

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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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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earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent

Puchner 1



| Section 1. | Identifying Inform | nation | | |
|---|---|--|--|--|
| 1. Given Name (Fi Stephan | rst Name) | 2. Surname (Last Name) Puchner | | 3. Date 25-November-2019 |
| 4. Are you the cor | Are you the corresponding author? Yes V | | Corresponding Author's Nar Eric Henderson | me |
| 5. Manuscript Title NON-MECHANIC REPLACEMENT | | ONS PORTEND CERTAIN LI | MB SALVAGE FAILURE FOLL | OWING TOTAL FEMORAL |
| 6. Manuscript Ide JBJS-D-19-01022 | ntifying Number (if you kr | now it) | | |
| | | | | |
| Section 2. | The Work Under Co | onsideration for Publi | cation | |
| 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 Vo | | | | |
| Section 3. | | | | |
| Section 3. | Relevant financial | activities outside the | submitted work. | |
| of compensation clicking the "Add | n) with entities as descri | ibed in the instructions. Us port relationships that we | se one line for each entity; a | ationships (regardless of amount add as many lines as you need by nonths prior to publication. |
| | | | | |
| Section 4. | Intellectual Proper | rty Patents & Copyri | ghts | |
| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? | Yes 🗸 No |

Puchner 2



| Section 5. Polationships not severed above |
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| 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. Puchner has nothing to disclose. |

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Puchner 3



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patent

Zoller 1



| Section 1. | Identifying Inform | ation | | |
|---|----------------------------|--|--|---------|
| 1. Given Name (Fi | rst Name) | 2. Surname (Last Name) Zoller | 3. Date 23-November-2019 | |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Name Eric Henderson | |
| 5. Manuscript Title NON-MECHANIC REPLACEMENT | | ONS PORTEND CERTAIN LII | MB SALVAGE FAILURE FOLLOWING TOTAL FEMORAL | - |
| 6. Manuscript Ider JBJS-D-19-01022 | ntifying Number (if you kn | ow it) | - | |
| Section 2. | | | | |
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| 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 | | | | |
| Section 3. | | | | |
| | Relevant financial | activities outside the s | ubmitted work. | |
| of compensation clicking the "Add |) with entities as descri | bed in the instructions. Us port relationships that wer | ether you have financial relationships (regardless of a e one line for each entity; add as many lines as you r e present during the 36 months prior to publicat i | need by |
| | l | | | |
| Section 4. | Intellectual Proper | ty Patents & Copyrig | hts | |
| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No | |

Zoller 2



| Section 5. | |
|-------------------|---|
| Section 5. | Relationships not covered above |
| | relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? |
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| ✓ No other rela | tionships/conditions/circumstances that present a potential conflict of interest |
| | anuscript 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. |
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| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box |
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Ruggieri 1



| Section 1. Identifying Inform | ation | | |
|--|---|-------------------------|---|
| 1. Given Name (First Name) Pietro | 2. Surname (Last Name) Ruggieri | | 3. Date 26-November-2019 |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author | or's Name |
| 5. Manuscript Title NON-MECHANICAL REVISION INDICATIC REPLACEMENT | ONS PORTEND CERTAIN LI | MB SALVAGE FAILURI | E FOLLOWING TOTAL FEMORAL |
| 6. Manuscript Identifying Number (if you known JBJS-D-19-01022 | ow it) | | |
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| Section 2. The Work Under Co | onsideration for Public | cation | |
| Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)? | | | |
| Are there any relevant conflicts of intere | st? Yes ✓ No | | |
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| Section 3. Relevant financial a | activities outside the s | submitted work. | |
| Place a check in the appropriate boxes ir of compensation) with entities as descril clicking the "Add +" box. You should rep | bed in the instructions. Us ort relationships that wer | se one line for each er | ntity; add as many lines as you need by |
| Are there any relevant conflicts of intere If yes, please fill out the appropriate info | | | |
| ii yes, piease iiii out the appropriate iiio | imation below. | | |
| Name of Entity | Grant? Personal Nor | n-Financial upport? | Comments |
| Stryker | | | Consultant |
| Exactech | | | Consultant |
| | | | |
| Section 4. Intellectual Proper | ty Patents & Copyric | ahts | |
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Ruggieri 2



