

ICMJE DISCLOSURE FORM

Date: 6/18/2025

Your Name: H.W.H. de Raadt

Manuscript Title: Associations between hospital characteristics and the number and reasons for revisions of unicompartmental knee replacement – an analysis of 48,029 unicompartmental knee arthroplasties and 3,397 revisions from the Dutch Arthroplasty Register (LROI)

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

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

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

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

ICMJE DISCLOSURE FORM

Date: 6/16/2025

Your Name: Iris Koenraad-van Oost

Manuscript Title: Associations between hospital characteristics and the number and reasons for revisions of unicompartmental knee replacement – an analysis of 48,029 unicompartmental knee arthroplasties and 3,397 revisions from the Dutch Arthroplasty Register (LROI)

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ICMJE DISCLOSURE FORM

Date: 6/16/2025

Your Name: Anouk Nijs

Manuscript Title: Associations between hospital characteristics and the number and reasons for revisions of unicompartmental knee replacement – an analysis of 48,029 unicompartmental knee arthroplasties and 3,397 revisions from the Dutch Arthroplasty Register (LROI)

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Your Name: Anneke Spekenbrink-Spooren

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Date: 6/16/2025

Your Name: LHGJ Elmans

Manuscript Title: Associations between hospital characteristics and the number and reasons for revisions of unicompartmental knee replacement – an analysis of 48,029 unicompartmental knee arthroplasties and 3,397 revisions from the Dutch Arthroplasty Register (LROI)

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 6/17/2025

Your Name: R.C.I. van Geenen

Manuscript Title: Associations between hospital characteristics and the number and reasons for revisions of unicompartmental knee replacement – an analysis of 48,029 unicompartmental knee arthroplasties and 3,397 revisions from the Dutch Arthroplasty Register (LROI)

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.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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