

ICMJE DISCLOSURE FORM

Date: 9/27/2024

Your Name: Christian Lind Nielsen

Manuscript Title: Vascularized fibular grafting following tumor resection demonstrates acceptable long-term outcomes in Denmark: a national retrospective cohort study

Manuscript Number (if known): 1

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.

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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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.

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Date: 9/27/2024

Your Name: Daniel Thor Halberg Dybdal

Manuscript Title: Vascularized fibular grafting following tumor resection demonstrates acceptable long-term outcomes in Denmark: a national retrospective cohort study

Manuscript Number (if known): 1

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ICMJE DISCLOSURE FORM

Date: 9/27/2024

Your Name: Peter Vester-Glowinski

Manuscript Title: Vascularized fibular grafting following tumor resection demonstrates acceptable long-term outcomes in Denmark: a national retrospective cohort study

Manuscript Number (if known): 1

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Date: 9/27/2024

Your Name: Lisa Lyngsie Hjalgrim

Manuscript Title: Vascularized fibular grafting following tumor resection demonstrates acceptable long-term outcomes in Denmark: a national retrospective cohort study

Manuscript Number (if known): Click or tap here to enter text.

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4/10-2024 *[Signature]*

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Date: 9/27/2024

Your Name: Pernille Edslev Wendtland

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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: 9/27/2024

Your Name: Birgitte Jul Kiil

Manuscript Title: Vascularized fibular grafting following tumor resection demonstrates acceptable long-term outcomes in Denmark: a national retrospective cohort study

Manuscript Number (if known): 1

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.

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.

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ICMJE DISCLOSURE FORM

Date: 9/27/2024

Your Name: Michael Melchior Bendtsen

Manuscript Title: Vascularized fibular grafting following tumor resection demonstrates acceptable long-term outcomes in Denmark: a national retrospective cohort study

Manuscript Number (if known): 1

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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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: 9/27/2024

Your Name: Michael Mørk Petersen

Manuscript Title: Vascularized fibular grafting following tumor resection demonstrates acceptable long-term outcomes in Denmark: a national retrospective cohort study

Manuscript Number (if known): 1

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Cancers (scientific journal)	travel support
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 Danish Orthopedic Society	Unpaid
		Topical Advisory Panel member Cancers	Unpaid

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ICMJE DISCLOSURE FORM

Date: 9/27/2024

Your Name: Thomas Baad-Hansen

Manuscript Title: Vascularized fibular grafting following tumor resection demonstrates acceptable long-term outcomes in Denmark: a national retrospective cohort study

Manuscript Number (if known): 1

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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