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| Dr. Ruggieri reports personal fees from Stryker, personal fees from Exactech, outside the submitted work; . |

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Windhager 1



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|---|---------------------------------|---|------------------------|---|-------------------------|
| 1. Given Name (F Reinhard | irst Name) | 2. Surname (Last N Windhager | ame) | 3. Date 26-Nover | mber-2019 |
| 4. Are you the co | rresponding author? | ☐ Yes ✓ No | Correspon Eric Hend | ding Author's Name erson | |
| 5. Manuscript Titl NON-MECHANIO REPLACEMENT | | ONS PORTEND CERT | TAIN LIMB SALVAG | E FAILURE FOLLOWING TO | OTAL FEMORAL |
| 6. Manuscript Ide | ntifying Number (if you kr 2 | now it) | | | |
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| of compensation clicking the "Add Are there any re | n) with entities as descr | ibed in the instruction port relationships the est? Yes | ons. Use one line f | ave financial relationships or each entity; add as mar luring the 36 months pri | ny lines as you need by |
| Name of Entity | | Grant? Persona | Non-Financial Support? | Other? Comments | |
| Stryker | | V | | Institutional/Educ | cational Support |
| Johnson & Johnson | | ✓ | | Institutional/Educ | cational Support |
| CeramTec | | ✓ | | Institutional/Educ | cational Support |
| Stryker | | | | Consulting Agree | ement |
| Johnson & Johnson J | Modical Products | | | Povaltios | |

Windhager 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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Guo 1



| Section 1. | Identifying Inform | ation | | |
|---|--|---|---|--|
| 1. Given Name (Fi Wei | 1. Given Name (First Name) 2. Surname (Last Name) Wei Guo | | 3. Date 25-November-2019 | |
| 4. Are you the cor | Are you the corresponding author? Yes V | | Corresponding Author's Name Eric Henderson | |
| 5. Manuscript Title NON-MECHANIC REPLACEMENT | | ONS PORTEND CERTAIN LI | IMB SALVAGE FAILURE FOLLOWING TOTAL FEMORAL | |
| 6. Manuscript Ider JBJS-D-19-01022 | ntifying Number (if you kr | now it) | _ | |
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| | ı | | | |
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| Deputy Editor, Journal of Bone and Joint Surgery |
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| Dr. Guo reports and Deputy Editor, Journal of Bone and Joint Surgery. |

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

Relationships not covered above.

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Definitions.

Hornicek

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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

1

administrative support, etc.

patent



| Section 1. Identifying Inf | ormation | |
|---|--|---|
| Given Name (First Name) Francis | 2. Surname (Last Name) Hornicek | 3. Date 24-November-2019 |
| 4. Are you the corresponding author? | | orresponding Author's Name ic Henderson |
| 5. Manuscript Title NON-MECHANICAL REVISION INDIC REPLACEMENT | CATIONS PORTEND CERTAIN LIMB S | SALVAGE FAILURE FOLLOWING TOTAL FEMORAL |
| 6. Manuscript Identifying Number (if yo JBJS-D-19-01022 | ou know it) | |
| | | |
| Section 2. The Work Under | er Consideration for Publication | on |
| | iding but not limited to grants, data m | ird party (government, commercial, private foundation, etc.) fonitoring board, study design, manuscript preparation, |
| Section 3. Relevant finan | cial activities outside the subr | mitted work. |
| of compensation) with entities as d | escribed in the instructions. Use on d report relationships that were pr nterest? | er you have financial relationships (regardless of amoun ne line for each entity; add as many lines as you need by esent during the 36 months prior to publication. |
| Name of Entity | Grant? Personal Non-Fin | ort? Other? Comments |
| Board Membership | | Board Member |
| Stryker Medical | | Consultant |
| Biomet | | Royalty Recipient |
| Bone Solutions | | Stock Shareholder |

