

ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Johan Ljungdahl

Manuscript Title: Mortality and reoperations following treatment of acetabular fractures in patients ≥ 70 years. A retrospective cohort study including 247 patients

Manuscript Number (if known): AO-2024-276/R2 RESUBMISSION - (17577)

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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Date: 12/9/2024

Your Name: Björn Hernefalk

Manuscript Title: Mortality and reoperations following treatment of acetabular fractures in patients ≥ 70 years. A retrospective cohort study including 247 patients

Manuscript Number (if known): AO-2024-276/R2 RESUBMISSION - (17577)

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Your Name: Anna Pallin

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Date: 12/11/2024

Your Name: Anders Brüggemann

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11	Stock or stock options	<input checked="" type="checkbox"/> None <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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <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>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <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: 12/9/2024

Your Name: Nils P. Hailer]

Manuscript Title: Mortality and reoperations following treatment of acetabular fractures in patients ≥ 70 years. A retrospective cohort study including 247 patients]

Manuscript Number (if known):] AO-2024-276/R2 RESUBMISSION - (17577)

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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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 checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Swedish research council (VR 2019-00436; VR 2021-00980)</td> <td style="width: 40%;">Institutional support</td> </tr> <tr> <td>Stiftelsen Promobilia</td> <td>Institutional support</td> </tr> <tr> <td>Skobranschens utvecklingsfond</td> <td>Institutional support</td> </tr> </table>	Swedish research council (VR 2019-00436; VR 2021-00980)	Institutional support	Stiftelsen Promobilia	Institutional support	Skobranschens utvecklingsfond	Institutional support
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3	Royalties or licenses	<input type="checkbox"/> None	
		Waldemar Link GmbH Co KG, Hamburg, Germany	License agreement, no remuneration
4	Consulting fees	<input checked="" type="checkbox"/> None	
		DePuy Johnson & Johnson, Stockholm, Sweden	Consulting fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Waldemar Link GmbH Co KG, Hamburg, Germany	Honoraria for lectures/educational events
		Zimmer Biomet, Winterthur, Switzerland	Honoraria for lectures/educational events
		Heraeus Medical, Wehrheim, Germany	Honoraria for lectures/educational events
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	
		STOP Leg Clots trial	
10	Leadership or fiduciary role in other board,	<input 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)
	society, committee or advocacy group, paid or unpaid	<ul style="list-style-type: none"> – Scientific advisor to the Swedish National Board of Health and Welfare – Board member of Swedish Arthroplasty Register – Chairman of Nordic Association of Arthroplasty Registers (NARA) – Chairman of Swedish Research Council infrastructure Biobank Sweden 	No payments received
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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ICMJE DISCLOSURE FORM

Date: 12/9/2024

Your Name: Olof Wolf

Manuscript Title: Mortality and reoperations following treatment of acetabular fractures in patients ≥ 70 years. A retrospective cohort study including 247 patients

Manuscript Number (if known): AO-2024-276/R2 RESUBMISSION - (17577)

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