

Section 1. Identifying Inform	ation		a A SA SEA TO SET PROPERTY OF THE	18 MITO 1841 PRO 1885 174 174 174 174 174 174 174 174 174 174
1. Given Name (First Name) Benjamin	2. Surname Freychet	e (Last Name)		3. Date
4. Are you the corresponding author?	Yes	<b>√</b> No	Corresponding Author's Nam Thais Dutra Vieira	ie
5. Manuscript Title All-Arthroscopic Treatment of Combine	d Posterior C	Iruciate Ligan	nent and Posterolateral Corn	er Instability
6. Manuscript Identifying Number (if you kn	ow it)			
Section 2. The Work Under Co	onsideratio	on for Public	ation	
Did you or your institution at any time recei- any aspect of the submitted work (including statistical analysis, etc.)?				
Are there any relevant conflicts of intere	st? Ye	s 🗸 No		
Section 3. Relevant financial a	activities o	utside the s	ubmitted work.	
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should rep	oed in the in	structions. Us	e one line for each entity; ad	d as many lines as you need by
Are there any relevant conflicts of intere	st? Yes	s ✓ No		
Section 4. Intellectual Propert	ty Patent	ts & Copyrig	ihts	
Do you have any patents, whether plann	ied, pending	g or issued, bro	oadly relevant to the work?	☐ Yes ✓ No



Section 5. Relationships not covered above
Are there 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?
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Freychet has nothing to disclose.

### **Evaluation and Feedback**



Section 1. Identifying Infor	mation		
Given Name (First Name) Bruce	2. Surname (Last Nam Levy	e) 3. Date 18-October-2021	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Thais Dutra Vieira	
5. Manuscript Title All-Arthroscopic Treatment of Combin	ned Posterior Cruciate Li	gament and Posterolateral Corner Instability	
6. Manuscript Identifying Number (if you k	know it)		
Section 2. The Work Under 0	Consideration for Pu	blication	
Did you or your institution <b>at any time</b> recany aspect of the submitted work (includin statistical analysis, etc.)?  Are there any relevant conflicts of interesting the state of the submitted work.	ng but not limited to grant	rom a third party (government, commercial, private foundation, etc.) s, data monitoring board, study design, manuscript preparation,	for
Section 3. Relevant financia	l activities outside th	ne submitted work.	
of compensation) with entities as desc	ribed in the instructions	whether you have financial relationships (regardless of amoun s. Use one line for each entity; add as many lines as you need by were <b>present during the 36 months prior to publication</b> .	
Are there any relevant conflicts of inter	rest? ✓ Yes N		
If yes, please fill out the appropriate inf	formation below.		
Name of Entity	Grant? Personal Fees?	Non-Financial Other? Comments	
Arthrex			
imith & Nephew			
itryker			
Biomet			



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
Section 5. Relationships not covered above
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Dr. Levy reports personal fees from Arthrex, personal fees from Smith & Nephew, personal fees from Stryker, personal fees from Biomet, outside the submitted work; .

### **Evaluation and Feedback**



Section 1. Identifying Inform	ation		to all topologically
1. Given Name (First Name) Bertrand	2. Surname (Last Name) Sonnery-Cottet	3. Date 18-October-2021	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Thais Dutra Vieira	
5. Manuscript Title All-Arthroscopic Treatment of Combine	d Posterior Cruciate Liga	ament and Posterolateral Corner Instability	
6. Manuscript Identifying Number (if you kn	ow it)		
Section 2. The Work Under Co	onsideration for Publ	lication	
	but not limited to grants, o	m a third party (government, commercial, private founda data monitoring board, study design, manuscript prepara	
	activities outside the	submitted work.	
of compensation) with entities as descriclicking the "Add +" box. You should repare there any relevant conflicts of interest.	bed in the instructions. Uport relationships that we lest?  Yes No	rhether you have financial relationships (regardless Use one line for each entity; add as many lines as yo ere <b>present during the 36 months prior to public</b>	u need by
If yes, please fill out the appropriate info			
Name of Entity	Grant'	on-Financial Other? Comments	
vrthrex			
Section 4. Intellectual Proper	ty Patents & Copyri	ights	
Do you have any patents, whether planr	ned, pending or issued, b	oroadly relevant to the work? Yes V No	



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Dr. Sonnery-Cottet reports personal fees from Arthrex, outside the submitted work; .

### **Evaluation and Feedback**



Section 1. Identifying Inform	ation	
Given Name (First Name) Charles	2. Surname (Last Name) Grob	3. Date 18-October-2021
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Thais Dutra Vieira
5. Manuscript Title All-Arthroscopic Treatment of Combine	d Posterior Cruciate Lig	ament and Posterolateral Corner Instability
6. Manuscript Identifying Number (if you kn	ow it)	
Section 2. The Work Under Co	onsideration for Pub	lication
	but not limited to grants,	m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descri	bed in the instructions.	whether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by sere <b>present during the 36 months prior to publication</b> .
Are there any relevant conflicts of intere		
If yes, please fill out the appropriate info	rmation below.	
Name of Entity	Grant? Personal N	on-Financial Other? Comments
rthrex		Fellowship grant
Section 4. Intellectual Proper	ty Patents & Copyr	ights
Do you have any patents, whether plann	ned, pending or issued,	broadly relevant to the work? Yes Vo

Grob



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	wing relationships/conditions/circumstances are present (explain below): tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
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Dr. Grob reports	grants from Arthrex, outside the submitted work; .

