ICMJE DISCLOSURE FORM

Date: 2/25/2022

Your Name: Diogo Vieira Cardoso

Manuscript Title: A patient cohort comparison of radiographic correction and complications between minimal invasive and open Lapidus procedures for hallux valgus

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) |
| --- | --- |
| **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. | ☒ None |
| |  |
| **Time frame: past 36 months** |
| 2 Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| |  |
| 3 Royalties or licenses | ☒ None |
| |  |
|   | 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) |
|---|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4 | Consulting fees | ☒ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None |
| 6 | Payment for expert testimony | ☒ None |
| 7 | Support for attending meetings and/or travel | ☒ None |
| 8 | Patents planned, issued or pending | ☒ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None |
|   | 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                                                                      | ☒ None                                                                          |
|    |                                                                                           |                                                                                  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services            | ☒ None                                                                          |
|    |                                                                                           |                                                                                  |
| 13 | Other financial or non-financial interests                                                  | ☒ 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: 2/6/2022

Your Name: Andrea Veljkovic

Manuscript Title: A patient cohort comparison of radiographic correction and complications between arthroscopic and open Lapidus procedures for hallux valgus

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

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| 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.) | ☒ None                                                                            |
|                                                                                          | Click the tab key to add additional rows.                                        |
|                                                                                          |                                                                                  |
| **2**  Grants or contracts from any entity (if not indicated in item #1 above).            | ☐ None                                                                            |
| Styker                                                                                   | Research grant support paid to hospital                                           |
| Arthrex                                                                                  | Research grant support paid to hospital                                           |
| BiComposites                                                                             | Research grant support paid to hospital                                           |
| Acumed                                                                                   | Research grant support paid to hospital                                           |
| Arthex                                                                                   | Educational grant paid to University                                             |
|                                                                                          |                                                                                  |
| **3**  Royalties or licenses                                                              | ☒ None                                                                            |
|                                                                                          |                                                                                  |
|                                                                                          |                                                                                  |

12/13/2021

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|   | 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) |
|---|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                                                                                                   | ☒ None                                                                                                                                 |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events                                                                 | ☐ None                                                                                                                                 |
|   |                                                                                      | Arthrex  | Payment for lecture                        |
| 6 | Payment for expert testimony                                                          | ☒ None                                                                                                                                 |
| 7 | Support for attending meetings and/or travel                                         | ☒ None                                                                                                                                 |
| 8 | Patents planned, issued or pending                                                    | ☒ None                                                                                                                                 |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                    | ☐ None                                                                                                                                 |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                              | ☒ None                                                                                                                                 |
|   | 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                                                                      | ☐ None                                                                              |
|    |                                                                                           | AIC                                                                                 |
|    |                                                                                           | Therapia                                                                            |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services            | ☒ None                                                                              |
| 13 | Other financial or non-financial interests                                                  | ☒ None                                                                              |

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

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ICMJE DISCLOSURE FORM

Date: 2/6/2022

Your Name: Kevin Wing

Manuscript Title: A patient cohort comparison of radiographic correction and complications between arthroscopic and open Lapidus procedures for hallux valgus

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|   | 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) |
|---|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 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. | ☒ None                                                                 |
|   | Time frame: Since the initial planning of the work                                                 |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                           | ☐ None                                                                              |
|   | Time frame: past 36 months                                                                       |                                                                                   |
| 3 | Royalties or licenses                                                                             | ☒ None                                                                              |

Styker: Research grant support paid to hospital
Arthrex: Research grant support paid to hospital
BiComposites: Research grant support paid to hospital
Acumed: Research grant support paid to hospital
Arthex: Educational grant paid to University
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                | ☒ None                                                                            |
|   |                                                                                                 |                                                                                   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None                                                                            |
|   |                                                                                                 | Wright Medical Speaker, medical education                                          |
| 6 | Payment for expert testimony                                                                     | ☒ None                                                                            |
|   |                                                                                                 |                                                                                   |
| 7 | Support for attending meetings and/or travel                                                     | ☒ None                                                                            |
|   |                                                                                                 |                                                                                   |
| 8 | Patents planned, issued or pending                                                               | ☒ None                                                                            |
|   |                                                                                                 |                                                                                   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                | ☒ None                                                                            |
|   |                                                                                                 |                                                                                   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☐ None                                                                            |
|   |                                                                                                 |                                                                                   |
|   | 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 ☒ None                                                             |                                                                                  |
|    |                                                                                         |                                                                                  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services ☒ None |                                                                                  |
|    |                                                                                         |                                                                                  |
| 13 | Other financial or non-financial interests ☒ 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: 1/24/2022

Your Name: Murray Penner

Manuscript Title: A patient cohort comparison of radiographic correction and complications between arthroscopic and open Lapidus procedures for hallux valgus

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

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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.