Hornicek 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 |
| 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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| No other relationships/conditions/circumstances that present a potential conflict of interest |
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| Section 6. Disclosure Statement |
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| Dr. Hornicek reports other from Board Membership, personal fees from Stryker Medical, personal fees from Biomet, personal fees from Bone Solutions, outside the submitted work; . |

Evaluation and Feedback

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Hornicek 3



Instructions

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

Letson 1



| Section 1. Identifying Inform | nation | |
|---|---|--|
| 1. Given Name (First Name) George Douglas | 2. Surname (Last Name) Letson | 3. Date 25-November-2019 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Eric Henderson |
| 5. Manuscript Title Non-Mechanical Revision Indications Po | ortend Certain Limb Salvaç | ge Failure Following Total Femoral Replacement |
| 6. Manuscript Identifying Number (if you kr JBJS - D - 19- 01022 | now it) | _ |
| | | |
| Section 2. The Work Under Co | onsideration for Public | ation |
| any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere | 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) with entities as descr | ibed in the instructions. Us port relationships that wer est? | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication. |
| Name of Entity | Grant? Personal Fees? S | n-Financial other? Comments |
| Stryker Ortho | | Consultant |
| | | |
| Section 4. Intellectual Proper | rty Patents & Copyric | hts |
| Do you have any patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No |

Letson 2



| Section 5. Polationships not sovered above |
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| 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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| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest |
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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. Letson reports other from Stryker Ortho, from null, outside the submitted work; . |

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Letson 3



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

Keeney 1



| Section 1. Identifying Informa | ation | | | |
|--|---|---|---|--|
| 1. Given Name (First Name) Benjamin | 2. Surname (Last Name) Keeney | | 3. Date 23-November-2019 | |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name Eric Henderson | | |
| 5. Manuscript Title NON-MECHANICAL REVISION INDICATIO REPLACEMENT | NS PORTEND CERTAIN LI | MB SALVAGE FAILUR | E FOLLOWING TOTAL FEMORAL | |
| 6. Manuscript Identifying Number (if you kno JBJS-D-19-01022 | ow it) | _ | | |
| | | | | |
| Section 2. The Work Under Co | nsideration for Publi | cation | | |
| 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 of the submitted work (including statistical analysis, etc.)? | but not limited to grants, da st? Yes No rmation below. If you have | ita monitoring board, st | tudy design, manuscript preparation, | |
| Name of Institution/Company | Grant• | n-Financial other? | Comments | |
| NIH | ✓ | | P60-AR062799 and P60- AR048094 | |
| | | | | |
| Section 3. Relevant financial a | ctivities outside the s | submitted work. | | |
| Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should rep | oed in the instructions. Use ort relationships that we | se one line for each e | ntity; add as many lines as you need by | |
| Are there any relevant conflicts of interes | st? | | | |
| Section 4. Intellectual Propert | | | | |
| Intellectual Propert | y Patents & Copyri | ghts | | |
| Do you have any patents, whether plann | ed, pending or issued, br | oadly relevant to the | work? ☐ Yes ✓ No | |

Keeney 2



| Section 5. Polationships not sovered above |
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| Relationships not covered above |
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| |
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| Dr. Keeney reports grants from NIH, during the conduct of the study; . |

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Keeney 3



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Husson 1



| Section 1. | Identifying Inform | nation | | |
|--|--|--|---|---|
| 1. Given Name (Fii Emily | rst Name) | 2. Surname (Last Name) Husson | | 3. Date 24-November-2019 |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Nar Eric Henderson | ne |
| 5. Manuscript Title NON-MECHANIC REPLACEMENT | | ONS PORTEND CERTAIN LI | IMB SALVAGE FAILURE FOLL | OWING TOTAL FEMORAL |
| 6. Manuscript Ider JBJS-D-19-01022 | ntifying Number (if you kn | now it) | _ | |
| Section 2. | | | | |
| Section 2. | The Work Under Co | onsideration for Publi | cation | |
| any aspect of the s statistical analysis, | ubmitted work (including | but not limited to grants, da | a third party (government, cor ata monitoring board, study des | mmercial, private foundation, etc.) for sign, manuscript preparation, |
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| of compensation clicking the "Add | the appropriate boxes i) with entities as descri | n the table to indicate wh bed in the instructions. U port relationships that we | ether you have financial rela se one line for each entity; a | ationships (regardless of amount dd as many lines as you need by nonths prior to publication. |
| Section 4. | | | | |
| Section 4. | Intellectual Proper | ty Patents & Copyri | ghts | |
| Do you have any | patents, whether plan | ned, pending or issued, b | roadly relevant to the work? | Yes 🗸 No |

