

## ICMJE DISCLOSURE FORM

**Date:** 12/21/2023

**Your Name:** Håkon Greve Johannessen

**Manuscript Title:** Polyethylene wear and cup migration of cemented total hip arthroplasty with femoral heads made of Oxinium, steel or Cobalt Chromium; 10 year results from a randomized trial using radiostereometry

**Manuscript Number (if known):** [Click or tap here to enter text.]

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.

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.

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Time frame: Since the initial planning of the work									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">OrthoMedic AS, Smith &amp; Nephew Norway AS,</td> <td>Study funding to the institution</td> </tr> <tr> <td>Regional Health Board of Western Norway</td> <td>Study funding to the institution</td> </tr> <tr> <td>University of Bergen</td> <td>Research grant for medical students</td> </tr> </table>	OrthoMedic AS, Smith & Nephew Norway AS,	Study funding to the institution	Regional Health Board of Western Norway	Study funding to the institution	University of Bergen	Research grant for medical students	
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 11.01.2014 Click or tap to enter a date.

**Your Name:** Geir Hallan

**Manuscript Title:** Polyethylene wear and cup migration of cemented total hip arthroplasty with femoral heads made of Oxinium, steel or Cobalt Chromium; 10-year results from a randomized trial using radiostereometry

**Manuscript Number (if known):** Click or tap here to enter text.

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		Ortomedic AS	lectures
		Link Norway	lectures
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	
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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:** 12.01.24

**Your Name:** Thomas Kadar

**Manuscript Title:** Polyethylene wear and cup migration of cemented total hip arthroplasty with femoral heads made of Oxinium, steel or Cobalt Chromium; 10-year results from a randomized trial using radiostereometry

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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## ICMJE DISCLOSURE FORM

**Date:** 1/2/2024

**Your Name:** Anne Marie Fenstad

**Manuscript Title:** Polyethylene wear and cup migration of cemented total hip arthroplasty with femoral heads made of Oxinium, steel or Cobalt Chromium; 10-year results from a randomized trial using radiostereometry

**Manuscript Number (if known):** [Click or tap here to enter text.]

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## ICMJE DISCLOSURE FORM

**Date:** 25/6/2024

**Your Name:** Stein Håkon Låstad Lygre

**Manuscript Title:** Polyethylene wear and cup migration of cemented total hip arthroplasty with femoral heads made of Oxinium, steel or Cobalt Chromium; 10 year results from a randomized trial using radiostereometry

**Manuscript Number (if known):** [Click or tap here to enter text.]

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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## ICMJE DISCLOSURE FORM

**Date:** 12/29/2023

**Your Name:** Kristin Haugan

**Manuscript Title:** Polyethylene wear and cup migration of cemented total hip arthroplasty with femoral heads made of Oxinium, steel or Cobalt Chromium; 10-year results from a randomized trial using radiostereometry

**Manuscript Number (if known):** [Click or tap here to enter text.]

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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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	

		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	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

## ICMJE DISCLOSURE FORM

**Date:** 1/3/2024

**Your Name:** Paul Johan Høl

**Manuscript Title:** Polyethylene wear and cup migration of cemented total hip arthroplasty with femoral heads made of Oxinium, steel or Cobalt Chromium; 10-year results from a randomized trial using radiostereometry

**Manuscript Number (if known):** [Click or tap here to enter text.]

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.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## 29ICMJE DISCLOSURE FORM

**Date:** Click or tap to enter a date.

**Your Name:** Mona Badawy 29.12.2023

**Manuscript Title:** Polyethylene wear and cup migration of cemented total hip arthroplasty with femoral heads made of Oxinium, steel or Cobalt Chromium; 10-year results from a randomized trial using radiostereometry

**Manuscript Number (if known):** Click or tap here to enter text.

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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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	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

# ICMJE DISCLOSURE FORM

**Date:** 04.01.2024.

**Your Name:** Benedikt Arni Jonsson

**Manuscript Title:** Polyethylene wear and cup migration of cemented total hip arthroplasty with femoral heads made of Oxinium, steel or Cobalt Chromium; 10-year results from a randomized trial using radiostereometry

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <table border="1" style="width: 100%; height: 30px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>						
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </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:** 1/10/2024

**Your Name:** Kari Indrekvam

**Manuscript Title:** Polyethylene wear and cup migration of cemented total hip arthroplasty with femoral heads made of Oxinium, steel or Cobalt Chromium; 10-year results from a randomized trial using radiostereometry

**Manuscript Number (if known):** [Click or tap here to enter text.]

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Time frame: Since the initial planning of the work								
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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:** 1/4/2024

**Your Name:** Arild Aamodt

**Manuscript Title:** Polyethylene wear and cup migration of cemented total hip arthroplasty with femoral heads made of Oxinium, steel or Cobalt Chromium; 10-year results from a randomized trial using radiostereometry

**Manuscript Number (if known):** [Click or tap here to enter text.]

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

		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	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

## ICMJE DISCLOSURE FORM

**Date:** 1/3/2024

**Your Name:** Ove Furnes

**Manuscript Title:** Polyethylene wear and cup migration of cemented total hip arthroplasty with femoral heads made of Oxinium, steel or Cobalt Chromium; 10-year results from a randomized trial using radiostereometry

**Manuscript Number (if known):** [Click or tap here to enter text.]

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.

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		
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None  <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <p>The study was jointly financed by OrtoMedic AS, Smith &amp; Nephew Norway AS, and the Regional Health Board of Western Norway. None of the funding sources played any role in the preparation, performance, or analysis of the results of this study. The payment was given to my institution. I was principal investigator.</p> </div>
Time frame: past 36 months		
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

		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)						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>  <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>  <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>  <table border="1"><tr><td>Ove Furnes have received payment for lectures on cementation technique for knee replacement from OrtoMedic AS and Heraeus Medical</td><td>My institution has received payment for lectures that Ove Furnes have given on cementation technique for OrtoMedic AS and Heraeus Medical</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Ove Furnes have received payment for lectures on cementation technique for knee replacement from OrtoMedic AS and Heraeus Medical	My institution has received payment for lectures that Ove Furnes have given on cementation technique for OrtoMedic AS and Heraeus Medical					
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<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>  <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>  <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
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<b>10</b>	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b>  <table border="1"><tr><td></td><td></td></tr></table>							

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