Dat	te:2022-02-15		
Υοι	ur Name: Xueyuan Jia		
Ma	nuscript Title: Percu	taneous minimally invasiv	re treatment of transverse patellar fracture using cannulated
	_	_	nots: a retrospective single-center case-control study
Ma	nuscript number (if knowr	n):	
rela	ated to the content of you	manuscript. "Related" m	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third
-	•	•	of the manuscript. Disclosure represents a commitment
	transparency and does not ationship/activity/interest	•	s. If you are in doubt about whether to list a
	actionismp, accivity, interest	, it is preferable that you t	
	e following questions apply nuscript only.	y to the author's relations	hips/activities/interests as they relate to the current
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			e <u>defined broadly</u> . For example, if your manuscript pertains
		• •	re all relationships with manufacturers of antihypertensive
me	dication, even if that medi	cation is not mentioned ir	n the manuscript.
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	tem #1 below, report all st time frame for disclosure		ted in this manuscript without time limit. For all other items,
uie	tillie Irailie for disclosure	is the past 30 months.	
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as needed)	
		Time frame: Since the init	ial planning of the work
L	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pa	st 36 months
)	Grants or contracts from	None	St 50 months
	any entity (if not indicated		
	in item #1 above).		
₹ .	Royalties or licenses	None	

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Consulting fees

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, 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-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	I have no conflicts of interest to	declare.	

Date:2022-02-15			
Your Name:			
			tment of transverse patellar fracture using cannulated
		es and Nice knots:	retrospective single-center case-control study
Manuscript number	(if known):		
related to the contered parties whose interest to transparency and relationship/activity. The following questimanuscript only. The author's relation to the epidemiology medication, even if	nt of your manuscript. ests may be affected by does not necessarily in finterest, it is preferab ons apply to the autho hiships/activities/intere of hypertension, you s that medication is not i	"Related" means a the content of the dicate a bias. If you le that you do so. r's relationships/a sts should be <u>definal</u> hould declare all rementioned in the n	tionships/activities/interests listed below that are ny relation with for-profit or not-for-profit third manuscript. Disclosure represents a commitment ou are in doubt about whether to list a ctivities/interests as they relate to the current med broadly. For example, if your manuscript pertains elationships with manufacturers of antihypertensive nanuscript.
	isclosure is the past 36	months.	
	Name all en whom you h relationship	ave this (e.g	cifications/Comments c., if payments were made to you or to your citution)
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Grants or contract			
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B Royalties or licens	es <u> </u>		

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Consulting fees

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, 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-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	I have no conflicts of interest to	declare.	

Da	te:2022-02-15		
Υo	ur Name: Yongjun Rı	ui	
Ma	anuscript Title: Percut	aneous minimally invasive	e treatment of transverse patellar fracture using cannulated
scr	ews combined with high-sti	rength sutures and Nice ki	nots: a retrospective single-center case-control study
Ma	anuscript number (if known)):	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
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		needed)	
		Time frame: Since the initial	al planning of the work
	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	No time limit for this item.		
		Time frame: pas	et 26 months
	Grants or contracts from	None	it 30 months
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	in item #1 above).		
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	in item #1 above). Royalties or licenses	None	

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Consulting fees

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, 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		
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13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	I have no conflicts of interest to	declare.	

	te:2022=02=15		
	ur Name: Yunhong N		
			e treatment of transverse patellar fracture using cannulated
	_	•	nots: a retrospective single-center case-control study
Ma	anuscript number (if known)	:	
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	item #1 below, report all su e time frame for disclosure i		ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
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		needed)	
		Time frame: Since the initia	al planning of the work
•	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article		
	processing charges, etc.)		
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	Grants or contracts from	None	
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Consulting fees

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, 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-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	I have no conflicts of interest to	declare.	

