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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Section 1. Identifying Information

<table>
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Sander</td>
<td>Dijkstra</td>
<td>23-October-2018</td>
</tr>
</tbody>
</table>

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

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

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.

<table>
<thead>
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<td>✔</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>Unconditional research grant to institution</td>
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</tbody>
</table>

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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.

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<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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</thead>
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<td>✔</td>
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<td>❌</td>
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<td>Bontius stichting</td>
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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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Section 6. Disclosure Statement

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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?  
   Yes ☐  No ✗

   Corresponding Author’s Name  
   P.T.J. Sanders

5. Manuscript Title  
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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?  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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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?  
   [ ] Yes  ✔ No

   Corresponding Author’s Name  
   P.T.J. Sanders

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Dr. Aponte-Tinao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Michael
2. Surname (Last Name)  Bus
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. 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)          2. Surname (Last Name)          3. Date
Marta                              Fiocco                           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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Section 2. The Work Under Consideration for Publication

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Section 3. Relevant financial activities outside the submitted work.

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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

Fiocco
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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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  
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**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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   Yes  
   ✔  
   No

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>Daiichi Sankyo</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
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<tr>
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<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

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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. van de Sande reports grants from Daiichi Sankyo, grants from National Cancer Fund (KWF), outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Nacho

2. Surname (Last Name)  
   Albergo

3. Date  
   23-October-2018

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   Corresponding Author’s Name  
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Section 1. Identifying Information

1. Given Name (First Name)  
   Philip

2. Surname (Last Name)  
   Sanders

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