

## ICMJE DISCLOSURE FORM

Date:

06-02-2025 \_\_\_\_\_ Your

Name: Josefine Meyer Larsen \_\_\_\_\_

Manuscript Title: Mortality, serious adverse events, and readmission after shoulder replacement: Are they higher than in the general population? \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None	
		Aarhus University	To me
		The Association of Danish Physiotherapists	To me
		Dagmar Marshall Foundation	To me
		L.F. Foght Foundation	To me
		Emil Hertz Foundation	To me
		K. A. Rohde Foundation	To me
		Orthopedic Research Foundation Aarhus	To me
<b>Time frame: past 36 months</b>			
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	

4	Consulting fees	<input checked="" 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 type="checkbox"/> None	
		Aarhus University travel grant for PhD students	Research visit to Oxford University March 2025
		Frimodt Heineke Foundation	Research visit to Oxford University March 2025
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	
		The Danish Shoulder Arthroplasty Registry	Member of the Steering Committee
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 06-02-2025 \_\_\_\_\_

Your Name: Martin Gade Stisen \_\_\_\_\_

Manuscript Title: Mortality, serious adverse events, and readmission after shoulder replacement: Are they higher than in the general population? \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>  X  </u> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  X  </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>  X  </u> None	
11	Stock or stock options	<u>  X  </u> None	
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13	Other financial or non-financial interests	<u>  X  </u> None	

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## ICMJE DISCLOSURE FORM

**Date:** 7/2/2025

**Your Name:** Pia Kjær Kristensen

**Manuscript Title:** Mortality, serious adverse events, and readmission after shoulder replacement: Are they higher than in the general population?

**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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<b>3</b>	Royalties or licenses	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr> <td style="width: 60%;">FADL's Forlag</td> <td style="width: 40%;">Royalties for book chapters</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	FADL's Forlag	Royalties for book chapters				
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <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"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <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"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Danish Multidisciplinary Hip Fracture Registry</td> <td>Chairperson of Steering Committee</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Danish Multidisciplinary Hip Fracture Registry	Chairperson of Steering Committee							
Danish Multidisciplinary Hip Fracture Registry	Chairperson of Steering Committee										
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>VIDOKS (The National Knowledge Center for Orthopedic Nursing (VIDOKS) collects, systematizes, disseminates, and generates research and knowledge about orthopedic nursing)</td> <td>Chairperson</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	VIDOKS (The National Knowledge Center for Orthopedic Nursing (VIDOKS) collects, systematizes, disseminates, and generates research and knowledge about orthopedic nursing)	Chairperson							
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <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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## ICMJE DISCLOSURE FORM

Date: 06-02-2025 \_\_\_\_\_  
 Your Name: Antti Launonen \_\_\_\_\_  
 Manuscript Title: Mortality, serious adverse events, and readmission after shoulder replacement: Are they higher than in the general population? \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_

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

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	____ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Academy of Finland	Institution
		Government research grant	Institution
3	Royalties or licenses	____ None	
4	Consulting fees	____ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
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## ICMJE DISCLOSURE FORM

Date: 06-02-2025 \_\_\_\_\_  
 Your Name:   Theis Muncholm Thillemann    
 Manuscript Title: Mortality, serious adverse events, and readmission after shoulder replacement: Are they higher than in the general population?  
 Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> None	

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## ICMJE DISCLOSURE FORM

**Date:** 2/6/2025

**Your Name:** Inger Mechlenburg

**Manuscript Title:** Mortality, serious adverse events, and readmission after shoulder replacement: Are they higher than in the general population?

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

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Implementation group 'Excellent research across specialities', Aarhus University Hospital and Aarhus University</td> <td>Chairperson</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Implementation group 'Excellent research across specialities', Aarhus University Hospital and Aarhus University	Chairperson							
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