| Date:                         | 7/19/2023   |  |
|-------------------------------|---|--|
| Your Name:                    | Bart-Jan van Dooren   |  |
| Manuscript Title:             | No clinically relevant difference in Patient-Reported Outcomes between the direct superior approach and the posterolateral or anterior approach for primary total hip arthroplasty;<br>Analysis of 37,976 primary hip arthroplasties in the Dutch Arthroplasty Registry |  |
| Manuscript Number (if known): | AO-2023-179/R1 RESUBMISSION - (17249)   |  |

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.

|   |   | e all entities with whom you have this<br>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<br>present<br>manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing,<br>article processing<br>charges, etc.)<br>No time limit for<br>this item. | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 months   | 5   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>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<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for<br>expert testimony   | ⊠         None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | ⊠         None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠         None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | <ul> <li>None</li> <li></li></ul>  |   |

|      |   | 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<br>options   | ⊠       None         □       □         □       □         □       □         □       □         |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | ⊠       None   |   |
| 13   | Other financial or<br>non-financial<br>interests  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:                 |  |   |

| Date:                         | 7/19/2023  |  |
|-------------------------------|--|--|
| Your Name:                    | Wierd P. Zijlstra  |  |
| Manuscript Title:             | No clinically relevant difference in Patient-Reported Outcomes between the direct superior approach and the posterolateral or anterior approach for primary total hip arthroplasty; Analysis of 37,976 primary hip arthroplasties in the Dutch Arthroplasty Registry |  |
| Manuscript Number (if known): | AO-2023-179/R1 RESUBMISSION - (17249)  |  |

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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.

|   |   | e all entities with whom you have this<br>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<br>present<br>manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing,<br>article processing<br>charges, etc.)<br>No time limit for<br>this item. | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>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<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None LINK Netherlands  | Payment for lecture, made to institution  |
| 6  | Payment for<br>expert testimony   | ⊠         None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | ⊠         None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠         None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | ⊠         None   |   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | None         Board member Dutch Hip Society         Supervisory Board member Dutch Arthroplasty         Register |   |

|      |   | 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<br>options   | ⊠         None   |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | ⊠         None   |   |
| 13   | Other financial or<br>non-financial<br>interests  | ⊠     None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:                 |  |   |

| Date:                         | 7/19/2023   |  |
|-------------------------------|---|--|
| Your Name:                    | Rinne M Peters  |  |
| Manuscript Title:             | No clinically relevant difference in Patient-Reported Outcomes between the direct superior approach and the posterolateral or anterior approach for primary total hip arthroplasty;<br>Analysis of 37,976 primary hip arthroplasties in the Dutch Arthroplasty Registry |  |
| Manuscript Number (if known): | AO-2023-179/R1 RESUBMISSION - (17249)   |  |

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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: Since the initial planning   | of the work   |
| 1 | All support for the<br>present<br>manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing,<br>article processing<br>charges, etc.)<br>No time limit for<br>this item. | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 months   | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>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<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for<br>expert testimony   | ⊠         None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | ⊠         None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | [⊠]       None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | ⊠       None   |   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>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<br>options   | ⊠       None         □       □         □       □         □       □         □       □         |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | ⊠       None   |   |
| 13   | Other financial or<br>non-financial<br>interests  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:                 |  |   |

| Date:                         | 7/19/2023  |  |
|-------------------------------|--|--|
| Your Name:                    | Stefan B.T. Bolder, MD, PhD  |  |
| Manuscript Title:             | No clinically relevant difference in Patient-Reported Outcomes between the direct superior approach and the posterolateral or anterior approach for primary total hip arthroplasty; Analysis of 37,976 primary hip arthroplasties in the Dutch Arthroplasty Registry |  |
| Manuscript Number (if known): | : AO-2023-179/R1 RESUBMISSION - (17249)  |  |

