

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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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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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) Sander

2. Surname (Last Name) Dijkstra

3. Date 23-October-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name P.T.J. Sanders

5. Manuscript Title Long-term Clinical Outcome of Intercalary Allograft Reconstruction for Lower Extremity Bone Tumors

6. Manuscript Identifying Number (if you know it) JBJS-D-18-00836

Section 2. The Work Under Consideration for Publication

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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
Implantcast GmbH (Buxtehude, Germany)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unconditional research grant to institution

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
National Cancer Fund (KWF)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bontius stichting	<input checked="" type="checkbox"/>	<input 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. Dijkstra reports grants from Implantcast GmbH (Buxtehude, Germany), during the conduct of the study; grants from National Cancer Fund (KWF), grants from Bontius stichting, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) German	2. Surname (Last Name) Farfalli	3. Date 23-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name P.T.J. Sanders
5. Manuscript Title Long-term Clinical Outcome of Intercalary Allograft Reconstruction for Lower Extremity Bone Tumors		
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Dr. Farfalli has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jelle

2. Surname (Last Name)

Spierings

3. Date

23-October-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

P.T.J. Sanders

5. Manuscript Title

Long-term Clinical Outcome of Intercalary Allograft Reconstruction for Lower Extremity Bone Tumors

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Dr. Spierings has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Luis	2. Surname (Last Name) Aponte-Tinao	3. Date 23-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name P.T.J. Sanders
5. Manuscript Title Long-term Clinical Outcome of Intercalary Allograft Reconstruction for Lower Extremity Bone Tumors		
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1. Given Name (First Name) Michael	2. Surname (Last Name) Bus	3. Date 23-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name P.T.J. Sanders
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Dr. Bus 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) Marta	2. Surname (Last Name) Fiocco	3. Date 23-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name P.T.J. Sanders
5. Manuscript Title Long-term Clinical Outcome of Intercalary Allograft Reconstruction for Lower Extremity Bone Tumors		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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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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Section 6. Disclosure Statement

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Dr. Fiocco 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) Michiel 2. Surname (Last Name) van de Sande 3. Date 23-October-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
P.T.J. Sanders

5. Manuscript Title
Long-term Clinical Outcome of Intercalary Allograft Reconstruction for Lower Extremity Bone Tumors

6. Manuscript Identifying Number (if you know it)

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Daiichi Sankyo	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
National Cancer Fund (KWF)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. van de Sande reports grants from Daiichi Sankyo, grants from National Cancer Fund (KWF), 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) Nacho	2. Surname (Last Name) Albergo	3. Date 23-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name P.T.J. Sanders
5. Manuscript Title Long-term Clinical Outcome of Intercalary Allograft Reconstruction for Lower Extremity Bone Tumors		
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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

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. Albergo 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)
Philip

2. Surname (Last Name)
Sanders

3. Date
23-October-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Long-term Clinical Outcome of Intercalary Allograft Reconstruction for Lower Extremity Bone Tumors

6. Manuscript Identifying Number (if you know it)

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