Husson 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? |
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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. |
| Ms. Husson has nothing to disclose. |

Evaluation and Feedback

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Husson 3



Instructions

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Bernthal 1



| Section 1. Identifying Inform | | | | |
|--|---|---|-------------------------------------|---------|
| Identifying Inform | ation | | | |
| 1. Given Name (First Name) Nicholas | 2. Surname (Last Name) Bernthal | | 3. Date 24-November-2019 | |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author | r's Name | |
| 5. Manuscript Title NON-MECHANICAL REVISION INDICATION REPLACEMENT | ONS PORTEND CERTAIN LI | MB SALVAGE FAILURE | FOLLOWING TOTAL FEMORAL | |
| 6. Manuscript Identifying Number (if you kn JBJS-D-19-01022 | ow it) | | | |
| | | _ | | |
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| Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere | but not limited to grants, da | | | c.) for |
| Section 3. Relevant financial | activities outside the s | submitted work. | | |
| Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info | bed in the instructions. Use port relationships that werest? Yes No ormation below. | se one line for each en re present during the | tity; add as many lines as you need | d by |
| Name of Entity | Grant? Personal Fees? S | n-Financial Other? | Comments | |
| National Institutes of Health | ✓ | | | |
| Zimmer Biomet | | | | |
| Daiichi Sankyo | | | | |
| Onkos Surgical | | | |] |

Bernthal 2



| Section 4. Intellectual Property Patents & Copyrights |
|--|
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo |
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| Dr. Bernthal reports grants from National Institutes of Health, personal fees from Zimmer Biomet, personal fees from Daiichi Sankyo, personal fees from Onkos Surgical, outside the submitted work; . |

Evaluation and Feedback

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

Ji 1



| Section 1. Identifying Inform | ation | | |
|---|---|---|---------------------------------|
| 1. Given Name (First Name) Tao | 2. Surname (Last Name) Ji | | 3. Date 25-November-2019 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Nar Eric Henderson | ne |
| 5. Manuscript Title NON-MECHANICAL REVISION INDICATION REPLACEMENT | ONS PORTEND CERTAIN LI | MB SALVAGE FAILURE FOLL | OWING TOTAL FEMORAL |
| 6. Manuscript Identifying Number (if you kn JBJS-D-19-01022 | now it) | _ | |
| Section 2 | | | |
| Section 2. The Work Under Co | onsideration for Public | cation | |
| Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere | but not limited to grants, da | | |
| Section 3. Relevant financial | activities outside the s | submitted work. | |
| Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere | n the table to indicate wh bed in the instructions. Us port relationships that we | ether you have financial rela se one line for each entity; a | dd as many lines as you need by |
| Section 4. Intellectual Proper | ty Patents & Copyric | white | |
| Intellectual Proper | ty Patents & Copyrio | gnts — | |
| Do you have any patents, whether plant | ned, pending or issued, br | oadly relevant to the work? | ☐ Yes ✓ No |

Ji 2



| Section 5. Relationships not sovered above |
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| 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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| Sortion 6 |
| Section 6. Disclosure Statement |
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| Dr. Ji has nothing to disclose. |

