

## ICMJE DISCLOSURE FORM

**Date:** 5/10/2024

**Your Name:** Hong Chang

**Manuscript Title:** A comparative metabolomic analysis reveals the metabolic variations among cartilage of Kashin-Beck disease and Osteoarthritis

**Manuscript Number (if known):** BJR-2023-0403.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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**Manuscript Title:** A comparative metabolomic analysis reveals the metabolic variations among cartilage of Kashin-Beck disease and Osteoarthritis

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 5/10/2024

**Your Name:** Cheng Li

**Manuscript Title:** A comparative metabolomic analysis reveals the metabolic variations among cartilage of Kashin-Beck disease and Osteoarthritis

**Manuscript Number (if known):** BJR-2023-0403.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: Since the initial planning of the work								
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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 5/10/2024

**Your Name:** Li Liu

**Manuscript Title:** A comparative metabolomic analysis reveals the metabolic variations among cartilage of Kashin-Beck disease and Osteoarthritis

**Manuscript Number (if known):** BJR-2023-0403.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 5/10/2024

**Your Name:** Qingping Zhang

**Manuscript Title:** A comparative metabolomic analysis reveals the metabolic variations among cartilage of Kashin-Beck disease and Osteoarthritis

**Manuscript Number (if known):** BJR-2023-0403.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

**Date:** 5/10/2024

**Your Name:** Jianpeng Wang

**Manuscript Title:** A comparative metabolomic analysis reveals the metabolic variations among cartilage of Kashin-Beck disease and Osteoarthritis

**Manuscript Number (if known):** BJR-2023-0403.R1

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## ICMJE DISCLOSURE FORM

**Date:** 5/10/2024

**Your Name:** Gangyao Xu

**Manuscript Title:** A comparative metabolomic analysis reveals the metabolic variations among cartilage of Kashin-Beck disease and Osteoarthritis

**Manuscript Number (if known):** BJR-2023-0403.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 5/10/2024

**Your Name:** Zhengjun Yang

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