

## ICMJE DISCLOSURE FORM

**Date:** 5/8/2025

**Your Name:** Kumaran Rasappan

**Manuscript Title:** Can we quantify a safe margin to reduce local recurrence in Parosteal Osteosarcomas around the distal femur?

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

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.

		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)						
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<b>Time frame: past 36 months</b>									
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<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:** 5/8/2025

**Your Name:** Giuseppe Francesco Papalia

**Manuscript Title:** Can we quantify a safe margin to reduce local recurrence in Parosteal Osteosarcomas around the distal femur?

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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

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:** 5/8/2025

**Your Name:** Scott Evans

**Manuscript Title:** Can we quantify a safe margin to reduce local recurrence in Parosteal Osteosarcomas around the distal femur?

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

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## ICMJE DISCLOSURE FORM

**Date:** 5/8/2025

**Your Name:** Micheal Parry

**Manuscript Title:** Can we quantify a safe margin to reduce local recurrence in Parosteal Osteosarcomas around the distal femur?

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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## ICMJE DISCLOSURE FORM

**Date:** 5/8/2025

**Your Name:** [Jonathan Stevenson]

**Manuscript Title:** [Can we quantify a safe margin to reduce local recurrence in Parosteal Osteosarcomas around the distal femur?]

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

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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:** 5/8/2025

**Your Name:** Guy Morris

**Manuscript Title:** Can we quantify a safe margin to reduce local recurrence in Parosteal Osteosarcomas around the distal femur?

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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:** 5/8/2025

**Your Name:** Lee Jeys

**Manuscript Title:** Can we quantify a safe margin to reduce local recurrence in Parosteal Osteosarcomas around the distal femur?

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

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:** 5/8/2025

**Your Name:** Vineet Kurisunkal

**Manuscript Title:** Can we quantify a safe margin to reduce local recurrence in Parosteal Osteosarcomas around the distal femur?

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

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