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

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Royalties: Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. Given Name (First Name)
   Bruce

2. Surname (Last Name)
   Sangeorzan

3. Date
   10-November-2016

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

5. Manuscript Title
   Comparison of treatment outcomes of Arthrodesis and Two Generations of Ankle Replacement Implants.

6. Manuscript Identifying Number (if you know it)
   JBJS-D-16-01471

### 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

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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Are there any relevant conflicts of interest? 
   ☐ Yes   ✔ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 
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Dr. Sangeorzan 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)  
Michael  
2. Surname (Last Name)  
Brage  
3. Date  
14-November-2016  

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

5. Manuscript Title  
Comparison of Treatment Outcomes of Arthrodesis and Two Generations of Ankle Replacement Implants  

6. Manuscript Identifying Number (if you know it)

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Section 2. The Work Under Consideration for Publication

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☐ Yes  ☑ No

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Section 3. Relevant financial activities outside the submitted work.

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☑ Yes  ☐ No  

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Dr. Brage reports personal fees from Wright Medical, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
James
2. Surname (Last Name)  
Davitt
3. Date  
10-November-2016
4. Are you the corresponding author?  
☑ No
Corresponding Author’s Name  
Bruce J. Sangeorzan, MD.
5. Manuscript Title  
“Comparison of Treatment Outcomes of Arthrodesis and Two Generations of Ankle Replacement Implants.”
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Dr. Davitt has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)Donald
2. Surname (Last Name)Bohay
3. Date 09-November-2016
4. Are you the corresponding author? ☑ No
5. Manuscript Title
   Comparison of Treatment Outcomes of Arthrodesis and Two Generations of Ankle Replacement Implants
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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Dr. Bohay reports other from BESPA, other from Stryker, other from Osteomed, other from BioMet, outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Maskill

3. Date  
   09-November-2016

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

   Corresponding Author's Name  
   Bruce Sangeorzan

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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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Maskill reports other from Wright Medical, other from Pfizer, from null, from null, outside the submitted work; .

Evaluation and Feedback

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3. Relevant financial activities outside the submitted work.


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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

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<tr>
<td>John</td>
<td>Anderson</td>
<td>09-November-2016</td>
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4. Are you the corresponding author? [ ] Yes [X] No

Corresponding Author’s Name

Bruce Sangeorzan

5. Manuscript Title

Comparison of Treatment Outcomes of Arthrodesis and Two Generations of Ankle Replacement Implants

6. Manuscript Identifying Number (if you know it)

## 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 [X] 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? [X] Yes [ ] No

If yes, please fill out the appropriate information below.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**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**

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Dr. Anderson reports other from BESPA, other from Pfizer, other from Osteomed, other from BioMet,  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)  Jane
2. Surname (Last Name)  Shofer
3. Date  10-November-2016
4. Are you the corresponding author?  ✔ No
5. Manuscript Title
   Comparison of Treatment Outcomes of Arthrodesis and Two Generations of Ankle Replacement Implants.
6. Manuscript Identifying Number (if you know it)

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Jane B. Shofer, M.S. has nothing to disclose.

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Dr. Ledoux 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)  
   J. Chris

2. Surname (Last Name)  
   Coetzee

3. Date  
   08-November-2016

4. Are you the corresponding author?  
   Yes ☑  No

   Corresponding Author’s Name  
   Bruce Sangeorzan

5. Manuscript Title  
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Yes ☑  No

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Are there any relevant conflicts of interest?  
Yes ☑  No

If yes, please fill out the appropriate information below.

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Dr. Coetzee reports personal fees from Consultant, personal fees from Board Membership, personal fees from Payment for lectures including service on speakers bureaus, personal fees from Foot and Ankle International: Orthopaedic Publications editorial board, personal fees from Royalties from a company or supplier, personal fees from Stock or stock options in a company or supplier, personal fees from Research support from a company or supplier as a PI, personal fees from Royalties, financial or material support from publishers, personal fees from Editorial or Governing Board, outside the submitted work.
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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Sigvard
2. Surname (Last Name)  Hansen
3. Date  14-November-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Bruce Sangeorzan, MD
5. Manuscript Title
   Comparison of Treatment Outcomes of Arthrodesis and Two Generations of Ankle Replacement Implants
6. Manuscript Identifying Number (if you know it)

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

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. Hansen has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Michael</th>
</tr>
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Orendurff</td>
</tr>
<tr>
<td>3. Date</td>
<td>10-November-2016</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes</td>
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<tr>
<td>Corresponding Author's Name</td>
<td>Bruce Sangeorzan</td>
</tr>
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<td>5. Manuscript Title</td>
<td>Comparison of Treatment Outcomes of Arthrodesis and Two Generations of Ankle Replacement Implants</td>
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## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  

<table>
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</table>

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

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Dr. Orendurff 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) Michael
2. Surname (Last Name) Houghton
3. Date 28-November-2016
4. Are you the corresponding author? Yes Yes No
   Corresponding Author's Name Bruce Sangeorzan
5. Manuscript Title Comparison of Treatment Outcomes of Arthrodesis and Two Generations of Ankle Replacement Implants
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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
<th>Other?</th>
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<td>Paragon 28</td>
<td></td>
<td>✔</td>
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<td></td>
<td>Consulting fees, royalties, travel</td>
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Paragon 28 stock

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Dr. Houghton reports personal fees and non-financial support from Paragon 28, outside the submitted work; and Paragon 28 stock.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Marisa  

2. Surname (Last Name)  
   Benich  

3. Date  
   07-November-2016  

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

   Corresponding Author’s Name  
   Bruce J. Sangeorzan  

5. Manuscript Title  
   Comparison of Treatment Outcomes of Arthrodesis and Two Generations of Ankle Replacement Implants  

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Benich
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