

## ICMJE DISCLOSURE FORM

**Date:** 3/14/2025

**Your Name:** Jantsje H. Pasma

**Manuscript Title:** Migration in unicompartmental knee arthroplasty with the Persona® Partial Knee: a radiostereometric study in 26 patients with 60 months of follow-up

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

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

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

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		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.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	
		Zimmer Biomet	The institution received funding for performing the study and writing the manuscript
			Click the tab key to add additional rows.
Time frame: past 36 months			
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b>	
		Stryker	The institution received funding for performing scientific studies and writing manuscripts
		ZonMw	The institution received grants for scientific studies
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

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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:** 3/14/2025

**Your Name:** Brechtje Hesseling

**Manuscript Title:** Migration in unicompartmental knee arthroplasty with the Persona® Partial Knee: a radiostereometric study in 26 patients with 60 months of follow-up

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

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## ICMJE DISCLOSURE FORM

**Date:** 3/14/2025

**Your Name:** Nicole de Esch

**Manuscript Title:** Migration in unicompartmental knee arthroplasty with the Persona® Partial Knee: a radiostereometric study in 26 patients with 60 months of follow-up

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

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## ICMJE DISCLOSURE FORM

**Date:** 3/14/2025

**Your Name:** Hennie Verburg

**Manuscript Title:** Migration in unicompartmental knee arthroplasty with the Persona® Partial Knee: a radiostereometric study in 26 patients with 60 months of follow-up

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

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**Date:** 3/14/2025

**Your Name:** Dieu D. Niesten

**Manuscript Title:** Migration in unicompartmental knee arthroplasty with the Persona® Partial Knee: a radiostereometric study in 26 patients with 60 months of follow-up

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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:** 3/14/2025

**Your Name:** Nina M.C. Mathijssen

**Manuscript Title:** Migration in unicompartmental knee arthroplasty with the Persona® Partial Knee: a radiostereometric study in 26 patients with 60 months of follow-up

**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.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Zimmer Biomet</td> <td>The institution received funding for performing the study and writing the manuscript</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Zimmer Biomet	The institution received funding for performing the study and writing the manuscript			Click the tab key to add additional rows.	
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