

ICMJE DISCLOSURE FORM

Date: 8/5-2024

Your Name: Marie Louise Jensen

Manuscript Title: The association between socioeconomic status and Patient-reported outcome at 1 Year after shoulder arthroplasty for osteoarthritis or cuff tear arthropathy – a nationwide cohort study of 2,292 arthroplasties

Manuscript number (if known): _____

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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. | <input type="checkbox"/> None | The department pay my salary and the publication fee |
| | | Department of orthopedic Surgery, Gentofte Hopsital | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None RCT study of the Delta Xtend | I run a RCT study investigating the Delta Xtend shoulder arthroplasty, which is funded by Depuy Synthes |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |

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| 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 | |
| 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.

Maria D. Johnson

ICMJE DISCLOSURE FORM

Date: 29/03/2024

Your Name: Epaminondas Markos Valsamis

Manuscript Title: The association between socioeconomic status and patient-reported outcome at 1 year after shoulder arthroplasty for osteoarthritis or cuff tear arthropathy – a nationwide cohort study of 2,292 arthroplasties

Manuscript number (if known): _____

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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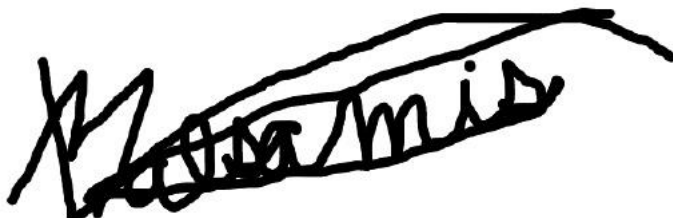
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | 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. | NIHR Doctoral Research Fellowship [NIHR301474] | Funding for DPhil project, data cost, article publication charges |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| 4 | Consulting fees | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 6 | Payment for expert testimony | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 8 | Patents planned, issued or pending | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 11 | Stock or stock options | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> X <input type="checkbox"/> None | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> X <input type="checkbox"/> None | |

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

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



A handwritten signature in black ink, appearing to read "K. Mis", is written over a horizontal line.

ICMJE DISCLOSURE FORM

Date:30.03.2024

Your Name: _Alexander Scheller Madrid, MD

Title: The effect of job status on the WOOS score 1 year after shoulder arthroplasty for osteoarthritis or cuff tear arthropathy – a nationwide cohort study of 2,292 arthroplasties

Manuscript number (if known): _____

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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|---|--|--|---|
| 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. | <input checked="" type="checkbox"/> None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
| | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| | | | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |
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| 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 | |
| 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: 30/4 - 2024
 Your Name: BO SANDERKOTT OLSEN
 Manuscript Title: The effect of job status on the WOOS score 1 year after shoulder arthroplasty for osteoarthritis or cuff tear arthropathy – a nationwide cohort study of 2,292 arthroplasties
 Manuscript number (if known): _____

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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| 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. | <input checked="" type="checkbox"/> None | |
| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None DEPUTY/SYNOPSIS | INSTITUTIONAL SUPPORT FOR RESEARCH PROJECT |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u>None</u> DEPUTY S W E M A G | 3 HOURS 10 HOURS |
| 6 | Payment for expert testimony | <u>None</u> | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> <u>None</u> | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> <u>None</u> | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <u>None</u> DSR | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> <u>None</u> | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> <u>None</u> | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <u>None</u> | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> <u>None</u> | |

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.

Bto

ICMJE DISCLOSURE FORM

Date: April 24, 2024
 Your Name: Jeppe Rasmussen
 Manuscript Title: The effect of job status on the WOOS score 1 year after shoulder arthroplasty for osteoarthritis or cuff tear arthropathy – a nationwide cohort study of 2,292 arthroplasties
 Manuscript number (if known): _____

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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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input checked="" type="checkbox"/> None | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
| 4 | Consulting fees | <input checked="" type="checkbox"/> None | |

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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 checked="" type="checkbox"/> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | Treasurer Danish Orthopaedic Society |
| 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 | |

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