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Ji 3



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Pala 1



| Section 1. | Identifying Inform | ation | | |
|--|----------------------------|--|--|--|
| 1. Given Name (Fii Elisa | rst Name) | 2. Surname (Last Name) Pala | | 3. Date 25-November-2019 |
| 4. Are you the cor | responding author? | Yes ✓ No | Corresponding Author's Nam Eric Henderson | ne |
| 5. Manuscript Title NON-MECHANIC REPLACEMENT | | ONS PORTEND CERTAIN LI | MB SALVAGE FAILURE FOLLO | OWING TOTAL FEMORAL |
| 6. Manuscript Ider JBJS-D-19-01022 | ntifying Number (if you kn | ow it) | _ | |
| Section 2. | | | | |
| Section 2. | The Work Under Co | onsideration for Public | cation | |
| 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 Yes | | | | |
| | ı | | | |
| Section 3. | Relevant financial | activities outside the s | submitted work. | |
| of compensation clicking the "Add |) with entities as descri | bed in the instructions. Us port relationships that wer | • | ntionships (regardless of amount dd as many lines as you need by onths prior to publication. |
| | <u> </u> | | | |
| Section 4. | Intellectual Proper | ty Patents & Copyric | ghts | |
| Do you have any | patents, whether plan | ned, pending or issued, br | roadly relevant to the work? | ☐ Yes ✓ No |

Pala 2



| Section 5. Relationships not severed above |
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| Relationships not covered above |
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Pala 3



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

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administrative support, etc.



| Section 1. | Identifying Inform | ation | | | | |
|---|--|--|--|---|--|--|
| 1. Given Name (First Name) | | 2. Surname (Last Name) Funovics | | 3. Date 23-November-2019 | | |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Eric Henderson | | | |
| 5. Manuscript Title NON-MECHANICA REPLACEMENT | NON-MECHANICAL REVISION INDICATIONS PORTEND CERTAIN LIMB SALVAGE FAILURE FOLLOWING TOTAL FEMORAL | | | | | |
| 6. Manuscript Identi JBJS-D-19-01022 | fying Number (if you kn | ow it) | _ | | | |
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| Section 2. | The Work Under Co | onsideration for Public | cation | | | |
| any aspect of the sub statistical analysis, et | omitted work (including | but not limited to grants, da | a third party (government, cor ta monitoring board, study de: | mmercial, private foundation, etc.) for sign, manuscript preparation, | | |
| Section 3. | Palayant financial | activities outside the s | unbunittad maule | | | |
| _ | Relevant financial a | activities outside the s | submitted work. | | | |
| of compensation) v clicking the "Add + | with entities as descri | bed in the instructions. Us port relationships that wer | se one line for each entity; a | ationships (regardless of amount dd as many lines as you need by nonths prior to publication. | | |
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| Section 4. | ntellectual Proper | ty Patents & Copyrig | jhts | | | |
| Do you have any p | atents, whether plani | ned, pending or issued, br | oadly relevant to the work? | Yes 🗸 No | | |

Funovics 2



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Groundland 1



| Section 1. | Identifying Inform | nation | | | | |
|---|--|---|--|--|--|--|
| 1. Given Name (First Name) John | | 2. Surname (Last Name) Groundland | 3. Date 25-November-2019 | | | |
| 4. Are you the corresponding author? | | ☐ Yes ✓ No | Corresponding Author's Name Eric Henderson | | | |
| | 5. Manuscript Title NON-MECHANICAL REVISION INDICATIONS PORTEND CERTAIN LIMB SALVAGE FAILURE FOLLOWING TOTAL FEMORAL REPLACEMENT | | | | | |
| 6. Manuscript Idei JBJS-D-19-01022 | ntifying Number (if you kr | now it) | | | | |
| Section 2. | | | | | | |
| Section 2. | The Work Under C | onsideration for Public | tation | | | |
| 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 | | | | | | |
| Section 3. | Relevant financial | activities outside the s | submitted work. | | | |
| of compensation clicking the "Add | the appropriate boxes i n) with entities as descri | in the table to indicate who ibed in the instructions. Us port relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication. | | | |
| 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 ✓ No | | | |

Groundland 2



| Section 5. Relationships not severed above |
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| 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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Groundland 3