Da	te:2022-02-15		
	ur Name: Jun Liu		
			e treatment of transverse patellar fracture using cannulated
	<u> </u>	•	nots: a retrospective single-center case-control study
	anuscript number (if known)	_	•
rel to rel The	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only.	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a lo so. hips/activities/interests as they relate to the current e defined broadly. For example, if your manuscript pertains
to me	the epidemiology of hyperte edication, even if that medic	ension, you should declar cation is not mentioned in pport for the work report	e all relationships with manufacturers of antihypertensive
		Name all entities with	Specifications/Comments
		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 initi	al planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above). Royalties or licenses	News	
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Consulting fees

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, 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-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	I have no conflicts of interest to	declare.	

Dat	e:2022-02-15			
You	r Name: Jianbing W	/ang		
Ma	nuscript Title: Percut	aneous minimally invasiv	e treatment of transverse patellar fracture using cannulate	d
scre	ews combined with high-st	rength sutures and Nice k	nots: a retrospective single-center case-control study	
Ma	nuscript number (if known):		
rela par to t	ited to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a lo so.	
	following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current	
to t		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.	;
	tem #1 below, report all su time frame for disclosure	• •	ed in this manuscript without time limit. For all other item	s,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
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		needed)		
		Time frame: Since the initi	al planning of the work	
L	All support for the present	None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
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,	Crants or contracts from	Time frame: pas	st 36 months	
-	Grants or contracts from any entity (if not indicated	None		
	in item #1 above).			
}	Royalties or licenses	None		
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Consulting fees

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, 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-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	I have no conflicts of interest to	declare.	

Date:2022-02-15	
Your Name: Yapeng Wang	
Manuscript Title: Percutaneous minimally invasive treatment of transverse patellar fracture using ca	nnulated
screws combined with high-strength sutures and Nice knots: a retrospective single-center case-control stu	dy
Manuscript number (if known):	

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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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.

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)
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 None	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, 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-	None	
	financial interests		
Ple	Please summarize the above conflict of interest in the following box:		
I have no conflicts of interest to declare.			

Da	te:2022-02-15				
	ur Name: Peng Wang _				
Ma scr	Manuscript Title: Percutaneous minimally invasive treatment of transverse patellar fracture using cannulated screws combined with high-strength sutures and Nice knots: a retrospective single-center case-control study Manuscript number (if known):				
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.		
	e following questions apply inuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>		
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	item #1 below, report all su e time frame for disclosure i	· -	ed in this manuscript without time limit. For all other items		
		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 initia	al planning of the work		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None			

	No time limit for this item.		
		Time frame	: past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, 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-	None	
	financial interests		
Ple	Please summarize the above conflict of interest in the following box:		
I have no conflicts of interest to declare.			

Date:2022-02-15	
Your Name: Ju	nhao Luo
screws combined wi	Percutaneous minimally invasive treatment of transverse patellar fracture using cannulated the high-strength sutures and Nice knots: a retrospective single-center case-control study
Manuscript number	(if known):
related to the conter parties whose intere to transparency and	nsparency, we ask you to disclose all relationships/activities/interests listed below that are not of your manuscript. "Related" means any relation with for-profit or not-for-profit third sts may be affected by the content of the manuscript. Disclosure represents a commitment does not necessarily indicate a bias. If you are in doubt about whether to list a /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 manuscript only</u>.

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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)
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 None	planning of the work
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, 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-	None	
	financial interests		
Ple	Please summarize the above conflict of interest in the following box:		
I have no conflicts of interest to declare.			

Date:2022-02-15 Your Name: Ming Zhou Manuscript Title: Percutaneous minimally invasive treatment of transverse patellar fracture using cannulated screws combined with high-strength sutures and Nice knots: a retrospective single-center case-control study Manuscript number (if known):						
rela par to	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.					
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current			
to to	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. 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	Specifications/Comments (e.g., if payments were made to you or to your			
		relationship or indicate none (add rows as needed)	institution)			
		Time frame: Since the initia	al 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.					
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Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, 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-	None	
	financial interests		
Ple	Please summarize the above conflict of interest in the following box:		
I have no conflicts of interest to declare.			