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)

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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.

		Name relati	all entitles with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1			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	the Treatment of the time of time of time of the time of time
			Time frame: past 36 month	S
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	
		2	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
	educational events		
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	
Plea [X		t to the following statement to indicate your agreement to answered every question and have not altered the we	

4/20/2023

Ove Furnes

Manuscript Title:			Does choice of bearings influence the surviv 20–55 years? Comparison of 21,594 patients Association dataset 2005–2017	al of cementless total hip arthroplasty in patients s reported to the Nordic Arthroplasty Register
Man	uscript Number (if k	nown):	AO-2022-385 - (16814)	
cont	ent of your manuscri	ipt. "Rela of the mai	e ask you to disclose all relationships/activities ated" means any relation with for-profit or no nuscript. Disclosure represents a commitmen t about whether to list a relationship/activity/	s/interests listed below that are related to the t-for-profit third parties whose interests may be at to transparency and does not necessarily interest, it is preferable that you do so.
epid	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.			xample, if your manuscript pertains to the acturers of antihypertensive medication, even if
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.		thout time limit. For all other items, the time		
		Name al	l entities with whom you have this ship or indicate попе (add rows as needed)	Specifications/Comments (e.g., If payments were made to you or to your institution)
		(e*1)	Time frame: Since the initial planning o	of the work
	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.		one	
		bi Je	Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	N	one	
3	Royalties or licenses	O N	one	

Date:

Your Name:

		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	None	
	lectures,		
	presentations, speakers		
	bureaus, manuscript writing or educational events		
6	Payment for	None	
	expert testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	□ None	
	pending		
9	Participation on a Data Safety	□ None	
	Monitoring		
	Board or Advisory Board		
10	Leadership or fiduciary role in	□ None	
	other board,		
	society,		
	committee or advocacy group,		
	paid or 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	
Plea		t to the following statement to indicate your agreement to answered every question and have not altered the wo	

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

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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.

		Name relati	e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		16	Time frame: Since the initial planning o	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
			Time frame: past 36 month	s The many that the same of th
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		Name relation	all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	8	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	×	None	
6	educational events Payment for expert testimony		None	
7	Support for attending		None	
3	meetings and/or travel Patents planned, issued or		None	
9	pending Participation on		None	
	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		NOILE	

		Name all entities with whom you h relationship or indicate none (add r	ave this 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		
Plea		to the following statement to indic answered every question and have r		rint: ording of any of the questions on this 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
Manuscript Number (if known):	AO-2022-385 – (16814)

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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)
	11/2 - 5/4	Time frame: Since the initial planning o	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	
E		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	□ None	
	lectures,		
	presentations,		
	speakers		
	bureaus, manuscript		
	writing or	*	
	educational		
	events		
6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	□ None	
	permand		
9	Participation on a Data Safety	None	
	Monitoring		
	Board or Advisory Board		
10	Leadership or fiduciary role in	□ None	
	other board,		
	society,		
	committee or		
	advocacy group, paid or 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	
Plea		t to the following statement to indicate your agreeme	

Date:	4/23/2023
Your Name:	Claus Varnum
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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		Name relati	all entities with whom you have this onship 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	to
750			Time frame: past 36 month	s
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 Non	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	Travel expenses from Stryker	Payment to institution
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None 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	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 None	
13	Other financial or non-financial interests	None	
Plea	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.		

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

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		Name relati	all entitles with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	1000	THE STATE OF	Time frame: Since the initial planning (of the work
	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 month	
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses	Ø	None	

		Name relation	all entities with whom you have this onship 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,	₩	None	
	manuscript writing or educational events			
6	Payment for expert testimony		None	
7	Support for attending meetings and/or travel		None	
В	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 None	
		t to the following statement to indicate your agreeme	

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)	

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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	
F		3 5 6	Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses	×	None	

			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	Heraeus	Personal payment lecture Payment to institution: lectures and course modetator
6	educational events Payment for	⊠ None	
	expert testimony		
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	
Plea		et to the following statement to indicate your agreeme	

12/13/2021

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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		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		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	
164		Time frame: past 36 month	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Zimmer Biomet DePuy Synthes	Institutional research support Institutional research support
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	
		Paree Group Oy	Consulting fee
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	
Plea		et to the following statement to indicate your agreer	

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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		Name all entities with whom you have this relationship or indicate none (add rows as need	Specifications/Comments (e.g., if payments were made to you or to your institution)
	THE PERSON	Time frame: Since the initial plans	ning 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	additional
79	E LE LES DES	Time frame: past 36 m	onths
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None	

		Name relati	e all entities with whom you have this onship 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,	×	None	
	presentations, speakers bureaus, manuscript writing or educational events			
5	Payment for expert testimony		None	
•	Support for attending meetings and/or travel		None	
3	Patents planned, issued or pending		None	
,	Participation on a Data Safety Monitoring Board or Advisory Board		None	
LO	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		None	

		Name all entitles 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	
Piea	-	t to the following statement to indicate your agreeme	

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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		Name all entitles with who relationship or indicate no	om you have this ne (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	- Free Free	Time frame	e: Since the initial planning (of the work
	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
			Time frame: past 36 month	s —
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Pfizer		Research grants, institutional grants
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 LINK Sweden ZimmerBiomet	Educational events, personal compensation Educational events, personal compensation
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	Novartis	Advisory board, personal compensation
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	International Society of Arthroplasty Registries Clinical Orthopaedics and Related Research	Board member, unpaid Deputy editor, unpaid

		Name all entities with whom you have this relationship or indicate none (add rows as need	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 None	
Please place an "X" next to the following statement to indicate your agreement:			

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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		Name relati	e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
41 11	STATE OF THE STATE	150	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
48			Time frame: past 36 month	s
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 Link Norway Ortomedic	Lectures, head of meeting Lectures
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 None	
Plea		t to the following statement to indicate your agreeme	