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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# 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  
   14-December-2020  

4. Are you the corresponding author?  
   ✔ Yes  
   No  

5. Manuscript Title  
   Long-term complications, reoperations, and amputations for the Finn/Orthopaedic Salvage System distal femoral replacement rotating hinge megaprostheses in oncologic patients  

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-20-00696R1

## 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>
<tr>
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<tr>
<td>NIH/NCI (P30 CA008748)</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>The funding body had no role in the study’s design nor the data collection, analysis, and interpretation, and was not involved in the writing of the manuscript</td>
</tr>
<tr>
<td>The Limb Preservation Fund</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
<td>The funding body had no role in the study’s design nor the data collection, analysis, and interpretation, and was not involved in the writing of the manuscript</td>
</tr>
<tr>
<td>The Perlman Research Fund</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
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**Section 3. Relevant financial activities outside the submitted work.**

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Are there any relevant conflicts of interest?  ✔ Yes  ☐ No

If yes, please fill out the appropriate information below.

<table>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Stryker</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
<td>Dr. Healey is a paid consultant for Stryker Inc.</td>
</tr>
</tbody>
</table>

**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. Healey reports grants from NIH/NCI (P30 CA008748), other from The Limb Preservation Fund, other from The Perlman Research Fund, during the conduct of the study; grants and other from Stryker, outside the submitted work; .
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Yakoub
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Mohammed

2. Surname (Last Name)  
Yakoub

3. Date  
11-August-2020

4. Are you the corresponding author?  
☑️ No  
Corresponding Author’s Name  
John Healey

5. Manuscript Title  
Long-term complications, reoperations, and amputations for the Finn/Orthopaedic Salvage System distal femoral replacement rotating hinge megaprostheses in oncologic patients

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Dr. Yakoub has nothing to disclose.

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1. Given Name (First Name)  Patrick
2. Surname (Last Name)       Boland
3. Date                     11-August-2020

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Corresponding Author’s Name
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1. Given Name (First Name)  
   Koichi

2. Surname (Last Name)  
   Ogura

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   11-August-2020

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   ☐ Yes  ☑ No
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