Date:		1/14/2024		
Your Name:		Mathias Alrø Fichtner Bendtsen		
Manuscript Title:		Preoperative proximal tibial bone density, bone microarchitecture, and bone turnover are not associated with postoperative tibial component migration in cemented and cementless medial unicompartmental knee replacements: secondary analyses from a randomized controlled trial		
uscript Number (if l	known):	AO-2022-424/R2		
In the interest of transparency, we ask your content of your manuscript. "Related" mea affected by the content of the manuscript. indicate a bias. If you are in doubt about will the author's relationships/activities/interest epidemiology of hypertension, you should that medication is not mentioned in the manuscript.		ated" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity, res/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily //interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
		•	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	relations			
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.	[X] N	one		
Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses				
	Name: uscript Title: uscript Number (if e interest of transpent of your manuscrited by the content ate a bias. If you are author's relationship emiology of hyperteres medication is not more at the for disclosure is the present manuscript (e.g., funding, provision of study materials, medical writing, particle processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	Name: uscript Title: uscript Number (if known): e interest of transparency, went of your manuscript. "Related by the content of the material ate a bias. If you are in double author's relationships/activities emiology of hypertension, you medication is not mentioned at the present of the past 36 are lation. All support for the present manuscript (e.g., funding, provision of study materials, medical writing, particle processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	Name: Mathias Alrø Fichtner Bendtsen	

		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	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	1/14/2024
Your Name:	Maiken Stilling
Manuscript Title:	Preoperative proximal tibial bone density, bone microarchitecture, and bone turnover are not associated with postoperative tibial component migration in cemented and cementless medial unicompartmental knee replacements: secondary analyses from a randomized controlled trial
Manuscript Number (if known):	AO-2022-424/R2

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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.

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
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	Funding for radiostereometric analyses, payment to Aarhus University Hospital. Funding for microCT scans, payment to Aarhus University Hospital. Funding for histological evaluation, payment to Aarhus University Hospital. Donated the microCT scanner to the Department of Biomedicine, Aarhus University.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month [⊠] None	
3	Royalties or licenses	None	

ľ		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 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	President for The International RSA Society	Unpaid, voluntary work
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	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	12/6/2023	
Your Name:	Anders Odgaard	
Manuscript Title:	Preoperative proximal tibial bone density, bone microarchitecture, and bone turnover are not associated with post-operative tibial component migration in cemented and cementless medial unicompartmental knee replacements: Secondary analyses from a randomized controlled trial	
Manuscript Number (if known):	AO-2022-424	

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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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		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)
		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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	ıs
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None	
4	Consulting fees	None 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,		

		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)
	society, committee or advocacy group, paid or unpaid		
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	

	TOWNSE DISCLOSURE FORMS
Date:	1/26/2024
Your Name:	Sebastian Breddam Mosegaard
Manuscript Title:	Preoperative proximal tibial bone density, bone microarchitecture, and bone turnover are not associated with post-operative tibial component migration in cemented and cementless medial unicompartmental knee replacements: Secondary analyses from a randomized controlled trial
Manuscript Number (if known):	AO-2022-424/R2
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 nuscript. Disclosure represents a commitment to transparency and does not necessarily t 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.	
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 Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the None present manuscript (e.g., funding, provision of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or None contracts from any entity (if not indicated in item #1 above). Royalties or 3 \boxtimes None licenses

			ecifications/Comments (e.g., if payments were ade 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 w made to you or to your institution)		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 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 wo	ording of any of the questions on this form.

