

ICMJE DISCLOSURE FORM

Date: 8/18/2023

Your Name: P.K. Bos

Manuscript Title: Risk for re-revision and type of antibiotic loaded bonecement in hip or knee revision arthroplasty. Report of Dutch Arthroplasty Register data (LROI 2007-2020).

Manuscript Number (if known): AO-2023-2/R2 RESUBMISSION - (16982)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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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>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"><tr><td>Clinical effectiveness of 2 treat to target strategies, mimicking standard care compared to early secukinumab for the treatment of Moderate to Severe Psoriatic arthritis: a parallel group randomised controlled trial. DSMB</td><td>No payment</td></tr><tr><td></td><td></td></tr></table>	Clinical effectiveness of 2 treat to target strategies, mimicking standard care compared to early secukinumab for the treatment of Moderate to Severe Psoriatic arthritis: a parallel group randomised controlled trial. DSMB	No payment					
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"><tr><td>President of the Conculium Orthopaedicum Neerlandicum since December 2022</td><td>No payment</td></tr><tr><td></td><td></td></tr></table>	President of the Conculium Orthopaedicum Neerlandicum since December 2022	No payment					
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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: 8/18/2023

Your Name: Anneke Spekenbrink-Spooren

Manuscript Title: Risk for re-revision and type of antibiotic loaded bonecement in hip or knee revision arthroplasty. Report of Dutch Arthroplasty Register data (LROI 2007-2020).

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Date: 8/18/2023

Your Name: Peter Croughs

Manuscript Title: Risk for re-revision and type of antibiotic loaded bonecement in hip or knee revision arthroplasty. Report of Dutch Arthroplasty Register data (LROI 2007-2020).

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ICMJE DISCLOSURE FORM

Date: 8/24/2023

Your Name: S.M.A. Bierma-Zeinstra

Manuscript Title: Risk for re-revision and type of antibiotic loaded bonecement in hip or knee revision arthroplasty. Report of Dutch Arthroplasty Register data (LROI 2007-2020).

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			Personal fees: Deputy Editor for Osteoarthritis Cartilage

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Date: 8/18/2023

Your Name: Max Reijman

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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: 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, society, committee or advocacy group, paid or unpaid	<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>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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: 8/18/2023

Your Name: J. van Oldenrijk

Manuscript Title: Risk for re-revision and type of antibiotic loaded bonecement in hip or knee revision arthroplasty. Report of Dutch Arthroplasty Register data (LROI 2007-2020).

Manuscript Number (if known): AO-2023-2/R2 RESUBMISSION - (16982)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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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>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td 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)
4	Consulting fees	<input type="checkbox"/> None	
		advisory consultant research and development Heraeus Medical GmbH	
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 type="checkbox"/> None	
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