

ICMJE DISCLOSURE FORM

Date: 3/15/2025

Your Name: Heather van Brug

Manuscript Title: Preoperative chronic opioid use and outcomes after primary hip and knee arthroplasty: Age, sex and BMI matter

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

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Date: 3/15/2025

Your Name: Rob Nelissen

Manuscript Title: Preoperative chronic opioid use and outcomes after primary hip and knee arthroplasty: Age, sex and BMI matter

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

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Date: 3/15/2025

Your Name: Frits Rosendaal

Manuscript Title: Preoperative chronic opioid use and outcomes after primary hip and knee arthroplasty: Age, sex and BMI matter

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

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Date: 3/15/2025

Your Name: Liza van Steenberg

Manuscript Title: Preoperative chronic opioid use and outcomes after primary hip and knee arthroplasty: Age, sex and BMI matter

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

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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: 3/15/2025

Your Name: Marcel Bouvy

Manuscript Title: Preoperative chronic opioid use and outcomes after primary hip and knee arthroplasty: Age, sex and BMI matter

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

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

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

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

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

ICMJE DISCLOSURE FORM

Date: 3/14/2025

Your Name: Albert Dahan

Manuscript Title: Preoperative chronic opioid use and outcomes after primary hip and knee arthroplasty: Age, sex and BMI matter

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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| | | Enalare, Medasense | Speaker and/or consultancy fees |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | Grunenthal, Enalare, MSD, Medasense, Trevana | Fees for lectures |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | |
| | | Medtronic, Medasense | Equipment to perform studies |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/15/2025

Your Name: Maaïke Gademan

Manuscript Title: Development and Validation of Prediction Models for Chronic Opioid use after Total Knee and Hip Arthroplasty

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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