

ICMJE DISCLOSURE FORM

Date: 5/5/2023

Your Name: Rasmus Tyrsted Mikkelsen

Manuscript Title: Does choice of bearings influence the survival of cementless total hip arthroplasty in patients 20–55 years? Comparison of 21,594 patients reported to the Nordic Arthroplasty Register Association dataset 2005–2017 |

Manuscript Number (if known): AO-2022-385 – (16814)

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
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ICMJE DISCLOSURE FORM

Date: 4/20/2023

Your Name: Ove Furnes

Manuscript Title: Does choice of bearings influence the survival of cementless total hip arthroplasty in patients 20–55 years? Comparison of 21,594 patients reported to the Nordic Arthroplasty Register Association dataset 2005–2017

Manuscript Number (if known): AO-2022-385 – (16814)

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ICMJE DISCLOSURE FORM

Date: 4/21/2023

Your Name: Alma B. Pedersen

Manuscript Title: Does choice of bearings influence the survival of cementless total hip arthroplasty in patients 20–55 years? Comparison of 21,594 patients reported to the Nordic Arthroplasty Register Association dataset 2005–2017

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ICMJE DISCLOSURE FORM

Date: 4/20/2023

Your Name: Anne Marie Fenstad

Manuscript Title: Does choice of bearings influence the survival of cementless total hip arthroplasty in patients 20–55 years? Comparison of 21,594 patients reported to the Nordic Arthroplasty Register Association dataset 2005–2017

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Date: 4/23/2023

Your Name: Claus Varnum

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ICMJE DISCLOSURE FORM

Date: 4/24/2023

Your Name: Johan Kärrholm

Manuscript Title: Does choice of bearings influence the survival of cementless total hip arthroplasty in patients 20–55 years? Comparison of 21,594 patients reported to the Nordic Arthroplasty Register Association dataset 2005–2017

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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.

ICMJE DISCLOSURE FORM

Date: 4/21/2023

Your Name: Søren Overgaard

Manuscript Title: Does choice of bearings influence the survival of cementless total hip arthroplasty in patients 20–55 years? Comparison of 21,594 patients reported to the Nordic Arthroplasty Register Association dataset 2005–2017

Manuscript Number (if known): AO-2022-385 – (16814)

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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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></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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></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></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		J&J	Personal payment lecture
		Heraeus	Payment to institution: lectures and course modetator
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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	

		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 <table border="1" data-bbox="448 450 1430 539"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>					
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="448 636 1430 725"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>					
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="448 822 1430 911"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>					

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

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ICMJE DISCLOSURE FORM

Date: 4/23/2023

Your Name: Antti Eskelinen

Manuscript Title: Does choice of bearings influence the survival of cementless total hip arthroplasty in patients 20–55 years? Comparison of 21,594 patients reported to the Nordic Arthroplasty Register Association dataset 2005–2017

Manuscript Number (if known): AO-2022-385 – (16814)

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Time frame: past 36 months						
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">Zimmer Biomet</td> <td>Institutional research support</td> </tr> <tr> <td>DePuy Synthes</td> <td>Institutional research support</td> </tr> </table>	Zimmer Biomet	Institutional research support	DePuy Synthes	Institutional research support
Zimmer Biomet	Institutional research support					
DePuy Synthes	Institutional research support					
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				

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4	Consulting fees <input type="checkbox"/> None Paree Group Oy	Consulting fee
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 checked="" type="checkbox"/> None	
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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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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	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 4/24/2023

Your Name: Keijo Mäkelä

Manuscript Title: Does choice of bearings influence the survival of cementless total hip arthroplasty in patients 20–55 years? Comparison of 21,594 patients reported to the Nordic Arthroplasty Register Association dataset 2005–2017

Manuscript Number (if known): AO-2022-385 – (16814)

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	additional						
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%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> </table>				
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> </table>				

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="450 450 1428 568"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="450 640 1428 734"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="450 936 1428 1030"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="450 1122 1428 1216"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="450 1308 1428 1402"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="450 1494 1428 1588"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="450 1657 1428 1751"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="448 450 1428 544"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="448 636 1428 730"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="448 822 1428 916"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 5/2/2023

Your Name: Ola Rolfson

Manuscript Title: Does choice of bearings influence the survival of cementless total hip arthroplasty in patients 20–55 years? Comparison of 21,594 patients reported to the Nordic Arthroplasty Register Association dataset 2005–2017

Manuscript Number (if known): AO-2022-385 – (16814)

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Pfizer</td> <td style="width: 40%;">Research grants, institutional grants</td> </tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>	Pfizer	Research grants, institutional grants				
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4	Consulting fees <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events <input checked="" type="checkbox"/> None	LINK Sweden Educational events, personal compensation ZimmerBiomet Educational events, personal compensation
6	Payment for expert testimony <input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending <input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board <input type="checkbox"/> None	Novartis Advisory board, personal compensation
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid <input type="checkbox"/> None	International Society of Arthroplasty Registries Board member, unpaid Clinical Orthopaedics and Related Research Deputy editor, 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 <input checked="" type="checkbox"/> None <table border="1" data-bbox="448 443 1428 539"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services <input checked="" type="checkbox"/> None <table border="1" data-bbox="448 629 1428 725"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests <input checked="" type="checkbox"/> None <table border="1" data-bbox="448 815 1428 911"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 5/2/2023

Your Name: Geir Hallan

Manuscript Title: Does choice of bearings influence the survival of cementless total hip arthroplasty in patients 20–55 years? Comparison of 21,594 patients reported to the Nordic Arthroplasty Register Association dataset 2005–2017

Manuscript Number (if known): AO-2022-385 – (16814)

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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>						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"><tr><td>Link Norway</td><td>Lectures, head of meeting</td></tr><tr><td>Ortomedic</td><td>Lectures</td></tr><tr><td></td><td></td></tr></table>	Link Norway	Lectures, head of meeting	Ortomedic	Lectures			
Link Norway	Lectures, head of meeting								
Ortomedic	Lectures								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							

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