	re: 14.5.2021 Ir Name: Laura Masi		
Ma Ma		row Edema: Overview	on aetiology and treatment strategies
	he interest of transparered below that are	ncy, we ask you to disc	lose all relationships/activities/interests
rela		ur manuscript. "Relate	ed" means any relation with for-profit or not
par	-	y be affected by the co	ntent of the manuscript. Disclosure
to t		•	a bias. If you are in doubt about whether to that you do so.
to t	e following questions app the <u>current</u> nuscript only.	oly to the author's rela	tionships/activities/interests as they relate
ma to t	nuscript pertains he epidemiology of hype	ertension, you should	uld be <u>defined broadly</u> . For example, if your declare all relationships with manufacturers cation is not mentioned in the manuscript.
limi	tem #1 below, report all it. For all other items, time frame for disclosui		reported in this manuscript without time
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Tir	ne frame: Since the initia	I planning of the work
1	All support for the	None	
	present manuscript (e.g., funding, provision of study materials,		

medical writing, article processing charges,

No time limit for this

etc.)

item.

		Time frame: past	36 months
2	Grants or contracts	None	
	from any entity (if not indicated in item #1		
	above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures,	None	
	presentations, speakers		
	bureaus, manuscript writing or educational		
	events		
6	Payment for expert testimony	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or pending	None	
	or penaling		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory		
	Board		
10	Leadership or fiduciary	None	
	role in other board,		

	advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or	None	
	other services		
13	Other financial or non-financial interests	None	

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 2015 21	
Your Name: FRANCESCO FALEX	
Manuscript Title:	
Manuscript number (if known):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
2	Grants or contracts from	Time frame: pas	at 36 months
2	any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	12	/05	/21
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Your Name: Umberto Tarantino

Manuscript Title: Bone Marrow Edema: overview on aetiology and treatment strategies

Manuscript number (if known):______

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
_			
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or pending	None	
	penang		
9	Participation on a Data	None	
	Safety Monitoring Board or	Hone	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	19.05.2021	
Your Name:_	Marco Matucci Cerinic	
Manuscript 7	Title: Bone Marrow E	dema: overview on aetiology and treatment strategies
Manuscript r	number (if known):	
In the intere	st of transparency, we ask y	ou to disclose all relationships/activities/interests listed below that are
	•	t. "Related" means any relation with for-profit or not-for-profit third
parties whos	se interests may be affected	by the content of the manuscript. Disclosure represents a commitment

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

4 Cor	nsulting fees	None	
	yment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	nuscript writing or		
edu	ucational events		
	yment for expert	None	
tesi	stimony		
	pport for attending eetings and/or travel	None	
	,		
	tents planned, issued or	None	
per	nding		
	rticipation on a Data	None	
	fety Monitoring Board or visory Board		
	·		
	adership or fiduciary role	None	
	other board, society, mmittee or advocacy		
1 1	oup, paid or unpaid		
11 Sto	ock or stock options	None	
	ceipt of equipment,	None	
1 1	iterials, drugs, medical iting, gifts or other		
1 1	vices		
13 Oth	her financial or non-	None	
		None	
	ancial interests	None	

_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	12/05/21
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Your Name: Ida Cariati

Manuscript Title: Bone Marrow Edema: overview on aetiology and treatment strategies

Manuscript number (if known):______

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
_			
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or pending	None	
	penang		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board	Hone	
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	May 13t, 2021	
Your Name:	Pietro De Biase	
Manuscript Title:		
Manuscript number (if known):	JBJS-D-21-00300	

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		Time frame: Since the initial	planning of the work
1	All support for the present	_XNone	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity(if not indicated in item #1 above).		
3	Royalties or licenses	_XNone	

4	Consulting fees	XNone	
5	Payment or honoraria for	_XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		

_X__I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Puta fifire

Date: 12/05/2021
Your Name: Giuseppe Sessa
Manuscript Title: Bone Marrow Edema: overview on aetiology and treatment strategies
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Time frame: Since the initial	planning of the work
1	All support for the present	None X	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None ×	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None X	
	C III C	N	
4	Consulting fees	None X	

5	Payment or honoraria for	None X	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None ×	
	testimony		
	,		
7	Support for attending meetings and/or travel	None X	
8	Patents planned, issued or	None X	
	pending		
_			
9	•	None X	
	-		
10	•	None Y	
-0			
	group, paid or unpaid		
11	Stock or stock options	None X	
	_		
12		None X	
	1		
13		None V	
13	financial interests	X	
8 9 10	Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None XNone XNone X	

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 15 May 2021	
Your Name: DAVIDE MARAGHELLI	
Manuscript Title: BONE MARROW EDEMA : OVERVIEW ON AETIOLOG	A WO REDUCE
Manuscript number (if known): JB-JS-D-21-00300	SERVE CHE
	LYTREATHENT STRATEGIES

