ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Thomas  

2. Surname (Last Name)  
   Bauer  

3. Date  
   26-April-2016  

4. Are you the corresponding author?  
   ✔ Yes  
   No  

5. Manuscript Title  
   Morphological Transformation of Giant-Cell Tumor of Bone After Treatment with Denosumab  

6. Manuscript Identifying Number (if you know it)  
   CC-16-0015  

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Are there any relevant conflicts of interest?  
   ✔ 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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<th>Non-Financial Support?</th>
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<td>Funds are provided to my institution, The Cleveland Clinic, to support my role as Deputy Editor for Research for JBJS and Co-Editor, JBJS Case Connector</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

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Section 6. Disclosure Statement

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Dr. Bauer reports personal fees from Stryker Corporation, personal fees from Orthobond, Inc., personal fees from Leica Biosystems, Inc, personal fees from Irwin Fritche, LLC, personal fees from Xifin, Inc, other from JBJS, personal fees from Pfizer: Sa4Ag Vaccine Medical Advisory Board, outside the submitted work; .
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1. Given Name (First Name)  
Yaxia

2. Surname (Last Name)  
Zhang

3. Date  
25-January-2016

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Thomas Bauer

5. Manuscript Title  
Osteoblastoma-Like Presentation of Giant Cell Tumor of Bone after Treatment with Denosumab

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   Hakan

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   Ilaslan

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   Thomas W. Bauer

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<tr>
<td>Ajit</td>
<td>Krishnaney</td>
<td>25-January-2016</td>
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</table>

4. Are you the corresponding author?  
   - Yes
   - No
   - **Yes**

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