

## ICMJE DISCLOSURE FORM

**Date:** Jonas Esser

**Your Name:** 02/12/2025

**Manuscript Title:** Comparing the posterolateral and the direct lateral approach for cemented hemiarthroplasty after femoral neck fracture: a cost-effectiveness analysis

**Manuscript Number (if known):** 18141

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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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:** 12/2/2025

**Your Name:** T. Gosens

**Manuscript Title:** Comparing the posterolateral and the direct lateral approach for cemented hemiarthroplasty after femoral neck fracture: a cost-effectiveness analysis

**Manuscript Number (if known):** 18141

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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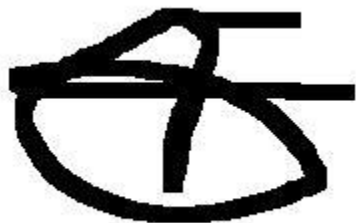
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		Co-Editor of Acta Orthopaedica	

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:** 12/3/2025

**Your Name:** J.C. Goslings

**Manuscript Title:** Comparing the posterolateral and the direct lateral approach for cemented hemiarthroplasty after femoral neck fracture: a cost-effectiveness analysis

**Manuscript Number (if known):** 18141

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**Date:** 10/12/2025

**Your Name:** Martin Heetveld

**Manuscript Title:** Comparing the posterolateral and the direct lateral approach for cemented hemiarthroplasty after femoral neck fracture: a cost-effectiveness analysis

**Manuscript Number (if known):** 18141

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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:** 3/12/2025

**Your Name:** Prof. R.W. Poolman

**Manuscript Title:** Comparing the posterolateral and the direct lateral approach for cemented hemiarthroplasty after femoral neck fracture: a cost-effectiveness analysis

**Manuscript Number (if known):** 18141

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None  <table border="1"><tr><td>WHITE trial</td><td>Data Safety Monitoring Board</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	WHITE trial	Data Safety Monitoring Board					
WHITE trial	Data Safety Monitoring Board								
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None  <table border="1"><tr><td></td><td></td></tr></table>							

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	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		BMJ	
		OrthoEvidence	
		Dutch Orthopaedic Association (NOV)	

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:** 11/13/2024

**Your Name:** Ariena J. Rasker

**Manuscript Title:** COMPARING THE COST-EFFECTIVENESS OF THE POSTEROLATERAL AND THE DIRECT LATERAL APPROACH FOR CEMENTED HEMIARTHROPLASTY AFTER FEMORAL NECK FRACTURE

**Manuscript Number (if known):** \_\_\_\_\_

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

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<b>Time frame: Since the initial planning of the work</b>									
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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:** 12/9/2025

**Your Name:** Martijn Schotanus

**Manuscript Title:** Comparing the posterolateral and the direct lateral approach for cemented hemiarthroplasty after femoral neck fracture: a cost-effectiveness analysis

**Manuscript Number (if known):** 18141

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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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:** Mathilde Tol

**Your Name:** 09/12/2025

**Manuscript Title:** Comparing the posterolateral and the direct lateral approach for cemented hemiarthroplasty after femoral neck fracture: a cost-effectiveness analysis

**Manuscript Number (if known):** 18141

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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:** Johanna van Dongen

**Your Name:** 02/12/2025

**Manuscript Title:** Comparing the posterolateral and the direct lateral approach for cemented hemiarthroplasty after femoral neck fracture: a cost-effectiveness analysis

**Manuscript Number (if known):** 18141

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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## ICMJE DISCLOSURE FORM

**Date:** 10/12/2025

**Your Name:** Hanna Willems

**Manuscript Title:** Comparing the posterolateral and the direct lateral approach for cemented hemiarthroplasty after femoral neck fracture: a cost-effectiveness analysis

**Manuscript Number (if known):** 18141

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**Date:** Nienke Willigenburg

**Your Name:** 09/12/2025

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**Manuscript Number (if known):** 18141

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></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> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

**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.