

ICMJE DISCLOSURE FORM

Date: 12/1/2024

Your Name: Paul N Smith

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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) | | | | | | |
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| Time frame: Since the initial planning of the work | | | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
| | | Clinical Director Australian National Joint Replacement Registry | |
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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: 12/10/2024

Your Name: Eric Bohm

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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| | | Stryker Canada | Payments to me |
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| | | Stryker Canada | |
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| | | Canadian Joint Replacement Registry | Chair, Advisory Committee |
| | | International Society of Arthroplasty Registries | Past President |
| | | Canadian Arthroplasty Society | Past President |

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| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
| | | Zimmer, Smith + Nephew, DePuy, HIT | Institutional research and/or fellowship support |
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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: 12/12/2024

Your Name: Michael Turner

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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ICMJE DISCLOSURE FORM

Date: 1/4/2025

Your Name: Martin Lindberg-Larsen

Manuscript Title: *Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide*

Manuscript Number (if known): AO-2024-329

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| 11 | Stock or stock options | <input type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
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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: 12/10/2024

Your Name: Soren Overgaard

Manuscript Title: _____

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/in 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 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 | | | | | | | | |
| 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: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p> | | | | | | |
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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 <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Novo Nordic Foundation</td> <td style="width: 50%;">Funding of Research</td> </tr> <tr> <td>Independent Research Fund</td> <td>Funding of Research</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="width: 50%;"> </td> </tr> </table> | Novo Nordic Foundation | Funding of Research | Independent Research Fund | Funding of Research | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <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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| 4 | Consulting fees | <input checked="" type="checkbox"/> None <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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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None <table border="1"><tr><td>J&J</td><td>Personal payment lecture</td></tr><tr><td>Heraeus</td><td>Payment to institution: lectures and course moderator</td></tr><tr><td></td><td></td></tr></table> | J&J | Personal payment lecture | Heraeus | Payment to institution: lectures and course moderator | | | |
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| Heraeus | Payment to institution: lectures and course moderator | | | | | | | | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <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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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <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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| 10 | Leadership or fiduciary role in other board, | <input type="checkbox"/> None <table border="1"><tr><td>Member of ExCom and NOF Board</td><td></td></tr></table> | Member of ExCom and NOF Board | | | | | | |
| Member of ExCom and NOF 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) |
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| | society, committee or advocacy group, paid or unpaid | Head of Steering group Danish Hip Arthroplasty Register | |
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 12/10/2024

Your Name: Alma B Pedersen

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329

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 | | | | | | | | | | | | | | | |
| 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%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p> | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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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: 12/10/2024

Your Name: Keijo Mäkelä

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): 18084

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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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 15px;">Chairman of the Finnish Orthopaedic Society</td> <td style="width: 50%;"></td> </tr> <tr> <td style="height: 15px;"></td> <td></td> </tr> <tr> <td style="height: 15px;"></td> <td></td> </tr> </table> | Chairman of the Finnish Orthopaedic Society | | | | | | | | |
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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: 12/10/2024

Your Name: Alexander Grimberg

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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ICMJE DISCLOSURE FORM

Date: 12/13/2024

Your Name: Oliver Melsheimer

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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ICMJE DISCLOSURE FORM

Date: 12/20/2024

Your Name: JAVAHIR A PACHORE

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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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: 12/20/2024

Your Name: VIKRAM I SHAH

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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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ICMJE DISCLOSURE FORM

Date: 12/10/2024

Your Name: Marina TORRE

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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ICMJE DISCLOSURE FORM

Date: 12/10/2024

Your Name: Paola Ciccarelli

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

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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.

Richard Ji

ICMJE DISCLOSURE FORM

Date: 12/10/2024

Your Name: Barbara bordini

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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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.

Barbara Seal

ICMJE DISCLOSURE FORM

Date: 1/8/2025

Your Name: Monica Cosentino

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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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: 12/10/2024

Your Name: HARUHIKO AKIYAMA

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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ICMJE DISCLOSURE FORM

Date: 12/10/2024

Your Name: LN van Steenberg

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and use of harmonized registry data worldwide

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

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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: 12/10/2024

Your Name: Geke Denissen

Manuscript Title: Click or tap here to enter text.

