

## ICMJE DISCLOSURE FORM

**Date:** 2/20/2025

**Your Name:** Armita Armina Abedi

**Manuscript Title:** Comparative effectiveness of antibiotic prophylaxis in prevention of serious adverse events following primary total hip arthroplasty: a systematic review and network meta-analysis of randomized controlled trials

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

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

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

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

|                                                    | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                   | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |                                           |
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| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |                                           |
| <b>1</b>                                           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table> |  |  |  |  |  | Click the tab key to add additional rows. |
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| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |                                           |
| <b>2</b>                                           | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>                                                                                       |  |  |  |  |  |                                           |
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| <b>3</b>                                           | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>                                                                                       |  |  |  |  |  |                                           |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><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> <tr><td style="height: 15px;"></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b>                                                               |                                                                                     |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                                               |                                                                                     |
|           |                                                                                  |                                                                                                               |                                                                                     |
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| <b>13</b> | Other financial or non-financial interests                                       | <input type="checkbox"/> <b>None</b>                                                                          |                                                                                     |
|           |                                                                                  | The editor-in-chief of Acta Orthopaedica, Professor Søren Overgaard is the main supervisor of my PhD project. |                                                                                     |
|           |                                                                                  |                                                                                                               |                                                                                     |
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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:** 2/11/2025

**Your Name:** Jacob Moflag Svensson

**Manuscript Title:** Comparative effectiveness of antibiotic prophylaxis in prevention of serious adverse events following primary total hip arthroplasty: a systematic review and network meta-analysis of randomized controlled trials

**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:** 2/10/2025

**Your Name:** Alma Becic Pedersen

**Manuscript Title:** Comparative effectiveness of antibiotic prophylaxis in prevention of serious adverse events following primary total hip arthroplasty: a systematic review and network meta-analysis of randomized controlled trials

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

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

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

|                                                    | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                   | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
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| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>1</b>                                           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><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                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>2</b>                                           | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>3</b>                                           | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><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<br><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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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None<br><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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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None<br><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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><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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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None<br><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:** 2/19/2025

**Your Name:** Claus Varnum

**Manuscript Title:** Comparative effectiveness of antibiotic prophylaxis in prevention of serious adverse events following primary total hip arthroplasty: a systematic review and network meta-analysis of randomized controlled trials

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

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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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| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |                                           |
| <b>1</b>                                           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 15px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table> |  |  |  |  |  | Click the tab key to add additional rows. |
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| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |                                           |
| <b>2</b>                                           | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 15px;"></td><td style="width: 40%;"></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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| <b>3</b>                                           | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 15px;"></td><td style="width: 40%;"></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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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> None                                                     |                                                                                                      |
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| 7  | Support for attending meetings and/or travel                                                                 | <input type="checkbox"/> None                                                                | CV received travel expenses from Stryker paid to institution with no relevance to the present study. |
|    |                                                                                                              |                                                                                              |                                                                                                      |
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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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| 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:** 2/11/2025

**Your Name:** Sabrina Mai Nielsen

**Manuscript Title:** Comparative effectiveness of antibiotic prophylaxis in prevention of serious adverse events following primary total hip arthroplasty: a systematic review and network meta-analysis of randomized controlled trials

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

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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><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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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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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|    |                                                                                  | 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:** 2/13/2025

**Your Name:** Jens Holm Laigaard

**Manuscript Title:** Comparative effectiveness of antibiotic prophylaxis in prevention of serious adverse events following primary total hip arthroplasty: a systematic review and network meta-analysis of randomized controlled trials

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

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

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

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

|                                                    | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                   | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>1</b>                                           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><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                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>2</b>                                           | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>3</b>                                           | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><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 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 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 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 checked="" type="checkbox"/> None                                                     |                                                                                     |
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| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b>                                                               |                                                                                     |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                                               |                                                                                     |
|           |                                                                                  |                                                                                                               |                                                                                     |
|           |                                                                                  |                                                                                                               |                                                                                     |
| <b>13</b> | Other financial or non-financial interests                                       | <input type="checkbox"/> <b>None</b>                                                                          |                                                                                     |
|           |                                                                                  | The editor-in-chief of Acta Orthopaedica, Professor Søren Overgaard is the main supervisor of my PhD project. |                                                                                     |
|           |                                                                                  |                                                                                                               |                                                                                     |
|           |                                                                                  |                                                                                                               |                                                                                     |

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:** 2/10/2025

**Your Name:** Prof. Robin Christensen, BSc, MSc, PhD

**Manuscript Title:** Comparative effectiveness of antibiotic prophylaxis in prevention of serious adverse events following primary total hip arthroplasty: a systematic review and network meta-analysis of randomized controlled Trials

