

ICMJE DISCLOSURE FORM

Date: 6/13/2022

Your Name: Andreas Neff, Prof. Dr. Dr.

Manuscript Title: Indications for Alloplastic TMJ Replacement in Maxillofacial Trauma – An analysis of condylar trauma patients with scoping review of the literature

Manuscript number (if known): FOMM-22-16

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 current manuscript only.

The author’s relationships/activities/interests should be defined broadly. 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.	<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	Medartis, Basle-CH	Design surgeon for osteosynthesis kits trauma,

			orthognathics and reconstruction Development of Modus CFS 1.8 for CHF's
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Medartis, Basle-CH	Paid Honoraria for lectures and courses
		IBRA, Basle-CH	Paid Honoraria for lectures and courses
		SORG, Tuttingen-D	Paid Honoraria for lectures and courses
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	Medartis, Basle-CH	Paid Honoraria for lectures and courses
		IBRA, Basle-CH	Paid Honoraria for lectures and courses
		SORG, Tuttingen-D	Paid Honoraria for lectures and courses
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	German Society of OMFS surgeons	Frankfurt, Germany
		European Society of TMJ Surgeons	Helsby, Chesire, GB
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	European Society of TMJ Surgeons	Board Adviser 2019-2022, unpaid
		S.O.R.G., Tuttingne -D	Head TMJ Section, Board Member
		IBRA	Head REC Board CMF, Board Member
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Medartis, Basle-CH	Support for statistical analysis (no payment)
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

The author receives consulting fees from Medartis, Basle-CH, honoraria for lectures and courses from Medartis, Basle-CH, IBRA, Basle-CH, SORG, Tuttingen-D. The author holds participations in German Society of OMFS surgeons and European Society of TMJ Surgeons. He serves as the unpaid board adviser from 2019-2022 in European Society of TMJ Surgeon, the board member of Head TMJ Section in SORG, the board member of Head REC Board CMF in IBRA. The author receives support from Medartis, Basle-CH for statistical analysis (no payment).

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

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

ICMJE DISCLOSURE FORM

Date: 13/06/2022

Your Name: Niall McLeod

Manuscript Title: Indications for Alloplastic TMJ Replacement in Maxillofacial Trauma – An analysis of condylar trauma patients with scoping review of the literature

Manuscript number (if known): FOMM-22-16

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

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

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

The author receives honoraria for lectures and courses from SORG / KLSMartin, IBRA, and receives expenses for attending courses from SORG / KLSMartin. The author is the Chair of Trauma Section in SORG and Section editor of Journal of Cranio-Maxillo-Facial Surgery.

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

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

ICMJE DISCLOSURE FORM

Date: 14.06.2022

Your Name: Jonas P. Jung

Manuscript Title:

Indications for Alloplastic TMJ Replacement in Maxillofacial Trauma – An analysis of condylar trauma patients with scoping review of the literature

Manuscript number (if known): _____

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

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

No conflict of interest

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

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

Jonas P. Jung
14. 06. 2022



ICMJE DISCLOSURE FORM

Date: June 25th, 2022

Your Name: Reichert, Clarissa S.

Manuscript Title: Indications for Alloplastic TMJ Replacement in Maxillofacial Trauma – An analysis of condylar trauma patients with scoping review of the literature

Manuscript number (if known): FOMM-22-16

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Time frame: past 36 months			
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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

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

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

ICMJE DISCLOSURE FORM

Date: 14.06.2022

Your Name: Christopher Schmidt

Manuscript Title: "Indications for Alloplastic TMJ Replacement in Maxillofacial Trauma – An analysis of condylar trauma patients with scoping review of the literature"

Manuscript number (if known): FOMM-22-16

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4	Consulting fees	<u> X </u> None	

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

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Braunfels, 26th of July

