ICMJE DISCLOSURE FORM

Date:	8/25/2023		
Your Name:	Mattias Schaufelberger		
Manuscript Title:	Outcome of patients with osteoarthritis aged 90 to 101 years after cemented total hip arthroplasty: 1,385 patients from the Swedish Arthroplasty Register		
Manuscript Number (if known):	Manuscript Number (if known): _ 16850		
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily 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			

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
	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 tab key to add additional rows.
		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	

		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	
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 [⊠]	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.		

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Date:	8/25/2023		
Your Name:	Ola Rolfson		
Manuscript Title:	Outcome of patients with osteoarthritis aged 90 to 101 years after cemented total hip arthroplasty: 1,385 patients from the Swedish Arthroplasty Register		
Manuscript Number (if known):	Manuscript Number (if known): 16850		
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that medication is not mentioned in the manuscript.

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		Time frame: past 36 month	Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Pfizer	Institutional research funding	
3	Royalties or licenses	None 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	Link Sweden ZimmerBiomet	Payment for educational event to me Payment for educational event to me
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	Payment for Advisory board participation to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Past president International Society of Arthroplasty Registries Director and steering committee member Swedish Arthroplasty Register Deputy editor, Clinical Orthopaedics and Related Research	Unpaid Paid through employer Unpaid

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ICMJE DISCLOSURE FORM

Date:	8/25/2023
Your Name:	Johan Kärrholm
Manuscript Title:	Outcome of patients with osteoarthritis aged 90 to 101 years after cemented total hip arthroplasty: 1,385 patients from the Swedish Arthroplasty Register
Manuscript Number (if known):	16850

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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