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	X_None	

5	Payment or honoraria for	<u>X</u> None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	None
	testimony	
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or	<u>X</u> None
	pending	
9	Safety Monitoring Board or	× None
	Advisory Board	
10	Leadership or fiduciary role	<u>X</u> None
-	in other board, society,	
	committee or advocacy group, paid or unpaid	
11	Stock or stock options	<u>≻</u> None
12	Receipt of equipment,	<u>X</u> None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non-	<u>X</u> None
	financial interests	

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	May	12 th	2021
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Your Name: Giovanni Iolascon

Manuscript Title: Bone Marrow Edema: overview on aetiology and treatment strategies

Manuscript numbe	r (if known):				

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	26 months
2	Grants or contracts from	None	30 months
~	any entity (if not indicated	NUITE	
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
	_		

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	-		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Oil fi il	None	
13	Other financial or non-	None	
13	financial interests	None	

x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:05.13.2021	
Your Name: Antonio Capone	
Manuscript Title:	
Manuscript number (if known):	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	•		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Andrico Capone

Date:	12-05-2	921	
Your Name:	RODDLFO	CAPAMMA	
Manuscript Tit	:le:		
Manuscript nu	ımber (if known):		

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	X None X	
Sin De-		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None X	
3	Royalties or licenses	X None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	<u></u> ✓ None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or pending	X_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	* None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X_None	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ ✓ None	
13	Other financial or non- financial interests	<u>None</u>	

I certify	tha	t I hav	e answered	every quest	tion and have r	not altered th	ne wording	g of any	of the c	luestion	ns on this
form.		Ro	elolfo	Corpo	and						
		, -	7/	<i>y</i>							

5	Payment or honoraria for		
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	<u></u> ✓_None	
	in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 12	05/20	21			
Your Name:	MARIA		BRAND		
Manuscript Title:	RONE MA	SEOM EDEY	1A: OVERVIEW	ON AETIOLOGY	AND TREATMENT
Manuscript number			3BJS-D-2	1-00300	STRATEGI

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	<u>×</u> None	
4	Consulting fees	None	

Date: 20 5 21			
Your Name: 'PATRIZIO	CAUDORA		
Manuscript Title:		BONE MARROW ENGINA	9
Manuscript number (if known):			

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past None	36 months
3	Royalties or licenses	None None	
4	Consulting fees	None	

5	Payment or honoraria for	None
	lectures, presentations, speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	
7	Support for attending meetings and/or travel	
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	
13	Other financial or non- financial interests	<u>V</u> None

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 20 5 7	1	
Your Name: Rices RTO	CIVINIM	
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	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

Payment or honoraria for	None	
lectures, presentations,		
speakers bureaus, manuscript writing or educational events		
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Patents planned, issued or pending	None	
Participation on a Data	\ / Nono	
Safety Monitoring Board or	None	
Leadership or fiduciary role in other board, society, committee or advocacy	None	
Stock or stock options	None	
materials, drugs, medical writing, gifts or other	None	
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	speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options None None None None None None None

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Date: 2021 MAY 12
Your Name: Stefano Colagrande
The Journal of Bone & Joint Surgery
Bone Marrow Edema: overview on aetiology and treatment strategies
Manuscript Number: JBJS-D-21-00300

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

Royalties or licenses None	in item #1 above).	Grants or contracts from None	Time frame	the Hospital.	of a contract among t	NB: all the fees have b	JANSSEN-etc.	were NOVARTIS-SANC	conferred to the depa	and all the part destin	ever been personally i	3	processing charges, etc.) This refers to experim	medical writing, article SBSC department for v	ls,	manuscript (e.g., funding, and has various projec	All support for the present	Time frame: Since the		relationship or indicat	Name all enunes with
\	X		Time frame: past 36 months		of a contract among the company, the university and	NB: all the fees have been paid following the signing		were NOVARTIS-SANOFI-LILLY-CELTHER-PFIZER-	conferred to the department. The companies involved	and all the part destined to the university was	ever been personally perceived by prof. Colagrande	for which it has received compensation. Nothing has	This refers to experimental / conventional activities	SBSC department for which prof. Colagrande works.	remuneration, which has always been devolved to the	and has various projects in place that have involved	During the last five years, Stefano Colagrande has had	Time frame: Since the initial planning of the work		relationship or indicate none (and rows as incruca)	Name all entities with whom you have this
																			institution)	made to you or to your	fe g if navments were

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Other financial or non- financial interests	Receipt of equipment, materials, drugs, medical writing, gifts or other	Stock or stock options	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Participation on a Data Safety Monitoring Board or Advisory Board	Patents planned, issued or pending	Support for attending meetings and/or travel	Payment for expert testimony	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Consulting fees
None	None	None	None	None	None	None	None	None	None

Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.

FLORENCE, 2021 May 12, 2021

UNIVERSITA' DEGLI STUDI DI FIRENZE Scrob di Specializzazione in Rodindingnosiko Direttore: Prof. STEFANO COLAGRANDE

Stefano Colagrande