

ICMJE DISCLOSURE FORM

Date: 1/10/2024

Your Name: Bjoern Vogt

Manuscript Title: Simultaneous correction of leg length discrepancy and angular deformity of the distal femur with retrograde magnetically controlled motorized intramedullary lengthening nails: A retrospective analysis of 55 treatments

Manuscript Number (if known): AO-0-0 - (17667)

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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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		NuVasive Specialized Orthopedics	OrthoPediatrics
		Smith+Nephew	BioMarin
		Orthofix	Kyowa Kirin
		Merete	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		NuVasive Specialized Orthopedics	OrthoPediatrics
		Smith+Nephew	BioMarin
		Orthofix	Kyowa Kirin
		Merete	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		President of the German Limb Lengthening and Reconstruction Society (German LLRS)	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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: 1/10/2024

Your Name: Caja Johanne Biermann

Manuscript Title: Simultaneous correction of leg length discrepancy and angular deformity of the distal femur with retrograde magnetically controlled motorized intramedullary lengthening nails: A retrospective analysis of 55 treatments

Manuscript Number (if known): AO-0-0 - (17667)

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Date: 1/10/2024

Your Name: Georg Gosheger

Manuscript Title: Simultaneous correction of leg length discrepancy and angular deformity of the distal femur with retrograde magnetically controlled motorized intramedullary lengthening nails: A retrospective analysis of 55 treatments

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ICMJE DISCLOSURE FORM

Date: 1/10/2024

Your Name: Andrea Maria Laufer

Manuscript Title: Simultaneous correction of leg length discrepancy and angular deformity of the distal femur with retrograde magnetically controlled motorized intramedullary lengthening nails: A retrospective analysis of 55 treatments

Manuscript Number (if known): AO-0-0 - (17667)

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Date: 1/10/2024

Your Name: Anna Maria Rachbauer

Manuscript Title: Simultaneous correction of leg length discrepancy and angular deformity of the distal femur with retrograde magnetically controlled motorized intramedullary lengthening nails: A retrospective analysis of 55 treatments

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Date: 1/10/2024

Your Name: Carina Yvonne Antfang

Manuscript Title: Simultaneous correction of leg length discrepancy and angular deformity of the distal femur with retrograde magnetically controlled motorized intramedullary lengthening nails: A retrospective analysis of 55 treatments

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Date: 1/10/2024

Your Name: Gregor Toporowski

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ICMJE DISCLOSURE FORM

Date: 5/29/2024

Your Name: Henning Tretow

Manuscript Title: Simultaneous correction of leg length discrepancy and angular deformity of the distal femur with retrograde Precice nails: a retrospective analysis of 45 patients

Manuscript Number (if known): AO-2024-29/R2 (17667)

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Your Name: Adrien Frommer

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Date: 5/29/2024

Your Name: Milena Lueckingsmeier

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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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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.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Nuvasive Specialized Orthopedics	Travel and hotel costs
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		NuVasive Specialized Orthopedics	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		NuVasive Specialized Orthopedics	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Treasurer of the German Limb Lengthening and Reconstruction Society (German LLRS)	

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		Biomarin	
		Smith & Nephew	
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		BioMarin Pharmaceutical Inc.	NuVasive Specialized Orthopedics
		Implantcast GmbH	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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