

ICMJE DISCLOSURE FORM

Date: 4/7/2025

Your Name: Julia Louise van Agtmaal

Manuscript Title: Antimicrobial Resistance in Orthopedics: Microbial Insights, Clinical Impact, and the Necessity of a Multidisciplinary Approach - a Review

Manuscript Number (if known): AO-2024-451 – 18258

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 3/25/2025

Your Name: Marielle Verheul

Manuscript Title: Antimicrobial Resistance in Orthopedics: Microbial Insights, Clinical Impact, and the Necessity of a Multidisciplinary Approach - a Review

Manuscript Number (if known): AO-2024-451 – 18258

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Date: 3/25/2025

Your Name: Lieve Vonken

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Date: 3/25/2025

Your Name: Kato Helsen

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Kommenterad [JA1]: Dartbac nog toevoegen?

Date: 2/4/2025

Your Name: Sanne W.G. van Hoogstraten

Manuscript Title: Antimicrobial Resistance in Orthopedics: Microbial Insights, Clinical Impact, and the Necessity of a Multidisciplinary Approach - a Review

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		<small>Click the tab key to add additional rows.</small>			
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			

		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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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: 3/31/2025

Your Name: Bianca Juliane Hurck

Manuscript Title: Antimicrobial Resistance in Orthopedics: Microbial Insights, Clinical Impact, and the Necessity of a Multidisciplinary Approach - a Review

Manuscript Number (if known): AO-2024-451 – 18258

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: 3/26/2025

Your Name: Giulia Pilla

Manuscript Title: Antimicrobial Resistance in Orthopedics: Microbial Insights, Clinical Impact, and the Necessity of a Multidisciplinary Approach - a Review

Manuscript Number (if known): AO-2024-451 – 18258

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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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 type="checkbox"/> None	
		Nostics BV	I am an employee at Nostics BV.

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: 3/25/2025

Your Name: Yen Way Isabell Trinh

Manuscript Title: Antimicrobial Resistance in Orthopaedics: Microbial Insights, Clinical Impact, and the Necessity of a Multidisciplinary Approach

Manuscript Number (if known): AO-2024-451 – 18258

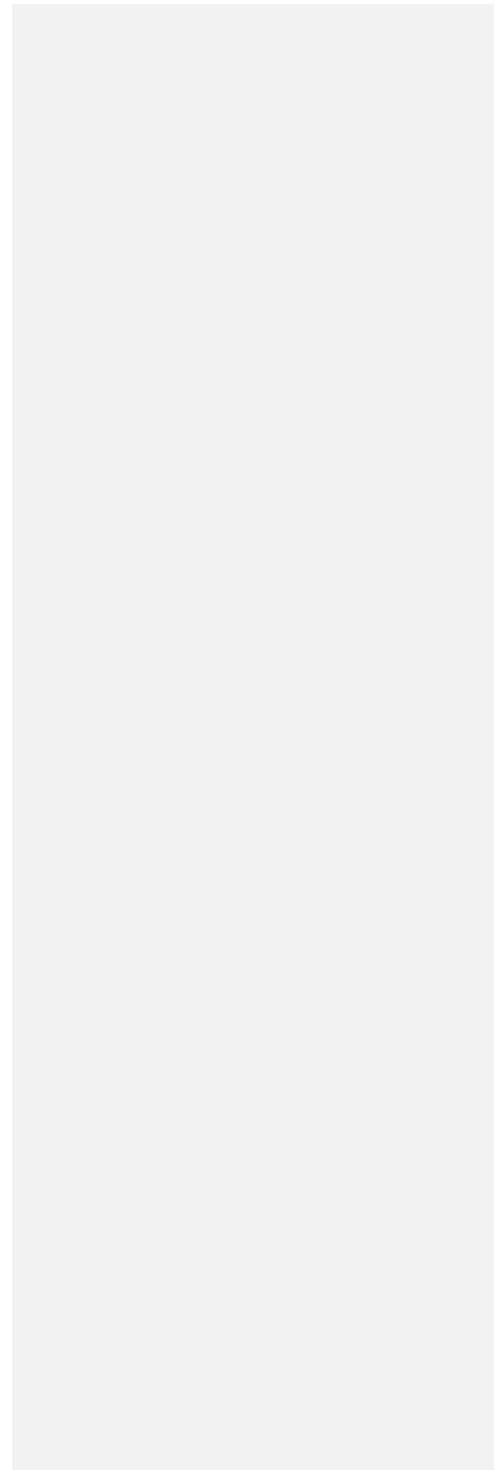
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 3/25/2025

