

ICMJE DISCLOSURE FORM

Date: Mar. 22th, 2021

Your Name: Wei Wang

Manuscript Title: Clinical comparison of tenosynovial giant cell tumors, synovial chondromatosis, and synovial sarcoma: Analysis and report of 53 cases

Manuscript number (if known): ATM-21-542

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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Please summarize the above conflict of interest in the following box:

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ICMJE DISCLOSURE FORM

Date: Mar. 22th, 2021

Your Name: Man-Mei Long

Manuscript Title: Clinical comparison of tenosynovial giant cell tumors, synovial chondromatosis, and synovial sarcoma: Analysis and report of 53 cases

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ICMJE DISCLOSURE FORM

Date: Mar. 22th, 2021

Your Name: Cheng-Jiang Wei

Manuscript Title: Clinical comparison of tenosynovial giant cell tumors, synovial chondromatosis, and synovial sarcoma: Analysis and report of 53 cases

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Date: Mar. 22th, 2021

Your Name: Xi-Wei Cui

Manuscript Title: Clinical comparison of tenosynovial giant cell tumors, synovial chondromatosis, and synovial sarcoma: Analysis and report of 53 cases

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ICMJE DISCLOSURE FORM

Date: Mar. 22th, 2021

Your Name: Jie-Yi Ren

Manuscript Title: Clinical comparison of tenosynovial giant cell tumors, synovial chondromatosis, and synovial sarcoma: Analysis and report of 53 cases

Manuscript number (if known): ATM-21-542

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ICMJE DISCLOSURE FORM

Date: Mar. 22th, 2021

Your Name: Yi-Hui Gu

Manuscript Title: Clinical comparison of tenosynovial giant cell tumors, synovial chondromatosis, and synovial sarcoma: Analysis and report of 53 cases

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Date: Mar. 22th, 2021

Your Name: Qing-Feng Li

Manuscript Title: Clinical comparison of tenosynovial giant cell tumors, synovial chondromatosis, and synovial sarcoma: Analysis and report of 53 cases

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Your Name: Shun-Dong Dai

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Date: Mar. 22th, 2021

Your Name: Zhi-Chao Wang

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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 checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

Please summarize the above conflict of interest in the following box:

None.

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

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