

ICMJE DISCLOSURE FORM

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)

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	
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, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="395 271 1541 376"> <tr><td> </td><td> </td></tr> <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" data-bbox="395 495 1541 600"> <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" data-bbox="395 707 1541 813"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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: 11/30/2023

Your Name: Anne Lübbecke

Manuscript Title: Radiographic signs and hip pain 5 years after THA with a cemented stem predicts 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.	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 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 </div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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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	
		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	<input type="checkbox"/> None	
		President elect of the International society of Arthroplasty Registries (ISAR)	

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		Fondation pour la Recherche Osteo-articulaire	Institution

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ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

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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Date: 12/4/2023

Your Name: Matthieu Zingg

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Date: 12/5/2023

Your Name: Nicolas Lauper

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