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| 1 | All support for the<br>present<br>manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing,<br>article processing<br>charges, etc.)<br>No time limit for<br>this item. | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 months   | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>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       Stryker   | Consultant for the direct superior approach. Our institute is European reference center for the direct superior approach |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |  |
| 6  | Payment for<br>expert testimony   | ⊠         None   |  |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None   |  |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠         None   |  |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | ⊠         None   |  |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>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<br>options   | ⊠       None         □       □         □       □         □       □         □       □         |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | <ul> <li>[⊠] None</li> <li></li></ul>  |   |
| 13   | Other financial or<br>non-financial<br>interests  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:                 |  |   |

| Date:                         | 7/19/2023  |  |
|-------------------------------|--|--|
| Your Name:                    | B.W. Schreurs  |  |
| Manuscript Title:             | No clinically relevant difference in Patient-Reported Outcomes between the direct superior approach and the posterolateral or anterior approach for primary total hip arthroplasty; Analysis of 37,976 primary hip arthroplasties in the Dutch Arthroplasty Registry |  |
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|   |   |                | ies with whom you have this<br>r 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<br>present<br>manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing,<br>article processing<br>charges, etc.)<br><b>No time limit for<br/>this item.</b> | None           | Time frame: past 36 month   | Click the tab key to add additional rows.   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | ⊠         None |   |   |
| 3 | Royalties or<br>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<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for<br>expert testimony   | ⊠         None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | ⊠         None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠         None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | <ul> <li>None</li> <li></li></ul>  |   |

|      |   | 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<br>options   | ⊠         None   |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | ⊠         None   |   |
| 13   | Other financial or<br>non-financial<br>interests  | ⊠         None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:                 |  |   |

| Date:                         | 7/19/2023   |  |
|-------------------------------|---|--|
| Your Name:                    | L.N. van Steenbergen  |  |
| Manuscript Title:             | No clinically relevant difference in Patient-Reported Outcomes between the direct superior approach and the posterolateral or anterior approach for primary total hip arthroplasty;<br>Analysis of 37,976 primary hip arthroplasties in the Dutch Arthroplasty Registry |  |
| Manuscript Number (if known): | AO-2023-179/R1 RESUBMISSION - (17249)   |  |

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|---|---|--|---|
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| 1 | All support for the<br>present<br>manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing,<br>article processing<br>charges, etc.)<br>No time limit for<br>this item. | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>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<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for<br>expert testimony   | ⊠         None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | ⊠         None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠         None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | ⊠       None   |   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>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<br>options   | ⊠       None         □       □         □       □         □       □         □       □         |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | ⊠       None   |   |
| 13   | Other financial or<br>non-financial<br>interests  | ⊠         None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:                 |  |   |

| Date:                         | 7/19/2023   |  |
|-------------------------------|---|--|
| Your Name:                    | H.B. Ettema   |  |
| Manuscript Title:             | No clinically relevant difference in Patient-Reported Outcomes between the direct superior approach and the posterolateral or anterior approach for primary total hip arthroplasty;<br>Analysis of 37,976 primary hip arthroplasties in the Dutch Arthroplasty Registry |  |
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|   |   |                            | e all entities with whom you have this<br>onship 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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|   | Time frame: Since the initial planning of the work  |                            |  | of the work   |
| 1 | All support for the<br>present<br>manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing,<br>article processing<br>charges, etc.)<br>No time limit for<br>this item. |                            | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 months |  |   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |                            | None   |   |
| 3 | Royalties or<br>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<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for<br>expert testimony   | ⊠         None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | ⊠         None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠         None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | ⊠         None   |   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>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<br>options   | ⊠       None         □       □         □       □         □       □         □       □         |   |
| 12  | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | ⊠       None   |   |
| 13  | Other financial or<br>non-financial<br>interests  | ⊠         None   |   |
| Please place an "X" next to the following statement to indicate your agreement: |   |  |   |

| Date:                         | 7/19/2023  |  |
|-------------------------------|--|--|
| Your Name:                    | R. Post  |  |
| Manuscript Title:             | No clinically relevant difference in Patient-Reported Outcomes between the direct superior approach and the posterolateral or anterior approach for primary total hip arthroplasty; Analysis of 37,976 primary hip arthroplasties in the Dutch Arthroplasty Registry |  |
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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 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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| 1 | All support for the<br>present<br>manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing,<br>article processing<br>charges, etc.)<br>No time limit for<br>this item. | ☑       None         ☑   | Click the tab key to add additional rows.   |  |
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