	e:	9/5/2023			
Your Name:		DIMITRIOS DIMOPOULOS	DIMITRIOS DIMOPOULOS		
Manuscript Title:			Rotationplasty outcomes assessed by gait analysis following resection of lower extremity bone neoplasms: A systematic review and meta-analysis		
Manuscript Number (if known):		nown): BJO-2023-0101.R1			
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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)		
			made to you or to your institution)		
1	All support for the	relationship or indicate none (add rows as needed)	made to you or to your institution)		
1		relationship or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution)		
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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 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,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:
\boxtimes	Leertify that I have	answe	ered every question and have not altered the wo	ording of any of the questions on this form

Date:	9/6/2023
Your Name:	Nikolaos Giannakeas
Manuscript Title:	Rotationplasty outcomes assessed by gait analysis following resection of lower extremity bone neoplasms: A systematic review and meta-analysis
Manuscript Number (if known):	BJO-2023-0101.R1

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		Time frame: past 36 months	s
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	gifts or other			
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13	Other financial or non-financial		None	
	interests			
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:
\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

Date:	9/6/2023
Your Name:	Anastasios V. Korompilias MD, Ph.D
Manuscript Title:	Rotationplasty outcomes assessed by gait analysis following resection of lower extremity bone neoplasms: A systematic review and meta-analysis
Manuscript Number (if known):	BJO-2023-0101.R1

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10	Leadership or fiduciary role in other board,	X None	

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	society, committee or advocacy group, paid or unpaid				
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	X	None		
Dlea	se nlace an "Y" nevt	to the	following statement to indicate your agreemen	nt·	

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

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11	Stock or stock options		None	
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13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
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			ICIVISE DISCESSORE I O	INIVI
Date:			9/12/2023	
Your Nam	e:		Ntritsos Georgios	
Manuscrip	ot Title:		Rotationplasty outcomes assessed by gait a neoplasms: A systematic review and meta-a	nalysis following resection of lower extremity bone analysis
Manuscrip	ot Number (if kı	nown):	BJO-2023-0101.R1	
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6	Payment for expert testimony	None ■	
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13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
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	ICIVIJE DISCLUSURE FORIVI
Date:	9/6/2023
Your Name:	PANAGIOTIS FILIS
Manuscript Title:	Rotationplasty outcomes assessed by gait analysis following resection of lower extremity bone neoplasms: A systematic review and meta-analysis
Manuscript Number (if	known): BJO-2023-0101.R1
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	Time frame: past 36 months
Grants or contracts from	None ■
any entity (if not indicated in item	

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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		
Plea	Please place an "X" next to the following statement to indicate your agreement:				

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3 8/26/2021 ICMJE Disclosure Form

Date:	9/6/2023
Your Name:	AVRAAM PLOUMIS, MD
Manuscript Title:	Rotationplasty outcomes assessed by gait analysis following resection of lower extremity bone neoplasms: A systematic review and meta-analysis
Manuscript Number (if known):	BJO-2023-0101.R1

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Dlea	se nlace an "Y" nevt	to the	following statement to indicate your agreemen	nt·	

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Date:	5/9/2023 Varvarousis Dimitrios				
Your Name:					
Manuscript Title: Rotationplasty outcomes assessed by gait analysis following resection of low extremity bone neoplasms: A systematic review and meta-analysis					
Manuscript Number (if known):	own): BJO-2023-0101.R1				
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