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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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: 1/13/2025

Your Name: John McKie

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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ICMJE DISCLOSURE FORM

Date: 1/8/2025

Your Name: Jinny Willis

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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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: 12/11/2024

Your Name: Ove Furnes

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwideAO-2024-329/R1 RESUBMISSION - (18084)

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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| 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 type="checkbox"/> None | |
| | | Heraeus Medical | Lecture fees for courses in cementation technique |
| | | Ortomedic AS | Lecture fees for courses in knee replacement |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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ICMJE DISCLOSURE FORM

Date: 12/13/2024

Your Name: Anne Marie Fenstad

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide.

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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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ICMJE DISCLOSURE FORM

Date: 12/23/2024

Your Name: Dan Dragomirescu

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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ICMJE DISCLOSURE FORM

Date: 12/23/2024

Your Name: Andreea Elena Vorovenci

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | | | | | | | | | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 10 Dec 2024

Your Name: Antoine Dymond

Manuscript Title: Arthroplasty registries at a glance

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). | None | |
| 3 | 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 |

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| 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.

ICMJE DISCLOSURE FORM

Date: 9/20/2024

Your Name: Ola Rolfson

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

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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| 4 | Consulting fees | <input type="checkbox"/> None | |
| | | LINK Sweden | Research consultancy, paid to me |
| | | Astra Zeneca | Research consultancy, paid to me |
| | | Johnson&Johnson | Research consultancy, paid to my institution |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | LINK Sweden | Educational activities, paid to me |
| | | ZimmerBiomet | Educational activities, paid to me |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
| | | International Society of Arthroplasty Registries | Steering committee member, unpaid |
| | | Swedish Arthroplasty Register | Director, paid to my 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) | | | | | | |
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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: 12/12/2024

Your Name: Martin Beck

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1

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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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: 12/10/2024

Your Name: Christian Brand

Manuscript Title: Click or tap here to enter text.

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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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: 9/20/2024

Your Name: Anne Lübbecke

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

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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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: 12/10/2024

Your Name: Christophe Baréa

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329

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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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: 12/16/2024

Your Name: Timothy Wilton

Manuscript Title: Athroplasty Registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of Registry data worldwide

Manuscript Number (if known): AO_2024-329/R1 Resubmission - 18084

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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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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) | | | | | | |
|---|--|--|---|---------------------------------|--|--|--|--|--|
| 4 | Consulting fees | <input checked="" type="checkbox"/> None <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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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None <table border="1"> <tr> <td>Expenses for attending some meetings received from the National Joint Registry by whom I am employed</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | Expenses for attending some meetings received from the National Joint Registry by whom I am employed | | | | | | |
| Expenses for attending some meetings received from the National Joint Registry by whom I am employed | | | | | | | | | |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None <table border="1"> <tr> <td>I am a member of the Orthopaedic Data Evaluation Panel and the Beyond Compliance Steering Group both of which monitor device safety</td> <td>No payment or expenses received</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | I am a member of the Orthopaedic Data Evaluation Panel and the Beyond Compliance Steering Group both of which monitor device safety | No payment or expenses received | | | | | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None <table border="1"> <tr> <td>I am the Medical Director of the National Joint Registry (England Wales and NI) for which I receive a salary</td> <td></td> </tr> <tr><td></td><td></td></tr> </table> | I am the Medical Director of the National Joint Registry (England Wales and NI) for which I receive a salary | | | | | | |
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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) |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 12/10/2024

Your Name: Chris Boulton

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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 | | | | | | | | |
| 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%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p> | | | | | | |
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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 <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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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) |
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| 4 | Consulting fees | <input type="checkbox"/> None | |
| | | British Orthopaedic Association | Personal payment |
| | | UK Renal Registry | Personal payment |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
| | | National Hip Fracture Database Advisory Group | |
| | | National Joint Registry Board | |
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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 | |
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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) | | | | | | |
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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="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | | | | | | | |
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| 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="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | | | | | | | |
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| 13 | Other financial or non-financial interests | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | | | | | | | |
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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: 12/14/2024

Your Name: James Huddleston

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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) | | | | | | | | | | | | |
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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 <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p> | | | | | | |
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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 <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></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 | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
| | | ISAR annual congress registration and travel from AAOS as Chair Steering Committee for the American Joint Replacement Registry | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
| | | Chair, AJRR Steering Committee | |
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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) | | | | | | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table> | | | | | | | |
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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: 1/31/2023

