

# ICMJE DISCLOSURE FORM

**Date:** 7/31/2025

**Your Name:** Georgios Palechoros

**Manuscript Title:** [Click or tap here to enter text.]

**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)                                                                                                                         |                               |                      |  |  |  |                                           |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------|--|--|--|-------------------------------------------|
| <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><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>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><table border="1"> <tr> <td>Skobbranchens Utvecklingsfond</td> <td>Institutional grants</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | Skobbranchens Utvecklingsfond | Institutional grants |  |  |  |                                           |
| Skobbranchens Utvecklingsfond                             | Institutional grants                                                                                                                                                           |                                                                                                                                                                                                             |                               |                      |  |  |  |                                           |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                             |                               |                      |  |  |  |                                           |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                             |                               |                      |  |  |  |                                           |
| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                          |                               |                      |  |  |  |                                           |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                             |                               |                      |  |  |  |                                           |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                             |                               |                      |  |  |  |                                           |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                             |                               |                      |  |  |  |                                           |

|                                |                                                                                                              | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                                                                           | Specifications/Comments (e.g., if payments were made to you or to your institution) |                                |                                                |  |  |  |  |  |  |
|--------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------|--|--|--|--|--|--|
| 4                              | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><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>                                         |                                                                                     |                                |                                                |  |  |  |  |  |  |
|                                |                                                                                                              |                                                                                                                                                                                                                                        |                                                                                     |                                |                                                |  |  |  |  |  |  |
|                                |                                                                                                              |                                                                                                                                                                                                                                        |                                                                                     |                                |                                                |  |  |  |  |  |  |
|                                |                                                                                                              |                                                                                                                                                                                                                                        |                                                                                     |                                |                                                |  |  |  |  |  |  |
|                                |                                                                                                              |                                                                                                                                                                                                                                        |                                                                                     |                                |                                                |  |  |  |  |  |  |
| 5                              | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>Swedish Orthopedic Association</td> <td>Payment for lectures and instructional courses</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     | Swedish Orthopedic Association | Payment for lectures and instructional courses |  |  |  |  |  |  |
| Swedish Orthopedic Association | Payment for lectures and instructional courses                                                               |                                                                                                                                                                                                                                        |                                                                                     |                                |                                                |  |  |  |  |  |  |
|                                |                                                                                                              |                                                                                                                                                                                                                                        |                                                                                     |                                |                                                |  |  |  |  |  |  |
|                                |                                                                                                              |                                                                                                                                                                                                                                        |                                                                                     |                                |                                                |  |  |  |  |  |  |
| 6                              | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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><br><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><br><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 checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                     |                                                                                     |                                |                                                |  |  |  |  |  |  |
|                                |                                                                                                              |                                                                                                                                                                                                                                        |                                                                                     |                                |                                                |  |  |  |  |  |  |
|                                |                                                                                                              |                                                                                                                                                                                                                                        |                                                                                     |                                |                                                |  |  |  |  |  |  |
|                                |                                                                                                              |                                                                                                                                                                                                                                        |                                                                                     |                                |                                                |  |  |  |  |  |  |
| 10                             | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                     |                                                                                     |                                |                                                |  |  |  |  |  |  |
|                                |                                                                                                              |                                                                                                                                                                                                                                        |                                                                                     |                                |                                                |  |  |  |  |  |  |
|                                |                                                                                                              |                                                                                                                                                                                                                                        |                                                                                     |                                |                                                |  |  |  |  |  |  |
|                                |                                                                                                              |                                                                                                                                                                                                                                        |                                                                                     |                                |                                                |  |  |  |  |  |  |

|                                                                                                                                                                                                                                                               |                                                                                  | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                             | Specifications/Comments (e.g., if payments were made to you or to your institution) |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|--|--|
| 11                                                                                                                                                                                                                                                            | Stock or stock options                                                           | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |
| 12                                                                                                                                                                                                                                                            | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |
| 13                                                                                                                                                                                                                                                            | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |
| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |

## ICMJE DISCLOSURE FORM

**Date:** 7/31/2025

**Your Name:** Anders Brüggemann

**Manuscript Title:** Cemented versus uncemented fixation of femoral components in 2-stage revision arthroplasty to treat hip periprosthetic joint infection: A retrospective cohort study on 94 patients comparing the risks for relapse and reoperation

