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.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  John
2. Surname (Last Name)  Healey
3. Date  09-December-2019
4. Are you the corresponding author?  Yes  ☑ No

Corresponding Author’s Name  Emile Schutgens

5. Manuscript Title
Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinomas: an international multicentre study of 318 cases

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-01056R1

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>National Institute of Health (NIH)</td>
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<td>paid to institution, no personal support received</td>
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Dr. Healey reports other from National Institute of Health (NIH), 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)  
   Emile

2. Surname (Last Name)  
   Schutgens

3. Date  
   28-October-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinomas: an international multicentre study of 318 cases

6. Manuscript Identifying Number (if you know it)  
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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

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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. Schutgens has nothing to disclose.

Evaluation and Feedback

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Funovics
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Philipp Theodor

2. Surname (Last Name)  
   Funovics

3. Date  
   24-December-2019

4. Are you the corresponding author?  
   [ ] Yes  ✔ No  
   Corresponding Author’s Name  
   Emile Schutgens

5. Manuscript Title  
   Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinoma: an international multicenter study of 318 cases

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[ ] 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. Funovics has nothing to disclose.

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<td>2. Surname (Last Name)</td>
<td>Kostiuk</td>
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<td>3. Date</td>
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<td>4. Are you the corresponding author?</td>
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<td>Corresponding Author’s Name</td>
<td>Schutgens</td>
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<td>5. Manuscript Title</td>
<td>Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinomas: an international multicentre study of 318 cases</td>
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Dr. Kostiuk has nothing to disclose.

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1. Given Name (First Name)          2. Surname (Last Name)          3. Date
   Daniel                          Baumhoer                      15-May-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name

Schutgens EM

5. Manuscript Title
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1. Given Name (First Name)  
   david

2. Surname (Last Name)  
   biau

3. Date  
   02-September-2019

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   EM Schutgens

5. Manuscript Title  
   Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinoma: an international multicenter study of 318 cases

6. Manuscript Identifying Number (if you know it)

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

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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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

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

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Dr. biau reports grants and personal fees from Stryker, outside the submitted work.

Evaluation and Feedback

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Judith
2. **Surname (Last Name)**  
   Bovee
3. **Date**  
   16-December-2019
4. **Are you the corresponding author?**  
   Yes ☑️ No
5. **Manuscript Title**  
   Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinomas: an international multicentre study of 318 cases
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 ☑️

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Yes ☐️ No ☑️
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Dr. Bovee 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)  Rodolfo
2. Surname (Last Name)  Capanna
3. Date  23-December-2019
4. Are you the corresponding author?  Yes  ❑ No

5. Manuscript Title
Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinomas: an international multicentre study of 318 cases
6. Manuscript Identifying Number (if you know it)
JBJS-D-19-01056R1

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Dr. Capanna has nothing to disclose.

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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)**
   - Thomas

2. **Surname (Last Name)**
   - Cosker

3. **Date**
   - 02-June-2019

4. **Are you the corresponding author?**
   - Yes [☑] No

   **Corresponding Author’s Name**
   - Emile Schutgens

5. **Manuscript Title**
   - Surgical outcome and oncological survival of OFD-like- and classic Adamantinoma: an international multicentre study of 318 cases

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 [☑]

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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. Cosker 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)  
   Sander

2. Surname (Last Name)  
   Dijkstra

3. Date  
   01-December-2020

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

   Corresponding Author’s Name  
   Emile Schutgens

5. Manuscript Title  
   Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinomas: an international multicentre study of 318 cases

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Dr. Dijkstra 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)  
Hans Roland

2. Surname (Last Name)  
Dürr

3. Date  

4. Are you the corresponding author?  
[ ] Yes  
[ ] No  

Corresponding Author’s Name  
Emile Schutgens

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☑ No other relationships/conditions/circumstances that present a potential conflict 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. Dürr has nothing to disclose.

Evaluation and Feedback

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Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Anne

2. Surname (Last Name)  
   Gomez-Brouchet

3. Date  
   12-August-2019

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Emile Schutgens

5. Manuscript Title  
   Surgical Outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinomas: an international multicenter study of 318 cases.

6. Manuscript Identifying Number (if you know it)

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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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---

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Gomez-Brouchet 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)  Jendrik
2. Surname (Last Name)  Hardes
3. Date  12-August-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Emile Schutgens
5. Manuscript Title
   Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinomas: an international multicentre study of 318 cases
6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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Dr. Hardes reports grants from Implantcast, Buxtehude, 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.**

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**Royalties:** Funds are coming in to you or your institution due to your patent

Hogendoorn
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Pancras
2. Surname (Last Name) Hogendoorn
3. Date 23-December-2019
4. Are you the corresponding author? [ ] Yes [✓] No
      Corresponding Author’s Name Emile Schutgens
5. Manuscript Title Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinomas: an international multicentre study of 318 cases
6. Manuscript Identifying Number (if you know it) JBJS-D-19-01056R1