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|   | 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) |
|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None |
|   | No time limit for this item. | |
|   | Specifications/Comments: Click the tab key to add additional rows. | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |

Time frame: Since the initial planning of the work

|   | Stryker | Personal |
|---|---------|----------|
|   | Arthrex | Institution |
|   | Acumed | Institution |

Time frame: past 36 months

|   | Stryker | Personal |
|---|---------|----------|
|   |         |          |
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                 | ☒ None                                                                             |
|   | $Stryker                                                                                         | Personal                                                                          |
|   |                                                                                                 |                                                                                   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                             |
|   | $Stryker                                                                                         | Personal                                                                          |
|   |                                                                                                 |                                                                                   |
| 6 | Payment for expert testimony                                                                    | ☒ None                                                                             |
|   |                                                                                                 |                                                                                   |
| 7 | Support for attending meetings and/or travel                                                     | ☒ None                                                                             |
|   |                                                                                                 |                                                                                   |
| 8 | Patents planned, issued or pending                                                               | ☐ None                                                                             |
|   | $Stryker                                                                                         | BBHP Medical                                                                       |
|   |                                                                                                 |                                                                                   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                | ☒ None                                                                             |
|   |                                                                                                 |                                                                                   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                             |
|   |                                                                                                 |                                                                                   |
|   | 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 | ☒ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None |
| 13 | Other financial or non-financial interests | ☒ None |

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

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ICMJE DISCLOSURE FORM

Date: 2/25/2022

Your Name: Oliver gagne

Manuscript Title: A patient cohort comparison of radiographic correction and complications between minimal invasive and open Lapidus procedures for hallux valgus

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| --- | --- |
| **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. | ☒ None |
| | |
| | Click the tab key to add additional rows |
| **Time frame: past 36 months** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| | |
| 3 | Royalties or licenses | ☒ None |
| | |
|   | 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) |
|---|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4 | Consulting fees | ☒ None  |
|   | ![Blank](image) ![Blank](image) ![Blank](image) ![Blank](image) | ![Blank](image) ![Blank](image) ![Blank](image) ![Blank](image) |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None  |
|   | ![Blank](image) ![Blank](image) ![Blank](image) ![Blank](image) | ![Blank](image) ![Blank](image) ![Blank](image) ![Blank](image) |
| 6 | Payment for expert testimony | ☒ None  |
|   | ![Blank](image) ![Blank](image) ![Blank](image) ![Blank](image) | ![Blank](image) ![Blank](image) ![Blank](image) ![Blank](image) |
| 7 | Support for attending meetings and/or travel | ☒ None  |
|   | ![Blank](image) ![Blank](image) ![Blank](image) ![Blank](image) | ![Blank](image) ![Blank](image) ![Blank](image) ![Blank](image) |
| 8 | Patents planned, issued or pending | ☒ None  |
|   | ![Blank](image) ![Blank](image) ![Blank](image) ![Blank](image) | ![Blank](image) ![Blank](image) ![Blank](image) ![Blank](image) |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ None  |
|   | ![Blank](image) ![Blank](image) ![Blank](image) ![Blank](image) | ![Blank](image) ![Blank](image) ![Blank](image) ![Blank](image) |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None  |
|    | ![Blank](image) ![Blank](image) ![Blank](image) ![Blank](image) | ![Blank](image) ![Blank](image) ![Blank](image) ![Blank](image) |
|   | 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 | ☒ None                                                                 |
|    |                                                                                               |                                                                                  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None                                                                 |
|    |                                                                                               |                                                                                  |
| 13 | Other financial or non-financial interests | ☒ 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:** 2/6/2022  
**Your Name:** Alastair Younger  
**Manuscript Title:** A patient cohort comparison of radiographic correction and complications between arthroscopic and open Lapidus procedures for hallux valgus  
**Manuscript Number (if known):** [Click or tap here to enter text]

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| --- | --- |
| **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. | ☒ None |
| | |
| | |
| | [Click the tab key to add additional rows.]

| **Time frame: past 36 months** |
| **2** Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None |
| Styker | Research grant support paid to hospital |
| Arthrex | Research grant support paid to hospital |
| BiComposites | Research grant support paid to hospital |
| Acumed | Research grant support paid to hospital |
| Arthex | Educational grant paid to University |

| **3** Royalties or licenses | ☒ None |
| | |
| | |

12/13/2021

ICMJE Disclosure Form
| # | Relationship | Name of Entity | Specification/Comments |
|---|--------------|----------------|------------------------|
| 4 | Consulting fees | Styker medical | Consulting fees to medical corporation |
| | | Zimmer | Consulting fees to medical corporation |
| | | Acumed | Consulting fees to medical corporation |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Stryker | Payment for writing manuscript (not this one) fees to medical corporation |
| 6 | Payment for expert testimony | None |  |
| 7 | Support for attending meetings and/or travel | None |  |
| 8 | Patents planned, issued or pending | Stryker medical | Payment to corporation |
| | | Acumed | Payment to corporation |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | President British Columbia Orthopaedic Association | Paid to corporation |
| | | Canadian orthopaedic Association board | unpaid |
|   | 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 □ □ None □                                                             |                                                                                   |
|    |                                                                                                 |                                                                                   |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services □ □ None □   |                                                                                   |
|    |                                                                                                 |                                                                                   |
| 13 | Other financial or non-financial interests □ □ None □                                          |                                                                                   |
|    |                                                                                                 |                                                                                   |

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

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