

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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# 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

# Relationships not covered above.

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**Royalties:** Funds are coming in to you or your institution due to your patent

Bonadio 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fi Marcelo	1. Given Name (First Name)  Marcelo  2. Surname (Last Name)  Bonadio			3. Date 18-April-2020		
4. Are you the cor	rresponding author? Yes No Corresponding Author's Name  MARCELO BATISTA BONADIO					
5. Manuscript Title Treatment of sub	e ochondral insufficiency	fracture of	the knee by s	ubchondrop	lasty	
6. Manuscript Ider AOJ-19-67	ntifying Number (if you kn	ow it)				
	l					
Section 2.	The Work Under Co	onsiderat	ion for Publi	ication		
any aspect of the s statistical analysis,	ubmitted work (including	but not lim	ited to grants, d			nent, commercial, private foundation, etc.) for tudy design, manuscript preparation,
	out the appropriate info		•	ve more tha	n one en	tity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant?	_	on-Financial Support <mark>?</mark>	Other	Comments
AS BRASIL					<b>✓</b>	ADVISORY BOARD
AS BRASIL						EDUCATIONAL FEE
Section 3.	Relevant financial	activities	outside the	submitted	work.	
of compensation	) with entities as descri	bed in the	instructions. U	lse one line f	or each e	cial relationships (regardless of amount entity; add as many lines as you need by ne 36 months prior to publication.
Are there any rel	evant conflicts of intere	est? Y	es ✓ No			
	l					
Section 4.	Intellectual Proper	ty Pate	nts & Copyri	ghts		
Do you have any	patents, whether plan	ned, pendii	ng or issued, b	roadly releva	ant to the	e work? ☐ Yes   ✓ No

Bonadio 2



Section 5. Relationships not sovered above
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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Bonadio reports other from LAS BRASIL, from LAS BRASIL, during the conduct of the study; .

## **Evaluation and Feedback**

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Bonadio 3



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Giglio

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Royalties: Funds are coming in to you or your institution due to your

1

administrative support, etc.



Section 1. Identifying Inf	ormation	
1. Given Name (First Name) Pedro Nogueira	2. Surname (Last Name) Giglio	3. Date 19-April-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name  Marcelo Bonadio
5. Manuscript Title Treatment of subchondral insufficie	ency fracture of the knee by su	bchondroplasty
6. Manuscript Identifying Number (if yo AOJ-19-67	ou know it)	
Section 2. The Work Unde	er Consideration for Public	cation
	iding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant finance	cial activities outside the s	submitted work.
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Section 4. Intellectual Pro	perty Patents & Copyric	ghts
Do you have any patents, whether p	planned, pending or issued, br	roadly relevant to the work? Yes V No

Giglio 2



Section 5.				
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Dr. Giglio has no	othing to disclose.			

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Helito 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Camilo Partezani	2. Surname (Last Name) Helito	3. Date 20-April-2020	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name MARCELO BATISTA BONADIO	
5. Manuscript Title TREATMENT OF SUBCHONDRAL INSUFF	FICIENCY FRACTURE OF TH	E KNEE BY SUBCHONDROPLASTY	
6. Manuscript Identifying Number (if you kr AOJ-19-67	now it)		
		-	
Section 2. The Work Under Co	onsideration for Public	ation	
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
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Intellectual Proper	rty Patents & Copyrig	ints	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Helito 2



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Dr. Helito has nothing to disclose.

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DA SILVA



Section 1.	Identifying Inform	ation		
1. Given Name (First HUGO PEREIRA	t Name)	2. Surname (Last Name) DA SILVA	3. Date 20-April-2020	
4. Are you the corre	sponding author?	Yes ✓ No	Corresponding Author's Name MARCELO BATISTA BONADIO	
5. Manuscript Title TREATMENT OF SU	JBCHONDRAL INSUFF	ICIENCY FRACTURE OF TH	E KNEE BY SUBCHONDROPLASTY	
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Do you have any p	patents, whether plani	ned, pending or issued, br	oadly relevant to the work? Yes V No	

DA SILVA 2



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Dr. DA SILVA has nothing to disclose.

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Gobbi 1



Section 1.	Identifying Inform	ation	
Given Name (First Riccardo	rst Name) 2. Surname (Last Name) Gobbi		3. Date 19-April-2020
4. Are you the corre	re you the corresponding author?		Corresponding Author's Name  Marcelo Bonadio
5. Manuscript Title Treatment of subc	:hondral insufficiency	fracture of the knee by su	ubchondroplasty
6. Manuscript Ident AOJ-19-67	ifying Number (if you kn	ow it)	
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Do you have any p	patents, whether plani	ned, pending or issued, b	roadly relevant to the work? Yes V No

Gobbi 2



Section 5.	
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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your

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Section 1.	Identifying Inform	ation		
1. Given Name (Fii Gilberto Luis	rst Name)	2. Surname (Last Name) Camanho	_	3. Date 20-April-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name	
5. Manuscript Title TREATMENT OF S		CICIENCY FRACTURE OF TH	E KNEE BY SUBCHONDROPLA	ASTY
6. Manuscript Ider AOJ-19-67	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, com ta monitoring board, study desi	mercial, private foundation, etc.) for ign, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add	) with entities as descri	bed in the instructions. Us port relationships that wer		tionships (regardless of amount ld as many lines as you need by onths prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyric	ıhts	
Do you have any	•		oadly relevant to the work?	Yes ✓ No

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Section 5. Polationships not sovered above
Relationships not covered above
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✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Camanho has nothing to disclose.

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

# Identifying information.

# 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

## 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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#### Definitions.

Demange

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

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administrative support, etc.



Section 1.	Identifying Inform	ation					
1. Given Name (First Name) Marco		2. Surname (Last Name) Demange		3. Date 18-April-2020			
4. Are you the corresponding author?		Yes ✓ No		Corresponding Author's Name MARCELO BATISTA BONADIO			
5. Manuscript Title Treatment of subchondral insufficiency fracture of the knee by subchondroplasty							
6. Manuscript Identifying Number (if you know it) AOJ-19-67							
	I						
Section 2.	The Work Under Co	onsiderat	ion for Publi	ication			
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?   Yes   No							
If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.							
Name of Institut	ion/Company	Grant?	_	on-Financial Support <mark>?</mark>	Other	Comments	
AS BRASIL					<b>✓</b>	ADVISORY BOARD	
AS BRASIL						EDUCATIONAL FEE	
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Section 3.	Relevant financial	activities	outside the	submitted	work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .							
Are there any relevant conflicts of interest? Yes V							
	ı						
Section 4.	Intellectual Proper	ty Pate	nts & Copyri	ights			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo							

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Section 5. Polationships not sovered above					
Relationships not covered above					
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Yes, the following relationships/conditions/circumstances are present (explain below):					
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Section 6. Disclosure Statement					
Disclosure Statement					
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.					
Dr. Demange reports other from LAS BRASIL, from LAS BRASIL, during the conduct of the study; .					

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