

## 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.

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#### 3. Relevant financial activities outside the submitted work.

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#### 4. Intellectual Property.

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

#### 5. 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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**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) Lew      2. Surname (Last Name) Schon      3. Date 17-May-2017

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Cesar de Cesar Netto

5. Manuscript Title  
Flexible Adult Acquired Flatfoot Deformity: Comparison Between Weight-Bearing and Non-Weight-Bearing Measurements Using Cone-Beam Computed Tomography

6. Manuscript Identifying Number (if you know it)  
doi:10.2106/JBJS.16.01366

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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
Carestream	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant for Patient travel and Parking for the Study/Consulting on Technology

### 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
Zimmer/Biomet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ZB Grant for Ankle Osteochondral grafts/Speaker/Teacher for the Zimmer TM Ankle Replacement/ Patent royalties

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Wright Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Teaching Support for RHPDGF/Patent royalties
Smith-Nephew	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competitive Fellowship Grant Support
Arthrex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Teaching Support for Pro-stop/Patent royalties
Spine-Smith/Celling Bioscience	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant support for Prospective Bone Marrow Study/Teaching support for Iliac Crest Harvest
DJO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Patent royalties
DARCO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Patent royalties

### 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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### Section 6. Disclosure Statement

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Dr. Schon reports grants and personal fees from Carestream, during the conduct of the study; grants, personal fees and other from Zimmer/Biomet, personal fees and other from Wright Medical , grants from Smith-Nephew, personal fees and other from Arthrex, grants and personal fees from Spine-Smith/Celling Bioscience, other from DJO, other from DARCO, outside the submitted work; .

### Evaluation and Feedback

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Cesar

2. Surname (Last Name)  
de Cesar Netto

3. Date  
27-October-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Flexible Adult Acquired Flatfoot Deformity: Comparison Between Weight Bearing and Non-Weight Bearing Measurements using Cone Beam CT Examinations.

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. de Cesar Netto has nothing to disclose.

### Evaluation and Feedback

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1. Given Name (First Name)  
Apisan

2. Surname (Last Name)  
Chinanutathana

3. Date  
13-March-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Cesar de Cesar Netto

5. Manuscript Title  
Flexible Adult Acquired Flatfoot Deformity: Comparison Between Weightbearing and Nonweightbearing Measurements Using Cone Beam Computed Tomography

6. Manuscript Identifying Number (if you know it)  
JBJS-D-16-01366

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Dr. Chinanuvathana 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) Gaurav	2. Surname (Last Name) Thawait	3. Date 14-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cesar de Cesar Netto
5. Manuscript Title Flexible Adult Acquired Flatfoot Deformity: Comparison Between Weightbearing and Nonweightbearing Measurements Using Cone Beam Computed Tomography		
6. Manuscript Identifying Number (if you know it)		

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Dr. Thawait has nothing to disclose.

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1. Given Name (First Name) Jeffrey	2. Surname (Last Name) Siewerdsen	3. Date 13-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Cesar de Cesar Netto
5. Manuscript Title Flexible Adult Acquired Flatfoot Deformity: Comparison Between Weightbearing and Nonweightbearing Measurements Using Cone Beam Computed Tomography		
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Are there any relevant conflicts of interest?  Yes  No

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If yes, please fill out the appropriate information below.

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

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Patent	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

### 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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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. Siewerdsen reports grants, personal fees, and non-financial support from Carestream Health, outside the submitted work; In addition, Dr. Siewerdsen has a patent with royalties paid.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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#### 3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

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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)

Lucas Furtado

2. Surname (Last Name)

da Fonseca

3. Date

13-March-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Cesar de Cesar Netto

5. Manuscript Title

Flexible Adult Acquired Flatfoot Deformity: Comparison Between Weightbearing and Nonweightbearing Measurements Using Cone Beam Computed Tomography

6. Manuscript Identifying Number (if you know it)

JBJS-D-16-01366

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. da Fonseca has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Shadpour      2. Surname (Last Name) Demehri      3. Date 14-March-2017

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Cesar de Cesar Netto

5. Manuscript Title  
Flexible Adult Acquired Flatfoot Deformity: Comparison Between Weightbearing and Nonweightbearing Measurements Using Cone Beam Computed Tomography

6. Manuscript Identifying Number (if you know it)  
\_\_\_\_\_

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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
Carestream, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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. Demehri reports grants from Carestream, Inc., during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Wojciech

2. Surname (Last Name)  
Zbijewski

3. Date  
13-March-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Cesar de Cesar Netto

5. Manuscript Title  
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JBJS-D- 16-01366

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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
Carestream Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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