**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 |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |               |                      |                              |                      |            |                      |
| 1                                                  | 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> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>                  |                                                                                     |               |                      |                              |                      |            |                      |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |               |                      |                              |                      |            |                      |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |               |                      |                              |                      |            |                      |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |               |                      |                              |                      |            |                      |
| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |               |                      |                              |                      |            |                      |
| 2                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Zimmer Biomet</td> <td style="width: 50%;">Institutional grants</td> </tr> <tr> <td>Skobranshens Utvecklingsfond</td> <td>Institutional grants</td> </tr> <tr> <td>Promobilia</td> <td>Institutional grants</td> </tr> </table> |                                                                                     | Zimmer Biomet | Institutional grants | Skobranshens Utvecklingsfond | Institutional grants | Promobilia | Institutional grants |
| Zimmer Biomet                                      | Institutional grants                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |               |                      |                              |                      |            |                      |
| Skobranshens Utvecklingsfond                       | Institutional grants                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |               |                      |                              |                      |            |                      |
| Promobilia                                         | Institutional grants                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |               |                      |                              |                      |            |                      |
| 3                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>                  |                                                                                     |               |                      |                              |                      |            |                      |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |               |                      |                              |                      |            |                      |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |               |                      |                              |                      |            |                      |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |               |                      |                              |                      |            |                      |

|                                                                       |                                                                                                              | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                                                                                                               | Specifications/Comments (e.g., if payments were made to you or to your institution) |                                                |                                                                       |  |  |  |  |  |  |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------|--|--|--|--|--|--|
| 4                                                                     | Consulting fees                                                                                              | <input checked="" type="checkbox"/> None<br><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>                                                                                    |                                                                                     |                                                |                                                                       |  |  |  |  |  |  |
|                                                                       |                                                                                                              |                                                                                                                                                                                                                                                                            |                                                                                     |                                                |                                                                       |  |  |  |  |  |  |
|                                                                       |                                                                                                              |                                                                                                                                                                                                                                                                            |                                                                                     |                                                |                                                                       |  |  |  |  |  |  |
|                                                                       |                                                                                                              |                                                                                                                                                                                                                                                                            |                                                                                     |                                                |                                                                       |  |  |  |  |  |  |
|                                                                       |                                                                                                              |                                                                                                                                                                                                                                                                            |                                                                                     |                                                |                                                                       |  |  |  |  |  |  |
| 5                                                                     | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None<br><table border="1"> <tr> <td>Swedish Orthopedic Association</td> <td>Payment for lectures and instructional courses</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                 | Swedish Orthopedic Association                                                      | Payment for lectures and instructional courses |                                                                       |  |  |  |  |  |  |
| Swedish Orthopedic Association                                        | Payment for lectures and instructional courses                                                               |                                                                                                                                                                                                                                                                            |                                                                                     |                                                |                                                                       |  |  |  |  |  |  |
|                                                                       |                                                                                                              |                                                                                                                                                                                                                                                                            |                                                                                     |                                                |                                                                       |  |  |  |  |  |  |
|                                                                       |                                                                                                              |                                                                                                                                                                                                                                                                            |                                                                                     |                                                |                                                                       |  |  |  |  |  |  |
| 6                                                                     | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None<br><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"/> None<br><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"/> None<br><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 checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                |                                                                                     |                                                |                                                                       |  |  |  |  |  |  |
|                                                                       |                                                                                                              |                                                                                                                                                                                                                                                                            |                                                                                     |                                                |                                                                       |  |  |  |  |  |  |
|                                                                       |                                                                                                              |                                                                                                                                                                                                                                                                            |                                                                                     |                                                |                                                                       |  |  |  |  |  |  |
|                                                                       |                                                                                                              |                                                                                                                                                                                                                                                                            |                                                                                     |                                                |                                                                       |  |  |  |  |  |  |
| 10                                                                    | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> None<br><table border="1"> <tr> <td>President of the Swedish Hip &amp; Knee Society</td> <td></td> </tr> <tr> <td>Member of the steering committee of the Swedish Arthroplasty Register</td> <td></td> </tr> <tr><td></td><td></td></tr> </table> | President of the Swedish Hip & Knee Society                                         |                                                | Member of the steering committee of the Swedish Arthroplasty Register |  |  |  |  |  |  |
| President of the Swedish Hip & Knee Society                           |                                                                                                              |                                                                                                                                                                                                                                                                            |                                                                                     |                                                |                                                                       |  |  |  |  |  |  |
| Member of the steering committee of the Swedish Arthroplasty Register |                                                                                                              |                                                                                                                                                                                                                                                                            |                                                                                     |                                                |                                                                       |  |  |  |  |  |  |
|                                                                       |                                                                                                              |                                                                                                                                                                                                                                                                            |                                                                                     |                                                |                                                                       |  |  |  |  |  |  |

|                                                                                                                                                                                                                                                               |                                                                                  | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                             | Specifications/Comments (e.g., if payments were made to you or to your institution) |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|--|--|
| 11                                                                                                                                                                                                                                                            | Stock or stock options                                                           | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |
| 12                                                                                                                                                                                                                                                            | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |
| 13                                                                                                                                                                                                                                                            | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |
| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                                                                                          |                                                                                     |  |  |  |  |  |  |

