ICMJE DISCLOSURE FORM

Date:Feb. 21 th , 2023
Your Name:Tomoki Ohori
Manuscript Title:Treatment for symptomatic meniscal cyst associated with meniscal tears: lack of evidence and
future perspective
Manuscript number (if known):
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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)			
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.	XNone				
	Time frame: past 36 months					
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone				
3	Royalties or licenses	X_None				
4	Consulting fees	XNone				

5	Payment or honoraria for lectures, presentations,	XNone					
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	manuscript writing or						
	educational events						
6	Payment for expert	XNone					
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7	Support for attending meetings and/or travel	XNone					
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9	Participation on a Data	X None					
	Safety Monitoring Board or						
	Advisory Board						
10	Leadership or fiduciary role	XNone					
	in other board, society,						
	committee or advocacy						
	group, paid or unpaid						
11	Stock or stock options	XNone					
12	Receipt of equipment,	X_None					
	materials, drugs, medical						
	writing, gifts or other						
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13	Other financial or non-	X None					
	financial interests						
Plea	Please summarize the above conflict of interest in the following box:						
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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.