ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

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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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.

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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
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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Divakar
2. Surname (Last Name): Lal
3. Date: 30-December-2019

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

Corresponding Author's Name: Timothy A. Damron, MD

5. Manuscript Title: Intra-articular Extraskeletal EWSR1-Negative NR4A3-Positive Myxoid Chondrosarcoma

6. Manuscript Identifying Number (if you know it): CC-D-19-00614R1

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
Stocks	☐	☐	☐	☑	Centene Health & Gilead Sciences

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.

Divakar Lal reports stocks, outside the submitted work.

Evaluation and Feedback

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Timothy
2. Surname (Last Name): Damron
3. Effective Date (07-August-2008): 30-December-2019

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

5. Manuscript Title: Intra-articular Extraskeletal EWSR1-Negative NR4A3-Positive Myxoid Chondrosarcoma

6. Manuscript Identifying Number (if you know it): CC-D-19-00614R1

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc…)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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The Work Under Consideration for Publication

Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	☑	☐	☐			×
						ADD

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

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 submission.

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	☑	☐	☐	Journal of Surgical Oncology	Editorial Board	×
1. Board membership	☑	☐	☐	Journal of Orthopaedic Research	Editorial Board	×
1. Board membership	☑	☐	☐	PLOS-One	Editorial Board	×
						ADD
2. Consultancy	☐	☑	☐	Bone Support, Inc	Physician Advisory Board	×
						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☐	☑	☐	Defense Attorney		×
						ADD
5. Grants/grants pending	☐	☐	☑	National Institutes of Health-National Cancer Institute	Unrelated Work	×

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Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
5. Grants/grants pending	☐	☐	☑	Carol Baldwin Breast Cancer Research Foundation	Unrelated Work	×
5. Grants/grants pending	☐	☐	☑	Jim and Julie Boeheim Foundation	Unrelated Work	×
5. Grants/grants pending	☐	☐	☑	Stryker, Inc.	Unrelated Work	×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×
						ADD
8. Patents (planned, pending or issued)	☐	☐	☑	Orthopedic Retractor Device	Patent Pending	×
						ADD
9. Royalties	☐	☑	☐	Up To Date	Chapters on Metastatic Disease and Giant Cell Tumor of Bone	×
9. Royalties	☐	☑	☐	Lippincott, Inc	Orthopedic Oncology and Basic Science Text	×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☐	☑	☐	Stryker, Inc.	Educational Course	×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
						ADD

* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

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Section 4. Other relationships

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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Hide All Table Rows Checked 'No' SAVE

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Section 1. Identifying Information

1. Given Name (First Name): Rana
2. Surname (Last Name): Naous
3. Date: 01-January-2020

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

Corresponding Author's Name: Timothy A. Damron

5. Manuscript Title: Intra-articular Extraskeletal EWSR1-Negative NR4A3-Positive Myxoid Chondrosarcoma

6. Manuscript Identifying Number (if you know it): CC-D-19-00614R1

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Dr. Naous 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): Ola
2. Surname (Last Name): El-Zammar
3. Date: 07-January-2020

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

Corresponding Author's Name: Timothy A. Damron

5. Manuscript Title: Intra-articular Extraskeletal EWSR1-Negative NR4A3-Positive Myxoid Chondrosarcoma

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