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

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

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

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

|                                                    | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                   | Specifications/Comments (e.g., if payments were made to you or to your institution)                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
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| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>1</b>                                           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><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                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| <b>2</b>                                           | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><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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| <b>3</b>                                           | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><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"/> <b>None</b>                                                                                |                                                                                     |
|    |                                                                                                              | Provides consulting advice on biostatistical matters: Image Analysis Ltd, trading as IAG, Image Analysis Group (UK) | Payments made directly to Prof. Christensen as an individual.                       |
|    |                                                                                                              | Provides consulting advice on statistical measures and clinical epidemiology matters: Compass Communications Ltd.   | Payments made directly to Prof. Christensen as an individual.                       |
|    |                                                                                                              | Provides consulting advice on statistical measures and clinical epidemiology matters: Ascendis Pharma A/S           | Payments made directly to Prof. Christensen as an individual.                       |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b>                                                                                |                                                                                     |
|    |                                                                                                              | Statistical Editor: Osteoarthritis and Cartilage                                                                    | Payments made directly to Prof. Christensen as an individual.                       |
|    |                                                                                                              | Statistical Editor: Acta Orthopaedica                                                                               | Payments made directly to Prof. Christensen as an individual.                       |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                                                     |                                                                                     |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                                                     |                                                                                     |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b>                                                                     |                                                                                     |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b>                                                                     |                                                                                     |
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| 10 | Leadership or fiduciary role in other board, society, committee or                                           | <input checked="" type="checkbox"/> <b>None</b>                                                                     |                                                                                     |
|    |                                                                                                              | A founding member of the OMERACT TAG (Outcome Measures in Rheumatology, Technical Advisory Group)                   | n.a.                                                                                |

|           |                                                                                  | 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) |  |  |  |  |  |  |
|-----------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|--|--|
|           | advocacy group, paid or unpaid                                                   | Statistical Advisory Board: BMJ Open<br>A member of the GRADE Working Group<br>Editorial board: Arthritis Care & Research<br>Editorial board: Arthritis Research & Therapy<br>Editor: Cochrane Collaboration                                                                                                         | n.a.<br>n.a.<br>n.a.<br>n.a.<br>n.a.                                                |  |  |  |  |  |  |
| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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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:** 2/23/2025

**Your Name:** Soren Overgaard

**Manuscript Title:** Comparative effectiveness of antibiotic prophylaxis in prevention of serious adverse events following primary total hip arthroplasty: a systematic review and network meta-analysis of randomized controlled trials

**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/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.

|                                                           |                                                                                                                                                                                | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                                                                                                                                                                                                                                            | Specifications/Comments (e.g., if payments were made to you or to your institution) |                     |                           |                     |  |                                           |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------|---------------------------|---------------------|--|-------------------------------------------|--|
| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                     |                           |                     |  |                                           |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table> |                                                                                     |                     |                           |                     |  | Click the tab key to add additional rows. |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                     |                           |                     |  |                                           |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                     |                           |                     |  |                                           |  |
|                                                           | Click the tab key to add additional rows.                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                     |                           |                     |  |                                           |  |
| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                     |                           |                     |  |                                           |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Novo Nordic Foundation</td> <td>Funding of Research</td> </tr> <tr> <td>Independent Research Fund</td> <td>Funding of Research</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table>                                                   | Novo Nordic Foundation                                                              | Funding of Research | Independent Research Fund | Funding of Research |  |                                           |  |
| Novo Nordic Foundation                                    | Funding of Research                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                     |                           |                     |  |                                           |  |
| Independent Research Fund                                 | Funding of Research                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                     |                           |                     |  |                                           |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                     |                           |                     |  |                                           |  |

|           |                                                                                                              | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|-----------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>3</b>  | Royalties or licenses                                                                                        | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|           |                                                                                                              |                                                                                              |                                                                                     |
|           |                                                                                                              |                                                                                              |                                                                                     |
| <b>4</b>  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|           |                                                                                                              |                                                                                              |                                                                                     |
|           |                                                                                                              |                                                                                              |                                                                                     |
| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|           |                                                                                                              | Heraeus                                                                                      | Payment to institution: lectures and course moderator                               |
|           |                                                                                                              |                                                                                              |                                                                                     |
| <b>6</b>  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|           |                                                                                                              |                                                                                              |                                                                                     |
|           |                                                                                                              |                                                                                              |                                                                                     |
| <b>7</b>  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|           |                                                                                                              |                                                                                              |                                                                                     |
|           |                                                                                                              |                                                                                              |                                                                                     |
| <b>8</b>  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|           |                                                                                                              |                                                                                              |                                                                                     |
|           |                                                                                                              |                                                                                              |                                                                                     |
| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|           |                                                                                                              |                                                                                              |                                                                                     |
|           |                                                                                                              |                                                                                              |                                                                                     |
| <b>10</b> | Leadership or fiduciary role in other board,                                                                 | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|           |                                                                                                              | Member of ExCom and NOF Board                                                                | No payment                                                                          |

|           |                                                                                  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|-----------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|           | society, committee or advocacy group, paid or unpaid                             | Head of Steering group Danish Hip Arthroplasty Register<br>Editor In Chief Acta Orthopaedica | Payment to institution<br>Personal payment                                          |
| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |

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

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