Date: 12/7/2023 Your Name: Jesper Skovhus Thomsen Manuscript Title: Preoperative proximal tibial bone density, bone microarchitecture, and bone turnover are not associated with post-operative tibial component migration in cemented and cementless medial unicompartmental knee replacements: Secondary analyses from a randomized controlled trial Manuscript Number (if known): AO-2022-424/R2 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.	ICMJE DISCLOSURE FORM			
Manuscript Title: [Preoperative proximal tibial bone density, bone microarchitecture, and bone turnover are not associated with post-operative tibial component migration in cemented and cementless medial unicompartmental knee replacements: Secondary analyses from a randomized controlled trial Manuscript Number (if known): AO-2022-424/R2 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	Date:	pate: 12/7/2023		
associated with post-operative tibial component migration in cemented and cementless medial unicompartmental knee replacements: Secondary analyses from a randomized controlled trial Manuscript Number (if known): AO-2022-424/R2 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	Your Name:	our Name: Jesper Skovhus Thomsen		
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	associated with post-operative tibial component migration in cemented and cementless medial unicompartmental knee replacements: Secondary analyses from a randomized			
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	Manuscript Number (if I	known): AO-2022-424/R2		
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.	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. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time			
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)				

	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
Grants or contracts from any entity (if not indicated in item #1 above).	None	
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		
13	Other financial or non-financial interests None 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:	12/7/2023
Your Name:	Ellen-Margrethe Hauge
Manuscript Title:	Preoperative proximal tibial bone density, bone microarchitecture, and bone turnover are not associated with post-operative tibial component migration in cemented and cementless medial unicompartmental knee replacements: Secondary analyses from a randomized controlled trial
Manuscript Number (if known):	AO-2022-424/R2.

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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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		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			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.	None 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).	Independent Research Fund Denmark Novo Nordic Foundation Danish Rheumatism Association Aarhus University Danish Regions Medicine Grants Galapagos AbbVie Roche Novartis	Aarhus University Hospital

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., in made to you or to your institution made to you or your institut	
3	Royalties or licenses	None None	
4	Consulting fees	Novo Nordic Novartis AbbVie Sanofi Sobi MSD USB	
6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	Novo Nordic Novartis AbbVie Sanofi Sobi MSD USB None	
7	Support for attending meetings and/or travel	Pfizer Sobi AbbVie Celgene MSD Roche	Travel expenses
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring	□ None SynACT Pharma	Aarhus University Hospital

		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)	
	Board or Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	SynACT Pharma AbbVie Novartis Novo Nordic Sanofi	Principal trial investigator Site principal investigator Site principal investigator Site principal investigator Site principal investigator	
11	Stock or stock options	None None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None		
13	Other financial or non-financial interests	□ None Trials by AbbVie, Novartis, Novo Nordic, Sanofi	Site principal investigator	
Plea	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.			

3 12/13/2021 ICMJE Disclosure Form

Date:			1/14/2024	
Your Name:			Kjeld Søballe	
Manuscript Title:			associated with postoperative tibial compo	none microarchitecture, and bone turnover are not ment migration in cemented and cementless medial and analyses from a randomized controlled trial
Mai	nuscript Number (if k	nown):	AO-2022-424/R2	
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		ipt. "Rela of the man e in doubt ss/activitionsion, you entioned all suppo	ated" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For early u should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.
	_			
Name all entities with whom you ha relationship or indicate none (add ro			Specifications/Comments (e.g., if payments were	
		relations	ship or indicate none (add rows as needed)	made to you or to your institution)
		relations	ship or indicate none (add rows as needed) Time frame: Since the initial planning	
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.	. 1		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: Since the initial planning	of the work
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: Since the initial planning	of the work

		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	
Please place an "X" next to the following statement to indicate your agreement:			

Date:	1/15/2024
Your Name:	Frank Madsen
Manuscript Title:	Preoperative proximal tibial bone density, bone microarchitecture, and bone turnover are not associated with post-operative tibial component migration in cemented and cementless medial unicompartmental knee replacements: Secondary analyses from a randomized controlled trial
Manuscript Number (if known):	AO-2022-424/R2

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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.

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.

		all entities with whom you have this nship 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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	None	Click the tab key to add additional rows.
	this item.		
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None	
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,	[⊠] 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)
	society, committee or advocacy group, paid or unpaid		
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: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			