ICMJE DISCLOSURE FORM

Date: 1/4/2025

Your Name: Ville Ponkilainen

Manuscript Title: Nationwide Incidence of Lateral Malleolar Fracture Surgery Across Six European Countries: Has Recent Evidence Influenced Clinical Practice?

Manuscript Number (if known): N/A

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	**Specifications/Comments (e.g., if payments were made to you or to your institution)**
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☒ None	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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,	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

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

ICMJE DISCLOSURE FORM

Date: 1/4/2025

Your Name: Thomas Ibounig

Manuscript Title: Nationwide Incidence of Lateral Malleolar Fracture Surgery Across Six European Countries: Has Recent Evidence Influenced Clinical Practice?

Manuscript Number (if known): N/A

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ICMJE DISCLOSURE FORM

Date: 1/4/2025

Your Name: Tim Jones

Manuscript Title: Nationwide Incidence of Lateral Malleolar Fracture Surgery Across Six European Countries: Has Recent Evidence Influenced Clinical Practice?

Manuscript Number (if known): N/A

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ICMJE DISCLOSURE FORM

Date: 1/4/2025

Your Name: Aleksi Reito

Manuscript Title: Nationwide Incidence of Lateral Malleolar Fracture Surgery Across Six European Countries: Has Recent Evidence Influenced Clinical Practice?

Manuscript Number (if known): N/A

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 1/4/2025

Your Name: Tom J Crijins

Manuscript Title: Nationwide Incidence of Lateral Malleolar Fracture Surgery Across Six European Countries: Has Recent Evidence Influenced Clinical Practice?

Manuscript Number (if known): N/A

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11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Michael R Whitehouse

Manuscript Title: Nationwide Incidence of Lateral Malleolar Fracture Surgery Across Six European Countries: Has Recent Evidence Influenced Clinical Practice?

Manuscript Number (if known): N/A

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			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		NIHR Bristol Biomedical Research Centre	My institution receives funding for part of my time from the NIHR via the Bristol Biomedical Research Centre
		HQIP FTS 010307-2022: Statistical Analysis, Support and Associated Services National Joint Registry	I am PI, coPI or co-applicant on these grants for which my institution receives funding for my time.

		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)
		NIHR204327 Named contact care plan for patients undergoing total knee replacement: intervention development NIHR202289 Joint PREP: A randomised controlled feasibility trial of a prehabilitation intervention in frail older people undergoing total hip or knee replacement. NIHR135217 Periprosthetic femoral fracture: data, management and outcomes NIHR203671 HIPPY: Hip Implant Prosthesis Programme for the Younger total hip replacement patient NIHR134398 REPPORT: REcurrent Patellar dislocation: Personalised therapy or OpeRative Treatment? NIHR202943 PDG Infection and Orthopaedic Management: Mobilising evidence into practice NIHR127849 HTA SISMIC: A Randomised Controlled Trial of Scaffold InSertion and MIcrofracture Compared to Microfracture Alone for the Treatment of Chondral or Osteochondral Defects of the Knee: The SISMIC Study NIHR i4i II-LB-0417-20005: Development and clinical evaluation of FibroFix Cartilage: a load bearing, tissue regenerative knee cartilage resurfacing implant NIHR131850 HTA PART: The clinical and cost-effectiveness of elective primary total knee replacement with PAtellar Resurfacing compared to selective patellar resurfacing. A pragmatic multicentre randomised controlled Trial with blinding (PART). NIHR203115 RfPB DUALITY: Dual mobility (DM) versus standard articulation total hip replacement (THR) in the treatment of older adults with a hip fracture. Ceramtec: The Clinical and Cost Utility Outcomes of Ceramic Bearings in Total Hip Replacement. NIHR127273 HTA FAME: In younger adults with unstable ankle fractures treated with close contact casting, is ankle function not worse than those treated with surgical intervention?	

		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)
		NIHR PB-PG-0817-20026 RfPB KNIPS: The choice between implants in total knee replacement: evidence synthesis and economic decision model to determine the effectiveness and cost-effectiveness of knee implants for NHS patients.	
3	Royalties or licenses	☐ **None**	
		Taylor and Francis	I am editor of two Orthopaedic general textbook for which I receive royalty payments
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Heraeus	I conduct teaching on Orthopaedic basis sciences at courses organised by Heraeus. My institution is paid market rates for my time.
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None**	
		NIHR	I sit on or chair a number of Trial Steering Committees or Data Monitoring Committees for trials funded by NIHR
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		British Hip Society	I am chair of the BHS Research Committee, no payment received
		British Orthopaedic Association	I am a member of the BOA Research Committee, no payment received
		NIHR CRN	I was previously Trauma and Emergencies CRN Specialty Lead for the West of England, support paid to institution
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

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ICMJE DISCLOSURE FORM

Date: 1/4/2025

Your Name: Li Felländer-Tsai

Manuscript Title: Nationwide Incidence of Lateral Malleolar Fracture Surgery Across Six European Countries: Has Recent Evidence Influenced Clinical Practice?

Manuscript Number (if known): N/A

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7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 1/4/2025

Your Name: Cyrill Suter

Manuscript Title: Nationwide Incidence of Lateral Malleolar Fracture Surgery Across Six European Countries: Has Recent Evidence Influenced Clinical Practice?

Manuscript Number (if known): N/A

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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 4/1/2025

Your Name: Lasse Rämö

Manuscript Title: Nationwide Incidence of Lateral Malleolar Fracture Surgery Across Six European Countries: Has Recent Evidence Influenced Clinical Practice?

Manuscript Number (if known): N/A

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3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		AO Trauma Europe	Payment for faculty role in AO courses
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,	☐ **None**	
		Finnish Orthopaedic Society	Board member

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	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	☐ **None**	
		Osgenic Oy	Stocks and stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 1/4/2025

Your Name: Teppo LN Järvinen

Manuscript Title: Nationwide Incidence of Lateral Malleolar Fracture Surgery Across Six European Countries: Has Recent Evidence Influenced Clinical Practice?

Manuscript Number (if known): N/A

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