

ICMJE DISCLOSURE FORM

Date: 14.5.2021

Your Name: Laura Masi

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.

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

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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.

		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, speakers bureaus, manuscript writing or educational events	____None	
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	____None	

	advocacy group, paid or unpaid		
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	

Please place an “X” next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 20/5/21
 Your Name: FRANCESCO FALEZ
 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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4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

ICMJE DISCLOSURE FORM

Date: 12/05/21

Your Name: Umberto Tarantino

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

Manuscript number (if known): _____

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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

ICMJE DISCLOSURE FORM

Date: 19.05.2021
 Your Name: Marco Matucci Cerinic
 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: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None 	
3	Royalties or licenses	<input type="checkbox"/> None 	

4	Consulting fees	____None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____None	
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	

Please place an “X” next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 12/05/21

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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3	Royalties or licenses	None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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13	Other financial or non-financial interests	None	

Please place an “X” next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

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

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: past 36 months			
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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Please place an "X" next to the following statement to indicate your agreement:

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



ICMJE DISCLOSURE FORM

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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4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None X	
6	Payment for expert testimony	___ None X	
7	Support for attending meetings and/or travel	___ None X	
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11	Stock or stock options	___ None X	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None X	
13	Other financial or non-financial interests	___ None X	

Please place an "X" next to the following statement to indicate your agreement:

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



ICMJE DISCLOSURE FORM

Date: 15 May 2021
 Your Name: DAVIDE MARAGHELLI
 Manuscript Title: BONE MARROW EDEMA : OVERVIEW ON AETIOLOGY AND TREATMENT STRATEGIES
 Manuscript number (if known): JB-JS-D-21-00300

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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ICMJE DISCLOSURE FORM

Date: May 12th 2021

Your Name: Giovanni Iolascon

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

Manuscript number (if known): _____

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

ICMJE DISCLOSURE 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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Antonio Capone

ICMJE DISCLOSURE FORM

Date: 12-05-2021
 Your Name: RODOLFO CAPAMHA
 Manuscript Title: _____
 Manuscript number (if known): _____

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Rodolfo Cepan

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
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ICMJE DISCLOSURE FORM

Date: 12/05/2021
 Your Name: MARIA LUISA BRANDI
 Manuscript Title: BONE NARROW EDEMA: OVERVIEW ON AETIOLOGY AND TREATMENT STRATEGIES
 Manuscript number (if known): ~~2021~~ JBJS-D-21-00300

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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.	<input checked="" type="checkbox"/> None	
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4	Consulting fees	<input checked="" type="checkbox"/> None	

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Date: 20/5/21
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

Please place an "X" next to the following statement to indicate your agreement:

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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 Your Name: ROBERTO CIVININI
 Manuscript Title: _____
 Manuscript number (if known): _____

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X 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	X 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	X None	
13	Other financial or non-financial interests	X 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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1	<p>Time frame: since the initial planning of the work</p> <p>All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)</p> <p>No time limit for this item.</p> <p>During the last five years, Stefano Colagrande has had and has various projects in place that have involved remuneration, which has always been devoted to the SBSC department for which prof. Colagrande works. This refers to experimental / conventional activities for which it has received compensation. Nothing has ever been personally perceived by prof. Colagrande and all the part destined to the university was conferred to the department. The companies involved were NOVARTIS-SANOFI-LILLY-CELTECH-PFIZER-JANSEN-etc.</p> <p>NB: all the fees have been paid following the signing of a contract among the company, the university and the Hospital.</p>	
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, speakers' bureaus, manuscript writing or educational events	None
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

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FLORENCE, 2021 May 12, 2021

UNIVERSITA' DEGLI STUDI DI FIRENZE
 Scuola di Specializzazione in Radiodiagnostica
 Direttore: Prof. STEFANO COLAGRANDE

Stefano Colagrande
