox, outside the submitted work; .

## **Evaluation and Feedback**

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

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#### **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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

# 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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#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**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



Section 1.	Identifying Inforn	nation								
1. Given Name (Fi Kevin	rst Name)	2. Surname Wing	e (Last Nam	e)		3. Date 07-August-2018				
4. Are you the cor	responding author?	Yes	✓ No	-	Corresponding Author's Name Alastair Younger					
5. Manuscript Title Outcomes of To Stage Ankle Arth	tal Ankle Replacement,	, Arthroscopi	ic Ankle Fu	sion and Open <i>i</i>	Ankle Fus	sion for Isolated Non-deformed End-				
6. Manuscript Ide	ntifying Number (if you k	now it)								
Section 2.	The Work Under C	onsiderati	on for Pu	blication						
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Name of Institut	tion/Company	Grant?	Fees?	Support?	Other •	Comments				
ntegra Life Sciences		<b>√</b>				unrestricted research grant				
Section 3.	Relevant financial	activities o	outside tl	he submitted	work.					
of compensation	n) with entities as descr	ibed in the i	nstructions	s. Use one line fo	or each ei	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication.				
	evant conflicts of inter									
If yes, please fill o	out the appropriate inf	ormation be	low.							
Name of Entity		Grant?	Personal Fees	Non-Financial Support?	Other?	Comments				
Arthrex		<b>✓</b>				educational grant				
DePuy/Synthes		<b>✓</b>				educational grant				
Zimmer/Omega		<b>✓</b>				educational grant				



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments				
Vright Medical		<b>√</b>			speaker/lab proctor				
British Columbia Orthopaedics Association					President				
Section 4. Intellectual Propert	y Pater	nts & Cop	oyrights						
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo									
Section 5. Relationships not c	overed a	bove							
Are there other relationships or activities potentially influencing, what you wrote i				nfluence	d, or that give the appearance of				
Yes, the following relationships/cond									
	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 Stateme	nt								
Based on the above disclosures, this form below.	n will autor	matically (	generate a disclos	sure state	ment, which will appear in the box				
Dr. Wing reports grants from Integra Life DePuy/Synthes, grants from Zimmer/On Association, outside the submitted worl	nega, perso								



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Section 1. Identifying Information									
Given Name (First Name)  Alastair		2. Surname (Last Name) Younger			3. Date 07-August-2018				
4. Are you the corresponding author?		✓ Yes No	)						
Stage Ankle Arth	tal Ankle Replacement, nritis	•	e Fusion and Open	Ankle Fusi	ion for Isolated Non-deformed End-				
6. Manuscript Identifying Number (if you know it)									
Section 2.	The Work Under C	onsideration fo	Publication						
	submitted work (including				ent, commercial, private foundation, etc.) for udy design, manuscript preparation,				
Are there any relevant conflicts of interest?  Ves  No									
	out the appropriate info be removed by pressin		you have more tha	n one enti	ty press the "ADD" button to add a row.				
Name of Institution/Company		Grant? Person		Other?	Comments				
ntegra Foundation		<b>✓</b>			Research grant				
Section 3.	Relevant financial	activities outsic	le the submitted	work.					
of compensation	n) with entities as descr	ibed in the instruct	ions. Use one line f	for each en	ial relationships (regardless of amount atity; add as many lines as you need by 2 36 months prior to publication.				
Are there any relevant conflicts of interest?  Yes  No									
If yes, please fill	out the appropriate info	ormation below.							
Name of Entity		Grant? Person		Other?	Comments				
Acumed Inc.		<b>✓</b>			Research grant; Consultancy				
COA - Hip Hip Hooray		<b>✓</b>			Research grant				
University of British Columbia		<b>✓</b>			Research grant				



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
St. Paul's Hospital Foundation	<b>✓</b>				research office support
American Orthopaedic Foot and Ankle Society	<b>✓</b>				research grant
Canadian Orthopaedic Research Legacy Fund	✓				research award
Ferring	<b>✓</b>	<b>✓</b>			Sponsored RCT study
Orthopaedic Research Excellence Fund	<b>✓</b>				Funding for RCT
Smith and Nephew	<b>✓</b>				Research grant
Synthes	<b>✓</b>				Research grant
DePuy	✓				Research grant
Wright Medical	<b>✓</b>	$\checkmark$			Education and consultancy
Bioventus	<b>✓</b>	$\checkmark$			Research grant
Amniox Medical Inc.	<b>✓</b>				Research grant
Zimmer Inc.	<b>✓</b>	$\checkmark$			Research grant
Cartiva	$\checkmark$	<b>✓</b>			Research grant and consultancy
Do you have any patents, whether plans If yes, please fill out the appropriate info	ned, pend	ling or issue	ed, broadly releva		
Excess rows can be removed by pressing		•	u nave more tnar	one enti	ty press the ADD button to add a row
Patent <sup>?</sup> Pendir	ng <mark>?</mark> Issue	ed? Licens	sed?Royalties?	License	ee? Comments
Fastening device for total ankle arthroplasty				Dr. Alastai Younger	r Personally funded



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	wing relationships/conditions/circumstances are present (explain below): tionships/conditions/circumstances that present a potential conflict of interest
	inuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Dr. Younger reports grants from Integra Foundation, during the conduct of the study; grants and personal fees from Acumed Inc., grants from COA - Hip Hip Hooray, grants from University of British Columbia, grants from St. Paul's Hospital Foundation, grants from American Orthopaedic Foot and Ankle Society, grants from Canadian Orthopaedic Research Legacy Fund, grants and personal fees from Ferring, grants from Orthopaedic Research Excellence Fund, grants from Smith and Nephew, grants from Synthes, grants from DePuy, grants and personal fees from Wright Medical, grants and personal fees from Bioventus, grants from Amniox Medical Inc., grants and personal fees from Zimmer Inc., grants and personal fees from Cartiva, outside the submitted work; In addition, Dr. Younger has a patent Fastening device for total ankle arthroplasty licensed to Dr. Alastair Younger.

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