

ICMJE DISCLOSURE FORM

Date: 6/2/2023

Your Name: Alexander Wolfgang Grimberg

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study 2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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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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	

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

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Date: 6/2/2023

Your Name: Alma B. Pedersen

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study 2010-2020

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Date: 6/2/2023

Your Name: Andreea Elena Vorovenci

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

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Your Name: Anne Marie Fenstad

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ICMJE DISCLOSURE FORM

Date: 6/8/2023

Your Name: Annette W-Dahl

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study 2010-2020

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></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)
	society, committee or advocacy group, paid or unpaid		
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	

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: 6/4/2023

Your Name: Arnd Steinbrück

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></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									
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: 50%;"></td><td style="width: 50%;"></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)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Johnson&Johnson, Implantcast	
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,	<input type="checkbox"/> None	
		Scientific officer of German Arthroplasty Registry	

		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)
	society, committee or advocacy group, paid or unpaid		
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	

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: 6/2/2023

Your Name: Bernhard Christen, MD, MHA

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study 2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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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.

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.	<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> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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 style="width: 40%;"></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)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Consultant of Stryker with contract for education and clinical scientific work not related to the present study	Payment per time for visiting surgeons in our institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Stryker	For presentations and per time for visiting surgeons
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Stryker	
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	
		Advisory board of the Swiss joint registry SIRIS, responsible for the knee	

		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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Board of trustees of Bernese Clinic Montana	
		(rehabilitation unit)	
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	

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: 6/17/2023

Your Name: Chris Frampton

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study 2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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4	Consulting fees	<input checked="" type="checkbox"/> None <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> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <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> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <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> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <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> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <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> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <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> </table>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></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)
	society, committee or advocacy group, paid or unpaid		
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	

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: 6/11/2023

Your Name: Christian Brand

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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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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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>						

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;">Christian Brand is a member of the SIRIS register's Scientific Advisory Board (SSAB)</td> <td style="width: 50%;">Christian Brand provided data and coordinated the register's contribution to this paper as part of this function.</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Christian Brand is a member of the SIRIS register's Scientific Advisory Board (SSAB)	Christian Brand provided data and coordinated the register's contribution to this paper as part of this function.					
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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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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	

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: 6/5/2023

Your Name: Cristiana Armaroli

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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Time frame: Since the initial planning of the work									
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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: 50%;"></td><td style="width: 50%;"></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)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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	
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,	<input 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)
	society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> regional contact person at the Scientific Committee of the Italian Arthroprosthesis Registry project (Riap)	no payments
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.

ICMJE DISCLOSURE FORM

Date: 6/2/2023

Your Name: Dan Dragomirescu

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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	

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: 6/18/2023

Your Name: Dylan Harries

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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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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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: 6/10/2022

Your Name: Emmi Hakulinen

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study 2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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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: 6/2/2023

Your Name: Erik Bülow

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study 2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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ICMJE DISCLOSURE FORM

Date: June 15, 2023

Your Name: Geir Hallan

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study 2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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		None	
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	x None	

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		Ortomedic AS	lectures
		Link Norway	lectures
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	
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		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None	
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ICMJE DISCLOSURE FORM

Date: 6/2/2023

Your Name: Heather Prentice

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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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: 10px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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3	Royalties or licenses	<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>							
4	Consulting fees	<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>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>							
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,	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> </table>							

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	society, committee or advocacy group, paid or unpaid		
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	

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: 2/6/2023

Your Name: Håvard Dale

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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	

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: 6/2/2023

Your Name: Ioan Cristian Stoica

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study 2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;">Member of EU Commission Expert Panel on Orthopedics, Traumatology, Rehabilitation, Rheumatology</td> <td style="width: 50%;">Payments are based on number of hours involved in expert panel activity</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Member of EU Commission Expert Panel on Orthopedics, Traumatology, Rehabilitation, Rheumatology	Payments are based on number of hours involved in expert panel activity					
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		President of the Romanian Society of Orthopedics and Traumatology (SOROT)	unpaid
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: Click or tap to enter a date. 28/6/2023

Your Name: Click or tap here to enter text. JAMES ASHFORTH

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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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	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="400 365 1481 499"> <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="400 600 1481 701"> <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="400 909 1481 1010"> <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="400 1115 1481 1216"> <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="400 1321 1481 1422"> <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="400 1527 1481 1628"> <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="400 1733 1481 1834"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="400 1984 1481 2078"> <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"> <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: 6/2/2023

Your Name: Jan-Erik Gjertsen

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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	
		Payment for Lectures from LINK Norway	
		Payment for Lectures from Ortomedic (Norwegian manufacturer for DePuySynthes)	
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,	<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)
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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.

