

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".

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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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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)
Eric T.

2. Surname (Last Name)
Ricchetti

3. Date
14-August-2020

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

5. Manuscript Title
Three-dimensional Computed Tomography Analysis of the Relationship Between Glenoid Component Shift and Osteolysis Following Anatomic Total Shoulder Arthroplasty

6. Manuscript Identifying Number (if you know it)
JBJS-D-20-00833

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
OREF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant Number: OREF1403ER
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant Number: R01AR075286

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

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DJO Surgical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
JBJS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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 ☒ No

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Dr. Ricchetti reports grants from OREF, grants from NIH, during the conduct of the study; personal fees from DJO Surgical, personal fees from JBJS, grants from NIH, 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) Bong-Jae	2. Surname (Last Name) Jun	3. Date 14-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Eric T. Ricchetti MD
5. Manuscript Title Three-dimensional Computed Tomography Analysis of the Relationship Between Glenoid Component Shift and Osteolysis Following Anatomic Total Shoulder Arthroplasty		
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant Number: R01AR075286

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

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1. Given Name (First Name) Thomas E.	2. Surname (Last Name) Patterson	3. Date 14-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Eric T. Ricchetti MD
5. Manuscript Title Three-dimensional Computed Tomography Analysis of the Relationship Between Glenoid Component Shift and Osteolysis Following Anatomic Total Shoulder Arthroplasty		
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OREF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant Number: OREF1403ER

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Section 1. Identifying Information

1. Given Name (First Name) Kathleen A.	2. Surname (Last Name) Derwin	3. Date 14-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Eric T. Ricchetti MD
5. Manuscript Title Three-dimensional Computed Tomography Analysis of the Relationship Between Glenoid Component Shift and Osteolysis Following Anatomic Total Shoulder Arthroplasty		
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NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant Number: R01AR075286

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Viscus Biologics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DJO Surgical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 1. Identifying Information

1. Given Name (First Name)

Yuxuan

2. Surname (Last Name)

Jin

3. Date

14-August-2020

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Eric T. Ricchetti MD

5. Manuscript Title

Three-dimensional Computed Tomography Analysis of the Relationship Between Glenoid Component Shift and Osteolysis Following Anatomic Total Shoulder Arthroplasty

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No

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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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Yuxuan Jin 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)

Jarrold E.

2. Surname (Last Name)

Dalton

3. Date

14-August-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Eric T. Ricchetti MD

5. Manuscript Title

Three-dimensional Computed Tomography Analysis of the Relationship Between Glenoid Component Shift and Osteolysis Following Anatomic Total Shoulder Arthroplasty

6. Manuscript Identifying Number (if you know it)

JBJS-D-20-00833

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

Section 3. Relevant financial activities outside the submitted work.

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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. Dalton has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jason C.	2. Surname (Last Name) Ho	3. Date 14-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Eric T. Ricchetti MD
5. Manuscript Title Three-dimensional Computed Tomography Analysis of the Relationship Between Glenoid Component Shift and Osteolysis Following Anatomic Total Shoulder Arthroplasty		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00833		

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

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

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DJO Surgical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Section 1. Identifying Information

1. Given Name (First Name) Joseph P.	2. Surname (Last Name) Iannotti	3. Date 14-August-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Eric T. Ricchetti MD
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Depuy Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DJO Surgical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tornier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wolters Kluwer Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Custom Orthopaedic Solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock or stock options

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