

ICMJE DISCLOSURE FORM

Date: 11/19/2025

Your Name: Fritz Hefti

Manuscript Title: Bony adaptation signs on initial radiographs are predictive for anterior head-neck off-set remodeling after internal fixation for slipped capital femoral epiphysis – A multicenter study on 217 patients (228 hips) with follow-up until end of growth

Manuscript Number (if known): AO-2025-159

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:

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Date: 11/19/2025

Your Name: Katharina Oder

Manuscript Title: Bony adaptation signs on initial radiographs are predictive for anterior head-neck off-set remodeling after internal fixation for slipped capital femoral epiphysis – A multicenter study on 217 patients (228 hips) with follow-up until end of growth

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Date: 11/19/2025

Your Name: Renata Pospischill

Manuscript Title: Bony adaptation signs on initial radiographs are predictive for anterior head-neck off-set remodeling after internal fixation for slipped capital femoral epiphysis – A multicenter study on 217 patients (228 hips) with follow-up until end of growth

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Your Name: Bernd Bittersohl

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Your Name: Katrin Lehnert

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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: 11/19/2025

Your Name: Marco Goetze

Manuscript Title: Bony adaptation signs on initial radiographs are predictive for anterior head-neck off-set remodeling after internal fixation for slipped capital femoral epiphysis – A multicenter study on 217 patients (228 hips) with follow-up until end of growth

Manuscript Number (if known): AO-2025-159

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ICMJE DISCLOSURE FORM

Date: 11/19/2025

Your Name: Danimir Cerkez

Manuscript Title: Bony adaptation signs on initial radiographs are predictive for anterior head-neck off-set remodeling after internal fixation for slipped capital femoral epiphysis – A multicenter study on 217 patients (228 hips) with follow-up until end of growth

Manuscript Number (if known): AO-2025-159

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ICMJE DISCLOSURE FORM

Date: 11/19/2025

Your Name: Kiril Mladenov

Manuscript Title: Bony adaptation signs on initial radiographs are predictive for anterior head-neck off-set remodeling after internal fixation for slipped capital femoral epiphysis – A multicenter study on 217 patients (228 hips) with follow-up until end of growth

Manuscript Number (if known): AO-2025-159

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ICMJE DISCLOSURE FORM

Date: 11/19/2025

Your Name: Bjoern Vogt

Manuscript Title: Bony adaptation signs on initial radiographs are predictive for anterior head-neck off-set remodeling after internal fixation for slipped capital femoral epiphysis – A multicenter study on 217 patients (228 hips) with follow-up until end of growth

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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NuVasive Specialized Orthopedics</td> <td style="width: 50%;">OrthoPediatrics</td> </tr> <tr> <td>Smith+Nephew</td> <td>BioMarin</td> </tr> <tr> <td>Orthofix</td> <td>Kyowa Kirin</td> </tr> <tr> <td>Merete</td> <td></td> </tr> </table>	NuVasive Specialized Orthopedics	OrthoPediatrics	Smith+Nephew	BioMarin	Orthofix	Kyowa Kirin	Merete		
NuVasive Specialized Orthopedics	OrthoPediatrics										
Smith+Nephew	BioMarin										
Orthofix	Kyowa Kirin										
Merete											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">President of the German Limb Lengthening and Reconstruction Society</td> <td style="width: 50%;"></td> </tr> <tr> <td>Board member of the German-speaking Paediatric Orthopaedic Society</td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	President of the German Limb Lengthening and Reconstruction Society		Board member of the German-speaking Paediatric Orthopaedic Society						
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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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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.