ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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.

1. **Identifying information.**

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

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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

   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
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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 patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.  Identifying Information

1. Given Name (First Name)  Elizabeth
2. Surname (Last Name)  Pedersen
3. Date  27-March-2014
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
   Outcome of Total Ankle Arthroplasty in Patients with Rheumatoid Arthritis and Non-Inflammatory Arthritis: A Multicenter Cohort Study Comparing Clinical Outcome and Safety
6. Manuscript Identifying Number (if you know it)
   JBJS-D-13-01164R2

Corresponding Author’s Name
   Timothy R. Daniels

Section 2.  The Work Under Consideration for Publication

Did you or your institution at any time 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

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 present during the 36 months prior to publication. Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

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<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>WCB Alberta</td>
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<td></td>
<td></td>
<td></td>
<td>Grants/grants pending paid to me, for study on ankle stiffness</td>
</tr>
</tbody>
</table>

Section 4.  Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
Section 5. Relationships not covered above

Are there 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?

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Section 6. Disclosure Statement

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Dr. Pedersen reports personal fees from Alberta Health and Wellness, grants from WCB Alberta, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Alastair
2. Surname (Last Name)  Younger
3. Date  27-March-2014

4. Are you the corresponding author?  [ ] Yes  [x] No

Corresponding Author’s Name  Timothy R. Daniels

5. Manuscript Title
Outcome of Total Ankle Arthroplasty in Patients with Rheumatoid Arthritis and Non-Inflammatory Arthritis: A Multicenter Cohort Study Comparing Clinical Outcome and Safety

6. Manuscript Identifying Number (if you know it)  JBJS-D-13-01164R2

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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>[x]</td>
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<td>[x]</td>
<td></td>
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<td></td>
<td>grants paid to my institution for investigator initiated study</td>
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<tr>
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<td>Conmed Linvatec</td>
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<td>☐</td>
<td>☑</td>
<td>funds paid to my institution for educational grant</td>
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</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.

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<td>Fastening device for total ankle replacement</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>☐</td>
<td>Dr. Alastair Younger</td>
<td>personally funded</td>
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<tr>
<td>Lengthening device for limb lengthening</td>
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<td>☑</td>
<td>☑</td>
<td>☐</td>
<td>Dr. Alastair Younger and Dr. Will Mackenzie</td>
<td>Funded by AI Dupont Institute</td>
</tr>
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</table>

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<th>Disclosure Statement</th>
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<td>Dr. Younger reports grants and personal fees from Acumed Inc., grants and personal fees from Biomimetic / Wright Medical, grants from Integra Foundation, grants from Smith and Nephew, grants from Bioset Inc., grants from Cartiva Inc., other from Synthes, other from Conmed Linvatec, outside the submitted work. In addition, Dr. Younger has a patent Fastening device for total ankle replacement licensed to Dr. Alastair Younger, and a patent Lengthening device for limb lengthening licensed to Dr. Alastair Younger and Dr. Will Mackenzie.</td>
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Section 1. Identifying Information

1. Given Name (First Name)  
   Kevin

2. Surname (Last Name)  
   Wing

3. Date  
   27-March-2014

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

5. Manuscript Title  
   Outcome of Total Ankle Arthroplasty in Patients with Rheumatoid Arthritis and Non-Inflammatory Arthritis: A Multicenter Cohort Study Comparing Clinical Outcome and Safety

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<td>grants to my institution, investigator</td>
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<td>grants to my institution, investigator</td>
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<td>money paid to my institution for educational support</td>
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<th>1. Given Name (First Name)</th>
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<td>2. Surname (Last Name)</td>
<td>Pinsker</td>
</tr>
<tr>
<td>3. Date</td>
<td>27-March-2014</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☑ No</td>
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 Corresponding Author’s Name
Timothy R. Daniels

5. Manuscript Title
Outcome of Total Ankle Arthroplasty in Patients with Rheumatoid Arthritis and Non-Inflammatory Arthritis: A Multicenter Cohort Study Comparing Clinical Outcome and Safety

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? ☑ Yes ☑ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ Yes ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Pinsker has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Murray
2. Surname (Last Name) Penner
3. Date 27-March-2014
4. Are you the corresponding author? Yes ✔ No
   Corresponding Author’s Name Timothy R. Daniels
5. Manuscript Title
   Outcome of Total Ankle Arthroplasty in Patients with Rheumatoid Arthritis and Non-Inflammatory Arthritis: A Multicenter Cohort Study Comparing Clinical Outcome and Safety
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Section 6. Disclosure Statement

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Dr. Penner reports personal fees from Wright Medical Technologies, personal fees from Specialist Referral Clinic, grants and personal fees from Integra Life Sciences, outside the submitted work.

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**Royalties**: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Mark
2. Surname (Last Name)
   Glazebrook
3. Date
   27-March-2014
4. Are you the corresponding author?
   [ ] Yes  [X] No
   Corresponding Author’s Name
   Timothy R. Daniels
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   Outcome of Total Ankle Arthroplasty in Patients with Rheumatoid Arthritis and Non-Inflammatory Arthritis: A Multicenter Cohort Study Comparing Clinical Outcome and Safety
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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.

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<td>☐</td>
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<td>grant paid to my institution</td>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ☑ No

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Dr. Glazebrook reports grants from Depuy, during the conduct of the study; grants from Depuy, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Dryden

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   27-March-2014

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   Timothy R. Daniels

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Dr. Dryden has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Timothy
2. Surname (Last Name)  Daniels
3. Date  27-March-2014
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Outcome of Total Ankle Arthroplasty in Patients with Rheumatoid Arthritis and Non-Inflammatory Arthritis: A Multicenter Cohort Study Comparing Clinical Outcome and Safety
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<td>grant to me and my institution; consulting fee or honorarium to me and my institution; support for travel to meetings for the study or other purposes</td>
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- [ ] Yes  
- [x] No

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