

ICMJE DISCLOSURE FORM

Date: 9/5/2023

Your Name: DIMITRIOS DIMOPOULOS

Manuscript Title: Rotationplasty outcomes assessed by gait analysis following resection of lower extremity bone neoplasms: A systematic review and meta-analysis

Manuscript Number (if known): BJO-2023-0101.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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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

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: 9/6/2023

Your Name: Nikolaos Giannakeas

Manuscript Title: Rotationplasty outcomes assessed by gait analysis following resection of lower extremity bone neoplasms: A systematic review and meta-analysis

Manuscript Number (if known): BJO-2023-0101.R1

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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: 9/6/2023

Your Name: Anastasios V. Korompilias MD, Ph.D

Manuscript Title: Rotationplasty outcomes assessed by gait analysis following resection of lower extremity bone neoplasms: A systematic review and meta-analysis

Manuscript Number (if known): BJO-2023-0101.R1

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ICMJE DISCLOSURE FORM

Date: 6/9/2023

Your Name: NIKOLAOS FILIS

Manuscript Title: Rotationplasty outcomes assessed by gait analysis following resection of lower extremity bone neoplasms: A systematic review and meta-analysis

Manuscript Number (if known): BJO-2023-0101.R1

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ICMJE DISCLOSURE FORM

Date: 9/12/2023

Your Name: Ntritsos Georgios

Manuscript Title: Rotationplasty outcomes assessed by gait analysis following resection of lower extremity bone neoplasms: A systematic review and meta-analysis

Manuscript Number (if known): BJO-2023-0101.R1

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

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: 9/6/2023

Your Name: PANAGIOTIS FILIS

Manuscript Title: Rotationplasty outcomes assessed by gait analysis following resection of lower extremity bone neoplasms: A systematic review and meta-analysis

Manuscript Number (if known): BJO-2023-0101.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: 9/6/2023

Your Name: AVRAAM PLOUMIS, MD

Manuscript Title: Rotationplasty outcomes assessed by gait analysis following resection of lower extremity bone neoplasms: A systematic review and meta-analysis

Manuscript Number (if known): BJO-2023-0101.R1

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X None	

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ICMJJE DISCLOSURE FORM

Date: 5/9/2023

Your Name: Varvarousis Dimitrios

Manuscript Title: Rotationplasty outcomes assessed by gait analysis following resection of lower extremity bone neoplasms: A systematic review and meta-analysis

Manuscript Number (if known): BJO-2023-0101.R1

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