Your Name: Gert-Jan de Bruijn

Manuscript Title: Antimicrobial Resistance in Orthopedics: Microbial Insights, Clinical Impact, and the Necessity of a Multidisciplinary Approach - a Review

Manuscript Number (if known): AO-2024-451 – 18258

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ICMJE DISCLOSURE FORM

Date: 4/3/2025

Your Name: Henrik Pierre. Calum

Manuscript Title: Antimicrobial Resistance in Orthopedics: Microbial Insights, Clinical Impact, and the Necessity of a Multidisciplinary Approach - a Review

Manuscript Number (if known): AO-2024-451 – 18258

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3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"><u>No Royalties or licenses</u></td> <td style="width: 60%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	<u>No Royalties or licenses</u>					
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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 type="checkbox"/> None None 	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None None 	
6	Payment for expert testimony	<input type="checkbox"/> None None 	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None None 	
8	Patents planned, issued or pending	<input type="checkbox"/> None None 	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None None 	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None None 	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input type="checkbox"/> None <table border="1"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	None						
None									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	None						
None									
13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1"> <tr><td>None</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	None						
None									

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

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

ICMJE DISCLOSURE FORM

Date: 4/17/2025

Your Name: Mark G. J. de Boer

Manuscript Title: Antimicrobial Resistance in Orthopedics: Microbial Insights, Clinical Impact, and the Necessity of a Multidisciplinary Approach - a Review

Manuscript Number (if known): AO-2024-451 – 18258

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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td style="text-align: right; font-size: 8px;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
	Click the tab key to add additional rows.							
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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </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"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<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>							

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: 3/31/2025

Your Name: Bart G Pijls

Manuscript Title: Antimicrobial Resistance in Orthopaedics: Microbial Insights, Clinical Impact, and the Necessity of a Multidisciplinary Approach

Manuscript Number (if known): AO-2024-451 – 18258

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.