Your Name: Bryan D. Springer, MD

Manuscript Title: ___ Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript number (if known) AO-2024-329/R1 RESUBMISSION - (18084)

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 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 | |
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| 3 | Royalties or licenses | <input type="checkbox"/> None | |
| | | Stryker | Royalties |
| | | Osteoremedies | |
| 4 | Consulting fees | <input type="checkbox"/> None | |
| | | Convatec | Consultant |

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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 type="checkbox"/> None | |
| | | Osteal Therapeutics | Advisory Board |
| | | Allay Therapeutics | Advisory Board |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
| | | IOEN, Operation Walk Carolinas, The Hip Society | Board of Directory |
| 11 | Stock or stock options | <input type="checkbox"/> None | |
| | | MiCare Path | Stock Options |
| 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.

Orell, Kathleen

From: Ayers, David
Sent: Friday, December 13, 2024 12:53 PM
To: Orell, Kathleen
Subject: FW: [EXTERNAL] Reminder to send me your disclosure form for ISAR template manuscript

Importance: High

Kathy please print out form and I will sign on monday

From: LUBBEKE WOLFF Anne <anne.lubbekewolff@hug.ch>
Sent: Friday, December 13, 2024 7:46 AM
Subject: [EXTERNAL] Reminder to send me your disclosure form for ISAR template manuscript

While email attachments are a popular and convenient way to send documents, they are also a common source of viruses. Use caution when opening attachments, even if they appear to have been sent by someone you know.

Dear all,

Could you please fill out the disclosure form (link below) and send it back to me?
Acta Orthopaedica will only publish our paper if all 48 coauthors have signed the form 😊
Best wishes,
Anne

Please use the ICMJE disclosure form available at this link:
<https://www.icmje.org/disclosure-of-interest/>

Manuscript title and number :
Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide
AO-2024-329/R1 RESUBMISSION - (18084)

ICMJE DISCLOSURE FORM

Date: 12/17/2024

Your Name: DAVID C. AYERS, M.D.

Manuscript Title: ARTHROPLASTY REGISTRIES AT A GLANCE: AN INITIATIVE OF THE ISAR TO FACILITATE ACCESS, UNDERSTANDING AND REPORTING OF REGISTRY DATA WORLDWIDE

Manuscript Number (if known): A02024-329/R1 RESUBMISSION – (18084)

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 | | | | | | | | |
| 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%; height: 40px; margin-top: 10px;"> <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> <small style="display: block; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</small> | | | | | | |
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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 <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <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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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <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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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None <table border="1" data-bbox="386 682 1523 787"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | | | | | | |
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Please place an "X" next to the following statement to indicate your agreement:

David C Ayers MD

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

DAVID C AYERS MD

ICMJE DISCLOSURE FORM

Date: 12/10/2024

Your Name: Elizabeth Paxton

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwideAO-2024-329/R1 RESUBMISSION - (18084)

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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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: 9/20/2024

Your Name: Heather Prentice

Manuscript Title: Manuscript title is: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

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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ICMJE DISCLOSURE FORM

Date: 12/10/2024

Your Name: Elizabeth Dailey

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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| | | | |
| | | | |
| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
| | | salary support | partial salary support from Blue Cross Blue Shield for MARLO work |
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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: 1/9/2025

Your Name: Tae Kim

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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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: 12/10/2024

Your Name: Vinicius C. Antao

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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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ICMJE DISCLOSURE FORM

Date: 9/23/2024

Your Name: Kajsa Erikson

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

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

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ICMJE DISCLOSURE FORM

Date: 9/23/2024

Your Name: Prof Rob GHH Nelissen MD PhD

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

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

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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: 12/10/2024

Your Name: Gearoid McGauran

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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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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ICMJE DISCLOSURE FORM

Date: 12/10/2024

Your Name: L.A. Hoogervorst

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329/R1 RESUBMISSION - (18084)

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ICMJE DISCLOSURE FORM

Date: 12/10/2024

Your Name: Perla Marang-van de Mheen

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

Manuscript Number (if known): AO-2024-329

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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: 9/22/2024

Your Name: Martyn Porter

Manuscript Title: Arthroplasty registries at a glance

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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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: 9/24/2024

Your Name: Arnd Steinbrück

Manuscript Title: Arthroplasty registries at a glance: an initiative of the International Society of Arthroplasty Registries (ISAR) to facilitate access, understanding and reporting of registry data worldwide

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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