

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.

1. 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.

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4. Intellectual Property.

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

5. Relationships not covered above.

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

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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

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|----------------------------------|-----------------------------|
| 1. Given Name (First Name) Theodore | 2. Surname (Last Name) Manson | 3. Date 15-December-2019 |
| 4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5. Manuscript Title A Calcar Collar is Protective Against Early Torsional/Spiral Periprosthetic Fracture of the Femur: A Paired Cadaveric Biomechanical Analysis. | | |
| 6. Manuscript Identifying Number (if you know it) JBJS-D-19-01125 | | |

Section 2. The Work Under Consideration for Publication

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 Support? | Other? | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-----------------------|
| Depuy-Synthes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Donated Femoral Stems |
| AO Trauma North America | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Section 3. Relevant financial activities outside the submitted work.

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 **present during the 36 months prior to publication**.

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|------------|
| Depuy-Synthes | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| Stryker | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-----------|
| Globus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Royalties |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Manson reports other from Depuy-Synthes, grants from AO Trauma North America, during the conduct of the study; personal fees from Depuy-Synthes, personal fees from Stryker, other from Globus, outside the submitted work; .

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| | | |
|--|------------------------------------|--|
| 1. Given Name (First Name) Timothy | 2. Surname (Last Name) Costales | 3. Date 15-December-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Theodore Manson |
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Section 1. Identifying Information

1. Given Name (First Name)
Kyung

2. Surname (Last Name)
Koh

3. Date
15-December-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Theodore Manson

5. Manuscript Title
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Dr. Koh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Li-Qun

2. Surname (Last Name)
Zhang

3. Date
15-December-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Theodore Manson

5. Manuscript Title
A Calcar Collar is Protective Against Early Torsional/Spiral Periprosthetic Fracture of the Femur: A Paired Cadaveric Biomechanical Analysis.

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| | | |
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| 1. Given Name (First Name) Chunyang | 2. Surname (Last Name) Zhang | 3. Date 16-December-2019 |
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Dr. Zhang has nothing to disclose.

Evaluation and Feedback

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1. Identifying information.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

5. Relationships not covered above.

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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 Information

| | | |
|--|-----------------------------------|--|
| 1. Given Name (First Name) Aaron | 2. Surname (Last Name) Johnson | 3. Date 15-December-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Theodore Manson |
| 5. Manuscript Title A Calcar Collar is Protective Against Early Torsional/Spiral Periprosthetic Fracture of the Femur: A Paired Cadaveric Biomechanical Analysis. | | |
| 6. Manuscript Identifying Number (if you know it) JBJS-D-19-01125 | | |

Section 2. The Work Under Consideration for Publication

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 Support? | Other? | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|-----------------------|
| Depuy-Synthes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Donated Femoral Stems |
| AO Trauma North America | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Section 3. Relevant financial activities outside the submitted work.

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 **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| AO Trauma / Orthopaedic Trauma Association | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

Section 5. Relationships not covered above

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Dr. Johnson reports other from Depuy-Synthes, grants from AO Trauma North America, during the conduct of the study; grants from AO Trauma / Orthopaedic Trauma Association, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---------------------------------|--|
| 1. Given Name (First Name) Shivam | 2. Surname (Last Name) Desai | 3. Date 15-December-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Theodore T Manson |
| 5. Manuscript Title A Calcar Collar is Protective Against Early Torsional/Spiral Periprosthetic Fracture of the Femur: A Paired Cadaveric Biomechanical Analysis. | | |
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Desai reports other from Depuy-Synthes, grants from AO Trauma North America, during the conduct of the study; .

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Section 1. Identifying Information

| | | |
|--|-----------------------------------|---|
| 1. Given Name (First Name) Robert | 2. Surname (Last Name) O'Toole | 3. Date 16-December-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Theodore T. Manson, MD |
| 5. Manuscript Title A Calcar Collar is Protective Against Early Torsional/Spiral Periprosthetic Fracture of the Femur: A Paired Cadaveric Biomechanical Analysis. | | |
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|----------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--|
| Smith & Nephew | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | not related to this study |
| Coorstek | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | royalties; not related to this study |
| Imagen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | stock options; not related to this study |

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. O'Toole reports personal fees from Smith & Nephew, personal fees and other from Coorstek, other from Imagen, outside the submitted work; .

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