

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

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**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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Thomas

2. Surname (Last Name) Bauer

3. Date 26-April-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Morphological Transformation of Giant-Cell Tumor of Bone After Treatment with Denosumab

6. Manuscript Identifying Number (if you know it)  
CC-16-0015

### 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
Stryker Corporation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
Orthobond, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
Leica Biosystems, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
Irwin Fritche, LLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
Xifin, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
Pfizer: Sa4Ag Vaccine Medical Advisory Board	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
JBJS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Funds are provided to my institution, The Cleveland Clinic, to support my role as Deputy Editor for Research for JBJS and Co-Editor, JBJS Case Connector

### 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. Bauer reports personal fees from Stryker Corporation, personal fees from Orthobond, Inc., personal fees from Leica Biosystems, Inc, personal fees from Irwin Fritche, LLC, personal fees from Xifin, Inc, other from JBJS, personal fees from Pfizer: Sa4Ag Vaccine Medical Advisory Board, outside the submitted work; .

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### Section 1. Identifying Information

1. Given Name (First Name) Yaxia	2. Surname (Last Name) Zhang	3. Date 25-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thomas Bauer
5. Manuscript Title Osteoblastoma-Like Presentation of Giant Cell Tumor of Bone after Treatment with Denosumab		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Hakan	2. Surname (Last Name) Ilaslan	3. Date 26-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thomas W. Bauer
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Dr. Ilaslan has nothing to disclose.

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1. Given Name (First Name) Ajit	2. Surname (Last Name) Krishnaney	3. Date 25-January-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Thomas Bauer
5. Manuscript Title Osteoblastoma-Like Transformation of Giant Cell Tumor of Bone after Treatment with Denosumab"		
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