

## ICMJE DISCLOSURE FORM

**Date:** 4/24/2023

**Your Name:** Bart-Jan van Dooren

**Manuscript Title:** Similar revision rate after cemented and cementless femoral revisions for periprosthetic femoral fractures in total hip arthroplasty: analysis of 1.879 revision hip arthroplasties in the Dutch Arthroplasty Register.

**Manuscript Number (if known):** Mm ao 16869

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:** 4/24/2023

**Your Name:** Rinne M. Peters

**Manuscript Title:** Similar revision rate after cemented and cementless femoral revisions for periprosthetic femoral fractures in total hip arthroplasty: analysis of 1.879 revision hip arthroplasties in the Dutch Arthroplasty Register.

**Manuscript Number (if known):** Mm ao 16869

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## ICMJE DISCLOSURE FORM

**Date:** 4/24/2023

**Your Name:** M. Stevens

**Manuscript Title:** Similar revision rate after cemented and cementless femoral revisions for periprosthetic femoral fractures in total hip arthroplasty: analysis of 1.879 revision hip arthroplasties in the Dutch Arthroplasty Register.

**Manuscript Number (if known):** Mm ao 16869

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**Date:** 4/24/2023

**Your Name:** Paul C. Jutte

**Manuscript Title:** Similar revision rate after cemented and cementless femoral revisions for periprosthetic femoral fractures in total hip arthroplasty: analysis of 1.879 revision hip arthroplasties in the Dutch Arthroplasty Register.

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**Your Name:** WP Zijlstra

**Manuscript Title:** Similar revision rate after cemented and cementless femoral revisions for periprosthetic femoral fractures in total hip arthroplasty: analysis of 1.879 revision hip arthroplasties in the Dutch Arthroplasty Register.

**Manuscript Number (if known):** Mm ao 16869

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Time frame: Since the initial planning of the work								
<b>1</b>	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> Click the tab key to add additional rows.						
Time frame: past 36 months								
<b>2</b>	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>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> None						

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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	

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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.

## ICMJJE DISCLOSURE FORM

**Date:** 5/9/2023

**Your Name:** BW Schreurs

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