

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Shosuke

2. Surname (Last Name)

Akita

3. Date

09-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Makoto Hirao

5. Manuscript Title

Modified Scarf osteotomy with medial capsule interposition for hallux valgus deformity in rheumatoid arthritis cases including severe 1st metatarsophalangeal joint destruction

6. Manuscript Identifying Number (if you know it)

JBJS-D-17-00436R1

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Dr. Akita has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Kosuke

2. Surname (Last Name)  
Ebina

3. Date  
09-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Makoto Hirao

5. Manuscript Title  
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Dr. Ebina has nothing to disclose.

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1. Given Name (First Name)

Jun

2. Surname (Last Name)

Hashimoto

3. Date

09-August-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Makoto Hirao

5. Manuscript Title

Modified Scarf osteotomy with medial capsule interposition for hallux valgus deformity in rheumatoid arthritis cases including severe 1st metatarsophalangeal joint destruction

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Dr. Hashimoto has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
Makoto

2. Surname (Last Name)  
Hirao

3. Date  
09-August-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Modified Scarf osteotomy with medial capsule interposition for hallux valgus deformity in rheumatoid arthritis cases including severe 1st metatarsophalangeal joint destruction

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1. Given Name (First Name)

Junichi

2. Surname (Last Name)

Kushioka

3. Date

09-August-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Makoto Hirao

5. Manuscript Title

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Dr. Kushioka 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)

Akihide

2. Surname (Last Name)

Nampe

3. Date

09-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Makoto Hirao

5. Manuscript Title

Modified Scarf osteotomy with medial capsule interposition for hallux valgus deformity in rheumatoid arthritis cases including severe 1st metatarsophalangeal joint destruction

6. Manuscript Identifying Number (if you know it)

JBJS-D-17-00436R1

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Are there any relevant conflicts of interest?  Yes  No

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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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Dr. Nampei 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)  
Takaaki

2. Surname (Last Name)  
Noguchi

3. Date  
09-August-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Makoto Hirao

5. Manuscript Title  
Modified Scarf osteotomy with medial capsule interposition for hallux valgus deformity in rheumatoid arthritis cases including severe 1st metatarsophalangeal joint destruction

6. Manuscript Identifying Number (if you know it)  
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Dr. Noguchi 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) Hideki	2. Surname (Last Name) Tsuboi	3. Date 09-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Makoto Hirao
5. Manuscript Title Modified Scarf osteotomy with medial capsule interposition for hallux valgus deformity in rheumatoid arthritis cases including severe 1st metatarsophalangeal joint destruction		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-00436R1		

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Dr. Tsuboi 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) Shigeyoshi	2. Surname (Last Name) Tsuji	3. Date 09-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Makoto Hirao
5. Manuscript Title Modified Scarf osteotomy with medial capsule interposition for hallux valgus deformity in rheumatoid arthritis cases including severe 1st metatarsophalangeal joint destruction		
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Dr. Tsuji has nothing to disclose.

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1. Given Name (First Name)  
Hideki

2. Surname (Last Name)  
Yoshikawa

3. Date  
09-August-2017

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Yes  No

Corresponding Author's Name  
Makoto Hirao

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Dr. Yoshikawa has nothing to disclose.

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