

## ICMJJE 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.

#### 2. The work under consideration for publication.

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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.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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### Section 1. Identifying Information

1. Given Name (First Name)  Surname (Last Name)  Date

2. Are you the corresponding author?  Yes  No Corresponding Author's Name

3. Manuscript Title

**Surgical treatment of subchondral bone cysts of the acetabulum with Subchondroplasty in non-advanced arthritic hips**

4. 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.)?

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ADD

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Are there any relevant conflicts of interest?  Yes  No

ADD

### 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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**Generate Disclosure Statement**

Dr. Newhouse 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)  
Felipe

2. Surname (Last Name)  
Bessa

Date  
3-Mar-2020

3. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Shane J. Nho

4. Manuscript Title

**Surgical treatment of subchondral bone cysts of the acetabulum with Subchondroplasty in non-advanced arthritic hips**

5. Manuscript Identifying Number (if you know it)

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Dr. Bessa 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)  
Shane

2. Surname (Last Name)  
Nho

3. Date  
3-Mar-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

**Surgical treatment of subchondral bone cysts of the acetabulum with Subchondroplasty in non-advanced arthritic hips**

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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ADD

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Allosource	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research support	X
American Journal of Orthopedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial/governing board	X
American Orthopaedic Society for Sports Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board/Committee member	X
Arthrex, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research support	X
Arthroscopy Association of North America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board/Committee member	X
Athletico	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research support	X
DJ Orthopaedics	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research support	X

ADD

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Linvatec	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research support	X
Miomed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research support	X
Ossur	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IP royalties; Paid consultant	X
Smith & Nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research support	X
Springer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Publishing royalties; financial/material support	X
Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research support	X

ADD

### 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. NHO reports non-financial support from Allosource, other from American Journal of Orthopedics, other from American Orthopaedic Society for Sports Medicine, non-financial support from Arthrex, Inc, other from Arthroscopy Association of North America, non-financial support from Athletico, non-financial support from DJ Orthopaedics, non-financial support from Linvatec, non-financial support from Miomed, personal fees from Ossur, non-financial support from Smith & Nephew, personal fees and non-financial support from Springer, non-financial support from Stryker, 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) Jonathan	Surname (Last Name) Rasio	2. Date 3-Mar-2020
3. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Shane J. Nho
4. Manuscript Title  <b>Surgical treatment of subchondral bone cysts of the acetabulum with Subchondroplasty in non-advanced arthritic hips</b>		
5. Manuscript Identifying Number (if you know it)  		

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1. Given Name (First Name) Benedict	Surname (Last Name) Nwachukwu	2. Date 3-Mar-2020
3. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shane J. Nho
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- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6. Disclosure Statement

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Dr. Nwachukwu has nothing to disclose.

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