Date:_November 1, 2021	
Your Name: Anh Quynh Dang	
Manuscript Title:_Multidisciplinary approach to Hemipelvectomy	
Manuscript number (if known):_ REVIEWS-D-20-00233R1	

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	x_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations,	x_None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	x_None	

_X__I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:_November 1, 2021	
Your Name:_ Alysia Kemp, MD	
Manuscript Title:_Multidisciplinary approach to Hemipelvectomy	
Manuscript number (if known):_ REVIEWS-D-20-00233R1	

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	medical writing, article processing charges, etc.) No time limit for this item.		
2	Grants or contracts from	Time frame: past	36 months
2	any entity (if not indicated in item #1 above).	<u> </u>	
3:	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	V None	
	lectures, presentations,	- militar	
	speakers bureaus,		
	manuscript writing or		
T.	educational events		
6	Payment for expert	V None	
	testimony	- open	
7	Support for attending	None	
12-	meetings and/or travel	-1	
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or	/	
-	Advisory Board		
10	Leadership or fiduciary role	None None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	1.	f	
		11	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests		
	manelal inter cata		

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:_November 1, 2021	
Your Name:_ Alexander N Penny, PT, DPT	
Manuscript Title:_Multidisciplinary approach to Hemipelvectomy	
Manuscript number (if known):_ REVIEWS-D-20-00233R1	

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ļ,		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations,	x_None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	_xNone	
7	Support for attending meetings and/or travel	_xNone	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x_None	
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	xNone	

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:_November 1, 2021	
Your Name:Christina Roland	
Manuscript Title:_Multidisciplinary approach to Hemipelvectomy	
Manuscript number (if known):_ REVIEWS-D-20-00233R1	

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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
All success for the success.	1	
The second s	_xNone	
processing charges, etc.)		
No time limit for this item.		
	Time frame: past	36 months
Grants or contracts from	_xNone	
Royalties or licenses	_xNone	
Canaulting food	v. Nono	
consulting lees		
	No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses xNone

5	Payment or honoraria for lectures, presentations,	_xNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	_xNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	

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Date:_November_1, 2021	
Your Name: David M. Adelman, MDP4D	
Manuscript Title:_Multidisciplinary approach to Hemipelvectomy	
Manuscript number (if known):_ REVIEWS-D-20-00233R1	

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		Time frame: Since the initia	planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u>	
3	Royalties or licenses	None	
4	Consulting fees	None	Integra life Sciences (tome)

-		1	
5	Payment or honoraria for lectures, presentations,	<u>X</u> None	
1			
	speakers bureaus,		
	manuscript writing or		
	educational events	ST	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
		4	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>K</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy	None	5
	group, paid or unpaid		
11	Stock or stock options	XNone	
		2	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
-			

Date:_November 1, 2021	
Your Name:Divya Ajay MD MPH	
Manuscript Title:_Multidisciplinary approach to Hemipelvectomy	
Manuscript number (if known):_ REVIEWS-D-20-00233R1	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	x_None	

5	Payment or honoraria for lectures, presentations,	xNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	_x_None	
7	Support for attending meetings and/or travel	x_None	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	

_x__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:_November 1, 2021	
Your Name: Katherine Hagan	_
Manuscript Title:_Multidisciplinary approach to Hemipelvectomy	
Manuscript number (if known): REVIEWS-D-20-00233R1	

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		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Teleflex	Grant funding for study of the
	Royalties or licenses	<u>None</u>	LMAgastro for ERCP
	Consulting fees	None	

5	Payment or honoraria for	X None	
	lectures, presentations, speakers bureaus,	Anone	
	manuscript writing or		
	educational events		
6	Payment for expert		
	testimony	/	
7	Support for attending		
·	meetings and/or travel	× None	
0			
8	Patents planned, issued or pending	X_None	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or	- None	
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	VNone	
12	Dessint of a star		
.2	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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Katherine B. Hagan 11/1/2021

Date:_November 1, 2021	
Your Name:Margaret Roubaud	
Manuscript Title:_Multidisciplinary approach to Hemipelvectomy	
Manuscript number (if known):_ REVIEWS-D-20-00233R1	

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	فبجر فجزته للمباركم ومتكلتها	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_XNone	
	ולי בליגה המלילים ה מי ביו אל נייל	Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	Mentor Corporation LLC Checkpoint Surgical LLC	Consulting Fee to Doctor Consulting Fee to Doctor

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	X_None	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
-	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	_XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X_None	
	financial interests		

Х

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Date:	11/1/2021
Your Name:	O. Lenaine Westney
Manuscript Title:	Multidisciplinary approach to Hemipelvectomy
Manuscript Number (if known):	REVIEWS-D-20-00233R1

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			Time frame: Since the initial planning	of the work
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			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)		Specifications/Comments (e.g., if payments were made to you or to your institution)	
4	Consulting fees		None		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		None		
6	Payment for expert testimony		None		
7	Support for attending meetings and/or travel		None		
8	Patents planned, issued or pending		None		
9	Participation on a Data Safety Monitoring Board or Advisory Board		None		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		None		

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:_November 1, 2021	
Your Name:_ Thomas G. Smith III, MD FACS	
Manuscript Title:_Multidisciplinary approach to Hemipelvectomy	
Manuscript number (if known):_ REVIEWS-D-20-00233R1	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone	
	manuscript writing or educational events		
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

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Date:_November 1, 2021	
Your Name:_ Valerae O. Lewis, MD	
Manuscript Title:_Multidisciplinary approach to Hemipelvectomy	
Manuscript number (if known):_ REVIEWS-D-20-00233R1	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	_xNone	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	xNone	
	manuscript writing or educational events		
6	Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	x_None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	

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