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.)? [ ] 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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Dr. Hogendoorn 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)  
   Paul

2. Surname (Last Name)  
   Jutte

3. Date  
   12-August-2019

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Emile Schutgens

5. Manuscript Title  
   Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinomas: an international multicentre study of 318 cases

6. Manuscript Identifying Number (if you know it)

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Dr. Jutte has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Minna

2. Surname (Last Name)  
   Laitinen

3. Date  
   19-May-2019

4. Are you the corresponding author?  
   Yes [x]  No

Corresponding Author’s Name  
Emile Schutgens

5. Manuscript Title  
Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinoma: an international multicenter study of 318 cases

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Are there any relevant conflicts of interest?  
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Yes [x]  No

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Dr. Laitinen 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)  
Andreas

2. Surname (Last Name)  
Leithner

3. Date  
19-May-2019

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author's Name  
Emile Schutgens

5. Manuscript Title  
Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinoma: an international multicenter study of 318 cases

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.

<table>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<td>Medtronic, Alphamed, Johnson &amp; Johnson</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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Leithner reports grants from Medtronic, Alphamed, Johnson & Johnson, outside the submitted work.

Evaluation and Feedback

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<tr>
<td>Xiaohui</td>
<td>Niu</td>
<td>12-August-2019</td>
</tr>
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</table>

4. Are you the corresponding author?  
   - Yes  
   - No [✔]

5. Manuscript Title
   Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinomas: an international multicentre study of 318 cases

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   - No [✔]

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   - Yes  
   - No [✔]
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Dr. Niu 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)  PIERO
2. Surname (Last Name)  PICCI
3. Date  17-May-2019
4. Are you the corresponding author?  ☑ No

5. Manuscript Title
Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinomas: an international multicenter study of 318 cases

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☑ No
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Dr. PICCI has nothing to disclose.

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Rob</th>
</tr>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Pollock</td>
</tr>
<tr>
<td>3. Date</td>
<td>12-June-2019</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes  ✔ No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Emile Schutgens</td>
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</table>

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) 
   Anja

2. Surname (Last Name) 
   Rueten Budde

3. Date 
   21-December-2019

4. Are you the corresponding author? 
   [ ] Yes  ✔ No

   Corresponding Author’s Name
   Emile Schutgens

5. Manuscript Title
   Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinomas: an international multicentre study of 318 cases

6. Manuscript Identifying Number (if you know it)
   JBJS-D-19-01056R1

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Dr. Rueten Budde has nothing to disclose.
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Section 1. Identifying Information

1. Given Name (First Name)  Mikel
2. Surname (Last Name)  San-Julian
3. Date  14-May-2019
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

Corresponding Author’s Name
Emile Schutgens

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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
Section 5. Relationships not covered above

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Dr. San-Julian has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Gerard
2. Surname (Last Name)  Schaap
3. Date  12-August-2019
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name
Emile Schutgens

5. Manuscript Title
Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinomas: an international multicentre study of 318 cases

6. Manuscript Identifying Number (if you know it)

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Gwen

2. Surname (Last Name)  
   Sys

3. Date  
   16-May-2019

4. Are you the corresponding author?  
   - Yes  
   - No  ✔

   Corresponding Author’s Name  
   Emile Schutgens

5. Manuscript Title  
   Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinomas: an international multicentre study of 318 cases

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-01056R1

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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Dr. Sys has nothing to disclose.

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Section 1. Identifying Information

<table>
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<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Frank</td>
<td>Traub</td>
<td>24-May-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Emile Schutgens

5. Manuscript Title
Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinoma: an international multicenter study of 318 cases

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Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Traub has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Per-Ulf
2. Surname (Last Name)  Tunn
3. Date  13-May-2019
4. Are you the corresponding author?  ☑ No  Corresponding Author’s Name  Emile Schutgens
5. Manuscript Title  Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinoma: an international multicenter study of 318 cases
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Dr. Tunn has nothing to disclose.

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   Michiel

2. **Surname (Last Name)**
   van de Sande

3. **Date**
   20-December-2019

4. **Are you the corresponding author?**
   - Yes
   - ☐ No

   **Corresponding Author’s Name**
   Emile Schutgens

5. **Manuscript Title**
   Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinomas: an international multicentre study of 318 cases

6. **Manuscript Identifying Number (if you know it)**
   JBJS-D-19-01056R1

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Are there any relevant conflicts of interest?  
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Dr. van de Sande has nothing to disclose.

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3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.


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.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Jay</td>
<td>wunder</td>
<td>14-May-2019</td>
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</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

Corresponding Author's Name  
EM Schutgens

5. Manuscript Title  
Surgical outcome and oncological survival of Osteofibrous dysplasia-like- and classic Adamantinoma: an international multicenter study of 318 cases

6. Manuscript Identifying Number (if you know it)

## 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  
   - [x] 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  
   - [x] No

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - [ ] Yes  
   - [x] No
ICMJE Form forDisclosure of Potential Conflicts of Interest

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

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. wunder has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.