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patent

Lozano Calderon 1



| Section 1. Identifying Inform | nation | | | |
|--|---|----------------------------------|--------------------------------|--|
| 1. Given Name (First Name) 2. Surname (Last Name) Santiago Lozano Calderon | | 3. Date 25-November-2019 | | |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name | | |
| 5. Manuscript Title Non-Mechanical Revision Indications Portend Certain ?Limb Salvage Failur | | ge Failure Following Total Fe | moral Replacement | |
| 6. Manuscript Identifying Number (if you kr JBJS-D-19-01022 | now it) | _ | | |
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| Section 2. The Work Under Co | onsideration for Public | ation | | |
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| Section 4. Intellectual Proper | rty Patents & Copyri <u>c</u> | ıhts | | |
| intenectual r 10pei | rty ratems a copyrig | , iii | | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | |

Lozano Calderon 2



| Section 5. Polationships not sovered above |
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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.

Use this section to report 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.

Definitions.

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

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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

Temple 1



| Section 1. | Identifying Inform | nation | | | | |
|--|---|---|--|---|--|--|
| 1. Given Name (Fi H. Thomas | rst Name) | 2. Surname (Last Name Temple | 2) | 3. Date 27-February-2020 | | |
| 4. Are you the cor | responding author? | ☐ Yes ✓ No | Corresponding Author's N Eric Henderson | lame | | |
| • | 5. Manuscript Title Non-mechanical revision indications portend certain limb salvage failure following total femoral replacement | | | | | |
| 6. Manuscript Ider JBJS-D-19-01022 | anuscript Identifying Number (if you know it) -D-19-01022 | | | | | |
| | | | | | | |
| Section 2. | The Work Under Co | onsideration for Pu | blication | | | |
| any aspect of the s statistical analysis, | ubmitted work (including | but not limited to grants | s, data monitoring board, study o | commercial, private foundation, etc.) design, manuscript preparation, | | |
| Section 3. | Relevant financial | activities outside th | ne submitted work. | | | |
| of compensation clicking the "Add Are there any rele |) with entities as descri | ibed in the instructions port relationships that est? | . Use one line for each entity; were present during the 36 | elationships (regardless of amou ; add as many lines as you need b months prior to publication. | | |
| Name of Entity | | Grant? Personal Fees? | Non-Financial Other? Co | omments | | |
| Stryker Orthopaedics | | | | | | |
| | | | | | | |
| Section 4. | Intellectual Proper | rty Patents & Copy | yrights | | | |
| Do you have any | patents, whether plan | ned, pending or issued | , broadly relevant to the worl | k? ☐ Yes 🗸 No | | |

Temple 2



| Section 5. Polationships 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): |
| ✓ 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. Temple reports personal fees from Stryker Orthopaedics, outside the submitted work; . |

Evaluation and Feedback

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

Temple 3



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.

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

Henderson 1



| Section 1. Identifying Informa | ation | | | | | |
|---|--|--------------------|--------------------------|-----|--|--|
| 1. Given Name (First Name) Eric | 2. Surname (Last Nar Henderson | ne) | 3. Date 26-November-2 | 019 | | |
| 4. Are you the corresponding author? | ✓ Yes No | | | | | |
| 5. Manuscript Title NON-MECHANICAL REVISION INDICATIO REPLACEMENT | NON-MECHANICAL REVISION INDICATIONS PORTEND CERTAIN LIMB SALVAGE FAILURE FOLLOWING TOTAL FEMORAL | | | | | |
| 6. Manuscript Identifying Number (if you kno JBJS-D-19-01022 | ow it) | | | | | |
| | | | | | | |
| Section 2. The Work Under Co | nsideration for P | ublication | | | | |
| 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 | | | | | | |
| Section 3. Relevant financial a | ctivities 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 Othe | Comments | | | |
| itryker Orthopaedics | | | | | | |
| National Institutes of Health | ✓ | | | | | |
| Orthopaedic Research and Education Coundation | ✓ | | | | | |
| litchcock Foundation | ✓ | | | | | |

Henderson 2



| 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 |
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| Dr. Henderson reports personal fees from Stryker Orthopaedics, grants from National Institutes of Health, grants from Orthopaedic Research and Education Foundation, grants from Hitchcock Foundation, 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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