## ICMJE DISCLOSURE FORM

**Date:** 7/31/2025

**Your Name:** Nils Hailer, MD, PhD

**Manuscript Title:** Cemented versus uncemented fixation of femoral components in 2-stage revision arthroplasty to treat hip periprosthetic joint infection: A retrospective cohort study on 94 patients comparing the risks for relapse and reoperation

**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> | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> <p style="font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</p>                                                  |                                                                 |  |                                                       |  |                                      |  |
|                                                                 |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |  |                                                       |  |                                      |  |
|                                                                 |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |  |                                                       |  |                                      |  |
|                                                                 |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |  |                                                       |  |                                      |  |
| Time frame: past 36 months                                      |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |  |                                                       |  |                                      |  |
| <b>2</b>                                                        | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;">Institutional support from Waldemar Link GmbH, Hamburg, Germany</td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;">Institutional support from Zimmer Biomet, Warsaw, USA</td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;">Grants from Swedish Research Council</td><td style="height: 20px;"></td></tr> </table> | Institutional support from Waldemar Link GmbH, Hamburg, Germany |  | Institutional support from Zimmer Biomet, Warsaw, USA |  | Grants from Swedish Research Council |  |
| Institutional support from Waldemar Link GmbH, Hamburg, Germany |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |  |                                                       |  |                                      |  |
| Institutional support from Zimmer Biomet, Warsaw, USA           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |  |                                                       |  |                                      |  |
| Grants from Swedish Research Council                            |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |  |                                                       |  |                                      |  |
| <b>3</b>                                                        | Royalties or licenses                                                                                                                                                          | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>                                                                                                                                              |                                                                 |  |                                                       |  |                                      |  |
|                                                                 |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |  |                                                       |  |                                      |  |
|                                                                 |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |  |                                                       |  |                                      |  |
|                                                                 |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |  |                                                       |  |                                      |  |

|                                                                                |                                                                                                              | Name all entities with whom you have this relationship or indicate none (add rows as needed)                                                                                                                                                                                 | Specifications/Comments (e.g., if payments were made to you or to your institution) |                                                                                |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| 4                                                                              | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <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>                                           |                                                                                     |                                                                                |  |  |  |  |  |  |  |
|                                                                                |                                                                                                              |                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                |  |  |  |  |  |  |  |
|                                                                                |                                                                                                              |                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                |  |  |  |  |  |  |  |
|                                                                                |                                                                                                              |                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                |  |  |  |  |  |  |  |
|                                                                                |                                                                                                              |                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                |  |  |  |  |  |  |  |
| 5                                                                              | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td>Lecturer's fees from Walemark Link GmbH, Germany, and Heraeus Medical, Germany</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     | Lecturer's fees from Walemark Link GmbH, Germany, and Heraeus Medical, Germany |  |  |  |  |  |  |  |
| Lecturer's fees from Walemark Link GmbH, Germany, and Heraeus Medical, Germany |                                                                                                              |                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                |  |  |  |  |  |  |  |
|                                                                                |                                                                                                              |                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                |  |  |  |  |  |  |  |
|                                                                                |                                                                                                              |                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                |  |  |  |  |  |  |  |
| 6                                                                              | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <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" style="width: 100%; margin-top: 10px;"> <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" style="width: 100%; margin-top: 10px;"> <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" style="width: 100%; margin-top: 10px;"> <tr> <td>Swedish National Board for Health and Welfare</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                  |                                                                                     | Swedish National Board for Health and Welfare                                  |  |  |  |  |  |  |  |
| Swedish National Board for Health and Welfare                                  |                                                                                                              |                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                |  |  |  |  |  |  |  |
|                                                                                |                                                                                                              |                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                |  |  |  |  |  |  |  |
|                                                                                |                                                                                                              |                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                |  |  |  |  |  |  |  |
| 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" style="width: 100%; margin-top: 10px;"> <tr> <td>Steering group of Swedish Arthroplasty Register</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                |                                                                                     | Steering group of Swedish Arthroplasty Register                                |  |  |  |  |  |  |  |
| Steering group of Swedish Arthroplasty Register                                |                                                                                                              |                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                |  |  |  |  |  |  |  |
|                                                                                |                                                                                                              |                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                |  |  |  |  |  |  |  |
|                                                                                |                                                                                                              |                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                |  |  |  |  |  |  |  |

|                                                                                                                                                                                                                                                               |                                                                                  | 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>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="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></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="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></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="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |  |  |  |  |  |  |
| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |  |  |  |  |  |  |