Date:	11/30/2023
Your Name:	BAREA Christophe
Manuscript Title:	Radiographic signs and hip pain 5 years after THA with a cemented stem: useful in predicting future revision for aseptic loosening? A prospective cohort study
Manuscript Number (if known):	AO-2023-101/R2 RESUBMISSION - (17136)

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	[⊠] None	Click the rate key to add additional rows
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None 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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	[X] None	

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		e following statement to indicate your agreeme red every question and have not altered the wo	

Da	te:	11/30/2023	11/30/2023		
Your Name:		Anne Lübbeke	Anne Lübbeke		
Manuscript Title:		Radiographic signs and hip pain 5 years at revision for aseptic loosening: a prospecti	ter THA with a cemented stem predicts future ve cohort study		
M	anuscript Number (if kn	nown): AO-2023-101/R2 RESUBMISSION - (17136			
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		lame all entities with whom you have this elationship 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 plannin	g of the work		
1	funding, provision of study materials,	Institutional financial support was received for the arthroplasty registry from the "Fondation pour la recherche ostéoarticulaire" of the Division of Orthopedic Surgery, Geneva University Hospitals	Court the fair ling to add additional nows.		
		Time frame: past 36 mont	hs		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None			
	Royalties or	None Non			

licenses

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Non	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Image: square of the property o	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Member of the medical device experts panel of the EU commission 2020-August 2023	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	President elect of the International society of Arthroplasty Registries (ISAR)	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠ None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

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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	Fondation pour la Recherche Osteo-articulaire	Institution
Plea [⊠]		to the following statement to indicate your agreement to answered every question and have not altered the wor	

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		Zimmer Biomet	Institution
		Johnson Johnson	Institution
5	Payment or honoraria for	⊠ None	
	lectures, presentations,		*
	speakers		
	bureaus, manuscript writing or educational events		
6	Payment for expert testimony	[⊠] None	
7	Support for attending	[⊠] None	
	meetings and/or		
	travel		
		<u></u>	
issued or		[⊠] None	
	pending		
9	a Data Safety	[⊠] None	
	Monitoring Board or	——————————————————————————————————————	
	Advisory Board		
10	Leadership or fiduciary role in	⊠ None	
	other board,		
	society,		
	committee or		
	advocacy group, paid or unpaid		

Date:	11/30/2023
Your Name:	Didier Hannouche
Manuscript Title:	Radiographic signs and hip pain 5 years after THA with a cemented stem: useful in predicting future revision for aseptic loosening? A prospective cohort study
Manuscript Number (if known):	AO-2023-101/R2

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		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	

Date:	12/4/2023
Your Name:	Guido Garavaglia
Manuscript Title:	[Radiographic signs and hip pain 5 years after THA with a cemented stem: useful in predicting future revision for aseptic loosening? A prospective cohort study
Manuscript Number (if known):	Click or tap here to enter text. AO-2023-101/R2 RESUBMISSION - (17136)

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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	

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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	
Please place an "X" next to the following statement to indicate your agreement:				
	\boxtimes I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/4/2023	
Your Name:	Matthieu Zingg	
Manuscript Title:	Radiographic signs and hip pain 5 years after THA with a cemented stem: useful in predicting future revision for aseptic loosening? A prospective cohort study	
Manuscript Number (if known):	Click or tap here to enter text. AO-2023-101/R2 RESUBMISSION - (17136)	

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		Time frame: past 36 months		
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3	Royalties or licenses	None None		

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6	Payment for expert testimony	[⊠] None	
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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.			

Date:	12/5/2023		
Your Name:	Nicolas Lauper		
Manuscript Title:	Radiographic signs and hip pain 5 years after THA with a cemented stem: useful in predicting future revision for aseptic loosening? A prospective cohort study		
Manuscript Number (if known):	AO-2023-101/R2 RESUBMISSION - (17136)		

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