## **Evaluation and Feedback**



Section 1. Identifying Inform	ation		
<ol> <li>Given Name (First Name)</li> <li>Felipe Galvao</li> </ol>	2. Surnan Abreu	ne (Last Name)	3. Date
4. Are you the corresponding author?	Yes	<b>√</b> No	Corresponding Author's Name Thais Dutra Vieira
5. Manuscript Title All-Arthroscopic Treatment of Combine	d Posterio	r Cruciate Ligan	nent and Posterolateral Corner Instability
6. Manuscript Identifying Number (if you kn	ow it)		
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	but not lim		a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities	outside the s	ubmitted work.
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Section 4. Intellectual Proper	ty Pate	nts & Copyrig	lhts
Do you have any patents, whether plant	ned, pendir	ng or issued, br	oadly relevant to the work? Yes Vo



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Dr. Abreu has nothing to disclose.

#### **Evaluation and Feedback**



Section 1. Identifying Inform	nation	
Given Name (First Name)     Graeme	2. Surname (Last Name) Hopper	3. Date 18-October-2021
4. Are you the corresponding author?	☐ Yes   ✓ No	Corresponding Author's Name Thais Dutra Vieira
5. Manuscript Title All-Arthroscopic Treatment of Combine	ed Posterior Cruciate Liga	ment and Posterolateral Corner Instability
6. Manuscript Identifying Number (if you kr	now it)	
Section 2. The Work Under C	onsideration for Publ	ication
any aspect of the submitted work (including statistical analysis, etc.)?	g but not limited to grants, o	m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,
Are there any relevant conflicts of intere	est?	
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descri	ibed in the instructions. \	hether you have financial relationships (regardless of amount Jse one line for each entity; add as many lines as you need by
clicking the "Add +" box. You should repair there any relevant conflicts of interest.		ere present during the 36 months prior to publication.
Section 4. Intellectual Proper	rty Patents & Copyr	ights
Do you have any patents, whether plan	ned, pending or issued, b	oroadly relevant to the work? Yes V No



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Dr. Hopper has nothing to disclose.

#### **Evaluation and Feedback**



Section 1. Identifying Inform	nation				
Given Name (First Name)  Lampros	2. Surname (Last Name) Gousopoulos	3. Date 18-October-2021			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Thais Dutra Vieira			
5. Manuscript Title All-Arthroscopic Treatment of Combined Posterior Cruciate Ligament and Posterolateral Corner Instability					
6. Manuscript Identifying Number (if you kr	now it)				
Section 2. The Work Under Co	onsideration for Publi	cation			
Did you or your institution <b>at any time</b> 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 Vo					
Section 3. Relevant financial	activities outside the s	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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes No  If yes, please fill out the appropriate information below.					
Name of Entity Arthrex	Grance _	on-Financial Other? Comments  Fellowship grant			
Section 4. Intellectual Proper	ty Patents & Copyrig	ghts			
Do you have any patents, whether plant	ned, pending or issued, br	roadly relevant to the work? Yes V No			



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Dr. Gousopoulos reports grants from Arthrex, outside the submitted work; .

## **Evaluation and Feedback**



Section 1. Identifying Inform	ation	A 2 Communication of the property of the state of the sta			
1. Given Name (First Name) Thais Dutra	2. Surname (Last Name) Vieira	3. Date 18-October-2021			
4. Are you the corresponding author?	✓ Yes No				
5. Manuscript Title All-Arthroscopic Treatment of Combined Posterior Cruciate Ligament and Posterolateral Corner Instability					
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Are there any relevant connects of intere	3C: V 140				
Section 3. Relevant financial a	activities outside the submi	tted work.			
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					



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Dr. Vieira has nothing to disclose.

## **Evaluation and Feedback**



Section 1. Identifying Inform	nation			
Given Name (First Name)  Yoann	2. Surname (Last Name) Levy	3. Date 18-October-2021		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Thais Dutra Vieira		
5. Manuscript Title All-Arthroscopic Treatment of Combined Posterior Cruciate Ligament and Posterolateral Corner Instability				
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Are there any relevant conflicts of interest yes, please fill out the appropriate infe	est? ✓ Yes No			
Name of Entity	Grant? Personal Nor	n-Financial Other? Comments		
Arthrex		upport? Fellowship Grant		
		Cileran Grant		
Section 4. Intellectual Proper	rty Patents & Copyrig	ihts		
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes Vo		



## **Evaluation and Feedback**