

ICMJE DISCLOSURE FORM

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | 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) |
|--|--|--|---|
| 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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
| | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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|----|--|--|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE 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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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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Elyse Kempner

ICMJE DISCLOSURE 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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| 6 | Payment for expert testimony | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| 11 | Stock or stock options | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> <input checked="" type="checkbox"/> None | |
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ICMJE DISCLOSURE 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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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <u>x</u> <input type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input type="checkbox"/> <u>x</u> <input type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> <u>x</u> <input type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> <u>x</u> <input type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> <u>x</u> <input type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> <u>x</u> <input type="checkbox"/> None | |
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| 11 | Stock or stock options | <input type="checkbox"/> <u>x</u> <input type="checkbox"/> None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> <u>x</u> <input type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> <u>x</u> <input type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

Date: November 1, 2021

Your Name: David M. Adelman, MD PhD

Manuscript Title: Multidisciplinary approach to Hemipelvectomy

Manuscript number (if known): REVIEWS-D-20-00233R1

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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None |
| 4 | Consulting fees | <input type="checkbox"/> None <u>Integra Life Sciences (to me)</u> |

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|----|--|--|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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Paul M. Allen
11/1/2021

ICMJE DISCLOSURE FORM

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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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

Date: November 1, 2021

Your Name: Katherine Hagan

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.

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| 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. | <input checked="" type="checkbox"/> None | |
| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None <u>Teleflex</u> | <u>Grant funding for study of the LMA gastro for ERCP</u> |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
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Katherine B. Hagan

11/1/2021

ICMJE DISCLOSURE FORM

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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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | Mentor Corporation LLC | Consulting Fee to Doctor |
| | | Checkpoint Surgical LLC | Consulting Fee to Doctor |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u> </u> <u> </u> X <u> </u> None | |
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| 6 | Payment for expert testimony | <u> </u> X <u> </u> None | |
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ICMJE DISCLOSURE FORM

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: past 36 months | | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> | | | | | | |
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| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1" data-bbox="407 285 1492 417"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1" data-bbox="407 501 1492 598"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1" data-bbox="407 829 1492 928"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None <table border="1" data-bbox="407 1037 1492 1136"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1" data-bbox="407 1245 1492 1344"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1" data-bbox="407 1453 1492 1551"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None <table border="1" data-bbox="407 1635 1492 1734"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | | | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None <table border="1" data-bbox="407 285 1494 386"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1" data-bbox="407 495 1494 596"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1" data-bbox="407 705 1494 806"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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| <p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> | | | | | | | | | |

ICMJE DISCLOSURE 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

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | 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) |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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☒ X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

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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