ICMJE DISCLOSURE FORM

Date: 6/3/2023

Your Name: Jinny Willis

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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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	

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: 6/5/2023

Your Name: Joanne Shapiro

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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4	Consulting fees	<input checked="" type="checkbox"/> None	
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	
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	<input checked="" type="checkbox"/> None	

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	other board, society, committee or advocacy group, paid or unpaid	<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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ICMJE DISCLOSURE FORM

Date: 6/5/2023

Your Name: Kate Wooster

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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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: 6/12/2023

Your Name: Keijo Mäkelä

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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ICMJE DISCLOSURE FORM

Date: 6/5/2023

Your Name: Kyle Mullen

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Employee of the American Academy of Orthopaedic Surgeons	

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ICMJE DISCLOSURE FORM

Date: 6/24/2023

Your Name: Elizabeth w. Paxton

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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	

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: 6/2/2023

Your Name: LN van Steenberg

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
13	Other financial or non-financial interests	<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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xICMJE DISCLOSURE FORM

Date: 6/12/2023

Your Name: MARCO MOLINARI

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study 2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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	
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	<input checked="" type="checkbox"/> None	

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	other board, society, committee or advocacy group, paid or unpaid	<input type="text"/>	<input type="text"/>
11	Stock or stock options	<input checked="" type="checkbox"/> None	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	<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: 6/2/2023

Your Name: J Mark Wilkinson

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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ICMJE DISCLOSURE FORM

Date: 6/11/2023

Your Name: Martin Lindberg-Larsen

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

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ICMJE DISCLOSURE FORM

Date: 6/1/2023

Your Name: Michael Wyatt

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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: 10px;"> <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)						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></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)
	society, committee or advocacy group, paid or unpaid		
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	

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: 6/2/2023

Your Name: Ola Rolfson

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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	Click the tab key to add additional rows.								
Time frame: past 36 months									
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3	Royalties or licenses	<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>									
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td>Educational event, personal compensation</td></tr><tr><td></td><td>Educational event, personal compensation</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>		Educational event, personal compensation		Educational event, personal compensation					
	Educational event, personal compensation										
	Educational event, personal compensation										
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"><tr><td>Link Sweden</td><td>Educational event, personal compensation</td></tr><tr><td>ZimmerBiomet</td><td>Educational event, personal compensation</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Link Sweden	Educational event, personal compensation	ZimmerBiomet	Educational event, personal compensation					
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"><tr><td>Novartis</td><td>Advisory board, personal compensation</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Novartis	Advisory board, personal compensation							
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10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None <table border="1"><tr><td>Swedish Arthroplasty Register</td><td>Director, payment to institution</td></tr></table>	Swedish Arthroplasty Register	Director, payment to institution							
Swedish Arthroplasty Register	Director, payment to institution										

		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)
	society, committee or advocacy group, paid or unpaid	International Society of Arthroplasty Registries Clinical Orthopaedics and Related Research	Steering committee, unpaid Deputy editor, unpaid
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	

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: 6/11/2023

Your Name: Olav Lutro

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study 2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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	society, committee or advocacy group, paid or unpaid		
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	

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

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ICMJE DISCLOSURE FORM

Date: 6/1/2021

Your Name: Ove Furnes

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study 2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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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)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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	
		My institution have received payment from the companies Heraeus Medical and Ortomedic for lectures I have given regarding cementation technique for knee replacement.	
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,	<input checked="" type="checkbox"/> None	

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	society, committee or advocacy group, paid or unpaid		
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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ICMJE DISCLOSURE FORM

Date: 6/2/2023

Your Name: Richard L. Illgen

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study 2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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3	Royalties or licenses	<input type="checkbox"/> None	
		Stryker	
4	Consulting fees	<input type="checkbox"/> None	
		Stryker	
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,	<input type="checkbox"/> None	
		AJRR – Chair, Research Projects Subcommittee	

		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)
	society, committee or advocacy group, paid or unpaid	AJRR, Member, Steering Committee	
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	

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: 5th June 2023

Your Name: Richard N de Steiger

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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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	

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: 6/2/2023

Your Name: Richard Chang

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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ICMJE DISCLOSURE FORM

Date: 6/12/2023

Your Name: Richard Armstrong

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study 2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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ICMJE DISCLOSURE FORM

Date: 6/18/2023

Your Name: Rob GHH Nelissen

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study 2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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ICMJE DISCLOSURE FORM

Date: 6/5/2023

Your Name: ROBERTO PICUS

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study 2010-2020

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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: 6/2/2023

Your Name: Stein Atle Lie

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

Manuscript Number (if known): AO-2023-113/R2 RESUBMISSION - (17076)

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ICMJE DISCLOSURE FORM

Date: 6/2/2023

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Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

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ICMJE DISCLOSURE FORM

Date: 6/6/2023

Your Name: Tesfaye Hordofa Leta

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

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Date: 6/12/2023

Your Name: Yinan Wu

Manuscript Title: The epidemiology of antibiotic-loaded bone cement and systemic antibiotic prophylactic use in 2,971,807 primary total knee arthroplasties among countries in Africa, Europe, North America, and Oceania: An international register-based observational study2010-2020

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