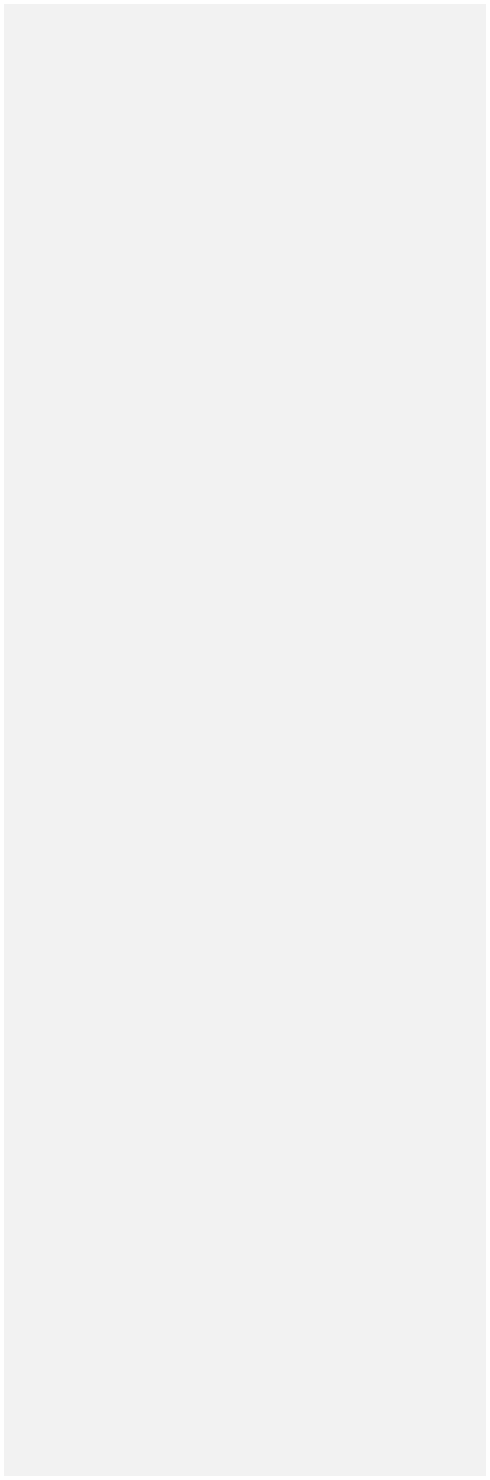
The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Time frame: Since the initial planning of the work								
1	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 200px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table> <small>Click the tab key to add additional rows.</small>							
Time frame: past 36 months								
2	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Veni Grant ZonMw (dutch government)</td> <td>Paid to my institution; subject induction heating for PJI</td> </tr> <tr> <td>Off-road grant by ZonMw (dutch government)</td> <td>Paid to my institution; subject induction heating for PJI</td> </tr> <tr> <td>Starters Grant (dutch government)</td> <td>Paid to my institution; subject induction heating for PJI</td> </tr> </table>	Veni Grant ZonMw (dutch government)	Paid to my institution; subject induction heating for PJI	Off-road grant by ZonMw (dutch government)	Paid to my institution; subject induction heating for PJI	Starters Grant (dutch government)	Paid to my institution; subject induction heating for PJI	
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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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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>						
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"> <tr> <td>Inventor on patent applications held by the Leiden University Medical Center on induction heating.</td> <td>Inventor fee received from institution after completion of milestone.</td> </tr> <tr><td></td><td></td></tr> </table>	Inventor on patent applications held by the Leiden University Medical Center on induction heating.	Inventor fee received from institution after completion of milestone.				
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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> </table>						
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 hold a position as Medical Director Dutch Arthroplasty Register (LRO)</td> <td>Paid position</td> </tr> <tr> <td>I am a member of Expert member EU for medical devices (2. Orthopaedics, traumatology, rehabilitation, rheumatology)</td> <td>Paid per dossier. https://health.ec.europa.eu/medical-devices-expert-panels/experts/expert-panels_en</td> </tr> <tr><td></td><td></td></tr> </table>	I hold a position as Medical Director Dutch Arthroplasty Register (LRO)	Paid position	I am a member of Expert member EU for medical devices (2. Orthopaedics, traumatology, rehabilitation, rheumatology)	Paid per dossier. https://health.ec.europa.eu/medical-devices-expert-panels/experts/expert-panels_en		
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13	Other financial or non-financial interests	<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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ICMJE DISCLOSURE FORM

Date: 3/27/2025

Your Name: Jacobus J.C. Arts

Manuscript Title: Antimicrobial Resistance in Orthopedics: Microbial Insights, Clinical Impact, and the Necessity of a Multidisciplinary Approach - a Review

Manuscript Number (if known): AO-2024-451 – 18258

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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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 <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 40%; padding: 2px;">NWA DARTBAC</td> <td style="padding: 2px;"><i>This publication is part of the DARTBAC project (with project number NWA.1292.19.354) of the research program NWA-ORC, which is (partly) financed by the Dutch Research Council (NWO).</i></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: right; font-size: 8px;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	NWA DARTBAC	<i>This publication is part of the DARTBAC project (with project number NWA.1292.19.354) of the research program NWA-ORC, which is (partly) financed by the Dutch Research Council (NWO).</i>				<small>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%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 40%; padding: 2px;">Interreg Vlaanderen -Nederland Prosperos-II</td> <td style="padding: 2px;">Research project budget 5M payed to institute</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Interreg Vlaanderen -Nederland Prosperos-II	Research project budget 5M payed to institute				
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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 type="checkbox"/> None	
		Bonalive	Payment to institute for clinical advisory board role
		Cerapedics	Payment to institute for clinical advisory board role
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Bonalive	Payment for education on biomaterials for health care professionals
		Cerapedics	Payment for education on biomaterials for health care professionals
		Curasan	Payment for education on biomaterials for health care professionals
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	
		Bonalive	Member clinical advisory board
		Cerapedics	Member clinical advisory board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Eurospine	Member EDU week education faculty
		Dutch Orthopaedic Association	Member workgroup biotechnology

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Bonalive	Materials in kind for research
		Cerapedics	Materials in kind for research
		DSM biomedical	Materials in kind for research
		Access2bone	Materials in kind for research
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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