

## 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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 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

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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)  
Anil

2. Surname (Last Name)  
Ranawat

3. Date  
31-March-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Ernest Sink, MD

5. Manuscript Title  
The "Salvage" Periacetabular Osteotomy: Early Outcomes in Patients Treated for Iatrogenic Hip Instability

6. Manuscript Identifying Number (if you know it)  
JBJS-D-20-00087R1

### 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.

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                  |
|------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|---------------------------|
| Anika                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                           |
| Bodycad                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                           |
| Conformis                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                           |
| Springer                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                           |
| Arthrex                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                           |
| Smith & Nephew               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                           |
| Enhatch                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other: Ownership interest |
| Stryker- MAKO Surgical Corp. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                           |

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| Name of Entity          | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments |
|-------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| Saunders/Mosby-Elsevier | <input type="checkbox"/> | <input checked="" 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

### 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?

- Yes, the following relationships/conditions/circumstances are present (explain below):  
 No other relationships/conditions/circumstances that present a potential conflict of interest

Royalties from Intellectual Property  
 Stryker (My sibling(s))  
 DePuy (My parent(s), or any other of my ancestors)  
 Editorial or governing board of medical publication or professional society  
 Journal of Arthroplasty (My sibling(s))

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### 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. Ranawat reports personal fees from Anika, personal fees from Bodycad, personal fees from Conformis, personal fees from Springer, personal fees from Arthrex, personal fees from Smith & Nephew, personal fees and other from Enhatch, personal fees from Stryker- MAKO Surgical Corp. , personal fees from Saunders/Mosby-Elsevier, outside the submitted work; and  
Royalties from Intellectual Property  
Stryker (My sibling(s))  
DePuy (My parent(s), or any other of my ancestors)  
Editorial or governing board of medical publication or professional society  
Journal of Arthroplasty (My sibling(s))  
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Stacy  | 2. Surname (Last Name)<br>Robustelli                                | 3. Date<br>20-March-2020                       |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Ernest Sink, MD |
| 5. Manuscript Title<br>The "Salvage" Periacetabular Osteotomy: Early Outcomes in Patients Treated for Iatrogenic Hip Instability |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>JBJS-D-20-00087R1   |   |  |

### 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

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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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Stacy Robustelli has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Christopher  | 2. Surname (Last Name)<br>Brusalis                                  | 3. Date<br>20-March-2020                       |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Ernest Sink, MD |
| 5. Manuscript Title<br>The "Salvage" Periacetabular Osteotomy: Early Outcomes in Patients Treated for Iatrogenic Hip Instability |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>JBJS-D-20-00087R1   |   |  |

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Brusalis has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
Bryan

2. Surname (Last Name)  
Kelly

3. Date

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Ernest Sink, MD

5. Manuscript Title  
The "Salvage" Periacetabular Osteotomy: Early Outcomes in Patients Treated for Iatrogenic Hip Instability

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If yes, please fill out the appropriate information below.

| Name of Entity | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                              | Comments           |
|----------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------|
| Organicell     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other: Shareholder |
| Smith & Nephew | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                    |
| Arthrex, Inc.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                    |

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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. Kelly reports personal fees and other from OrganiceLL, personal fees from Smith & Nephew, personal fees from Arthrex, Inc., outside the submitted work; .

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|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Jeffrey  | 2. Surname (Last Name)<br>Peck                                      | 3. Date<br>01-April-2020                       |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Ernest Sink, MD |
| 5. Manuscript Title<br>The "Salvage" Periacetabular Osteotomy: Early Outcomes in Patients Treated for Iatrogenic Hip Instability |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>JBJS-D-20-00087R1   |   |  |

### 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

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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 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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### 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. Peck 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)<br>Danyal   | 2. Surname (Last Name)<br>Nawabi                                    | 3. Date<br>23-March-2020                       |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Dr. Ernest Sink |
| 5. Manuscript Title<br>The "Salvage" Periacetabular Osteotomy: Early Outcomes in Patients Treated for Iatrogenic Hip Instability |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>JBJS-D-20-00087R1   |   |  |

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Are there any relevant conflicts of interest?  Yes  No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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. Nawabi 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)<br>Robert   | 2. Surname (Last Name)<br>Buly                                      | 3. Date<br>31-March-2020                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Ernest Sink MD |
| 5. Manuscript Title<br>The "Salvage" Periacetabular Osteotomy: Early Outcomes in Patients Treated for Iatrogenic Hip Instability |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>JBJS-D-20-00087R1   |   |   |

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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. Buly 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)  
Ernest

2. Surname (Last Name)  
Sink

3. Date  
20-March-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
The "Salvage" Periacetabular Osteotomy: Early Outcomes in Patients Treated for Iatrogenic Hip Instability

6. Manuscript Identifying Number (if you know it)  
JBJS-D-20-00087R1

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Dr. Sink 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)<br>Geoffrey   | 2. Surname (Last Name)<br>Wilkin                                    | 3. Date<br>21-March-2020                   |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Ernest Sink |
| 5. Manuscript Title<br>The "Salvage" Periacetabular Osteotomy: Early Outcomes in Patients Treated for Iatrogenic Hip Instability |   |  |
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Dr. Wilkin has nothing to disclose.

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