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.

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## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hideki</td>
<td>Yoshikawa</td>
<td>12-January-2018</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name:  
Makoto Hirao

5. Manuscript Title  
Combination surgery of modified Scarf osteotomy with medial capsular interposition in great toe, and metatarsal shortening offset osteotomy in lesser toes for rheumatoid forefoot deformity

6. Manuscript Identifying Number (if you know it)

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

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

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Dr. Yoshikawa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Kosuke

2. Surname (Last Name)  
Ebina

3. Date  
12-January-2018

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Makoto Hirao

5. Manuscript Title  
Combination surgery of modified Scarf osteotomy with medial capsular interposition in great toe, and metatarsal shortening offset osteotomy in lesser toes for rheumatoid forefoot deformity

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1. Given Name (First Name)  
Jun  
2. Surname (Last Name)  
Hashimoto  
3. Date  
12-January-2018  
4. Are you the corresponding author?  
[ ] Yes  
[ ] No  
Corresponding Author’s Name  
Makoto Hirao  
5. Manuscript Title  
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Dr. Hashimoto has nothing to disclose.

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1. Given Name (First Name)  
Makoto

2. Surname (Last Name)  
Hirao

3. Date  
12-January-2018

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

5. Manuscript Title  
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Akihide

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Nampei

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Dr. Nampei 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)  
   Takaaki  
2. Surname (Last Name)  
   Noguchi  
3. Date  
   15-March-2018  
4. Are you the corresponding author?  
   Yes ✔ No  
   Corresponding Author's Name  
   Makoto Hirao  
5. Manuscript Title  
   Combination surgery of modified Scarf osteotomy with medial capsular interposition in great toe, and metatarsal shortening offset osteotomy in lesser toes for rheumatoid forefoot deformity  
6. Manuscript Identifying Number (if you know it)  

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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?  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Noguchi has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Hajime

2. Surname (Last Name)  
   Owaki

3. Date  
   12-January-2018

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

Corresponding Author’s Name  
Makoto Hirao

5. Manuscript Title  
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Dr. Owaki has nothing to disclose.

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1. Given Name (First Name)  
   Hideki  
2. Surname (Last Name)  
   Tsuboi  
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   Yes ☐ No ✔  
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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shigeyoshi</td>
<td>Tsuji</td>
<td>15-March-2018</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Makoto Hirao

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