

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 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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#### 4. Intellectual Property.

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

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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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**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)  
John

2. Surname (Last Name)  
Healey

3. Date  
14-December-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Long-term complications, reoperations, and amputations for the Finn/Orthopaedic Salvage System distal femoral replacement rotating hinge megaprotheses in oncologic patients

6. Manuscript Identifying Number (if you know it)  
JBJS-D-20-00696R1

### 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
NIH/NCI (P30 CA008748)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The funding body had no role in the study's design nor the data collection, analysis, and interpretation, and was not involved in the writing of the manuscript
The Limb Preservation Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The funding body had no role in the study's design nor the data collection, analysis, and interpretation, and was not involved in the writing of the manuscript
The Perlman Research Fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The funding body had no role in the study's design nor the data collection, analysis, and interpretation, and was not involved in the writing of the manuscript

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### 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
Stryker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dr. Healey is a paid consultant for Stryker Inc.

### 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

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. Healey reports grants from NIH/NCI (P30 CA008748), other from The Limb Preservation Fund, other from The Perlman Research Fund, during the conduct of the study; grants and other from Stryker, 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) Mohammed	2. Surname (Last Name) Yakoub	3. Date 11-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name John Healey
5. Manuscript Title Long-term complications, reoperations, and amputations for the Finn/Orthopaedic Salvage System distal femoral replacement rotating hinge megaprotheses in oncologic patients		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Yakoub has nothing to disclose.

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1. Given Name (First Name) Patrick	2. Surname (Last Name) Boland	3. Date 11-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name John Healey
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Dr. Boland has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Koichi

2. Surname (Last Name)

Ogura

3. Date

11-August-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

John Healey

5. Manuscript Title

Long-term complications, reoperations, and amputations for the Finn/Orthopaedic Salvage System distal femoral replacement rotating hinge megaprotheses in oncologic patients

6. Manuscript Identifying Number (if you know it)

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Dr. Ogura has nothing to disclose.

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