Date:	1/23/2024
Your Name:	Eduardo Botello
Manuscript Title:	Controversies In Orthopaedic Oncology: Attempting International Consensus
Manuscript Number (if known):	BJJ-2023-1381

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		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)
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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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None	
	Canadhin a fa a	□ None	
4	Consulting fees	□ None	
		ZimmerBiomet consultant	
-	Dougo ont on	□ None	
5	Payment or honoraria for	□ None	
	lectures, presentations,	ZimmerBiomet consultant	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending	□ None	
	meetings and/or travel	ZimmerBiomet	
	liavei		
8	Patents planned, issued or	None ■	
	pending		
9	Participation on	None Non	
9	a Data Safety	NUILE	
	Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in	□ None	
	other board,	ISOLS	

		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)
	society, committee or advocacy group, paid or unpaid	SLATME	
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 None	
Plea	ise place an "X" nex	t to the following statement to indicate your agreeme	ent:

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

Date:	2/5/2024
Your Name:	Dr Richard Boyle
Manuscript Title:	Controversies In Orthopaedic Oncology: Attempting International Consensus
Manuscript Number (if known):	BJJ-2023-1381

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		Time frame: past 36 month	ıs
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None	
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,	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)
society, committee or advocacy group, paid or unpaid		
Stock or stock options	None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
Other financial or non-financial interests	None	
	committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial interests	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-financial

Date:	25 January 2024
Your Name:	Walid Ebeid
Manuscript Title:	Controversies In Orthopaedic Oncology: Attempting International Consensus
Manuscript Number (if known):	BJJ-2023-1381

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3	Royalties or licenses	None ■	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,		

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial	\boxtimes	None	
	interests			
Plea	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:	1/31/2024
Your Name:	Matthew Houdek
Manuscript Title:	Controversies In Orthopaedic Oncology: Attempting International Consensus
Manuscript Number (if known):	BJJ-2023-1381

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses		None	
4	Consulting fees		None	
		Link	Orthopedics	
5	Payment or honoraria for		None	
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert testimony	X	None	
_				
7	Support for attending		None	
	meetings and/or travel			
8	Patents planned, issued or	\boxtimes	None	
	pending			
9	Participation on a Data Safety		None	
	Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in		None	
	other board,	Mus	sculoskeletal tumor society	Connective Tissue Oncology Society

		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)	
	society, committee or advocacy group, paid or unpaid	American Academy of Orthopedic Surgeons Sarcoma Alliance for Research through Collaboration		
11	Stock or stock options	None Non		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None		
13	Other financial or non-financial interests	None		
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.				

3 8/26/2021 ICMJE Disclosure Form

Date:	1/24/2024
Your Name:	Lee Jeys
Manuscript Title:	Controversies in orthopaedic oncology. Attempting international consensus
Manuscript Number (if known):	BJJ-2023-1381

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3	Royalties or licenses	None None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None 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,	None ■	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial	\boxtimes	None	
	interests			
Plea	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:	2/4/2024
Your Name:	Vineet Kurisunkal
Manuscript Title:	Controversies In Orthopaedic Oncology: Attempting International Consensus
Manuscript Number (if known):	BJJ-2023-1381

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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)
3	Royalties or licenses	None None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None 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,	None ■	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial	\boxtimes	None	
	interests			
Plea	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:	1/24/2024
Your Name:	Minna Laitinen
Manuscript Title:	Controversies in orthopaedic oncology. Attempting international consensus
Manuscript Number (if known):	BJJ-2023-1381

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None 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,	None ■	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,	\boxtimes	None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial	\boxtimes	None	
	interests			
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:	1/31/2024
Your Name:	Guy Morris
Manuscript Title:	Controversies In Orthopaedic Oncology: Attempting International Consensus
Manuscript Number (if known):	BJJ-2023-1381

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		Time frame: past 36 month:	s
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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)
3	Royalties or licenses	None None	
4	Consulting fees	□ None	
		Implantcast UK	self
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers bureaus,	Implantcast UK	self
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending	□ None	
	meetings and/or travel	Implantcast UK	self
8	Patents planned, issued or pending	⊠ None	
	pending		
9	Participation on a Data Safety	None	
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board,	⊠ None	
	Care Dourd,		

			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)
	society, committee or advocacy group,			
	paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
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:	1/24/2024	
Your Name: Ajay Puri		
Manuscript Title:	Controversies In Ortho	paedic Oncology: Attempting International Consensus
Manuscript Number (if known):	BJJ-2023-1381	BJJ - 2023 - 1381.

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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	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

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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)
3	Royalties or licenses	None	
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,	BJJ - FDITORIAL BO	DARD

		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)
	society, committee or advocacy group, paid or unpaid		
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	el e
Plea		t to the following statement to indicate your agreemen	

Date:	1/26/2024	
Your Name:	Pietro Ruggieri	
Manuscript Title:	Controversies In Orthopaedic Oncology: Attempting International Consensus	
Manuscript Number (if known):	BJJ-2023-1381	

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			Time frame: past 36 month	s
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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)
3	Royalties or licenses	None Non	
4	Consulting fees	□ None Exactech Stryker	Payment to me Payment to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	⊠ 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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non-financial interests	None	
Plea	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.		

3 8/26/2021 ICMJE Disclosure Form

Date:	1/23/2024
Your Name:	Joachim Thorkildsen
Manuscript Title:	Controversies in Orthopaedic Oncology: Attempting International Consensus
Manuscript Number (if known):	BJJ-2023-1381

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.

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 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.

		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)
		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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None None	
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 None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None ■	

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