



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

1. Given Name (First Name)
Amelie

2. Surname (Last Name)
Sas

3. Date
01-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Harry van Lenthe

5. Manuscript Title
Finite element models for fracture prevention in patients with metastatic bone disease. A literature review

6. Manuscript Identifying Number (if you know it)
BONEREPORTS-D-20-00010R1

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Dr. Sas 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)
Esther

2. Surname (Last Name)
Tanck

3. Date
01-May-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Harry van Lenthe

5. Manuscript Title
Finite element models for fracture prevention in patients with metastatic bone disease. A literature review

6. Manuscript Identifying Number (if you know it)
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An

2. Surname (Last Name)
Sermon

3. Date
01-May-2020

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Corresponding Author's Name
Harry van Lenthe

5. Manuscript Title
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Harry

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van Lenthe

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01-May-2020

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