

ICMJE DISCLOSURE FORM

Date: 7/14/2025

Your Name: Chan Hee Cho

Manuscript Title: Hip Implants Without Evidence of Sensitive Radiographic Surveillance Are Associated With Higher Revision Rates Than Implants with Sensitive Radiographic Surveillance

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)						
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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 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: 7/14/2025

Your Name: John Abrahams

Manuscript Title: Hip Implants Without Evidence of Sensitive Radiographic Surveillance Are Associated With Higher Revision Rates Than Implants with Sensitive Radiographic Surveillance

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

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ICMJE DISCLOSURE FORM

Date: 7/16/2025

Your Name: Deepti K Sharma

Manuscript Title: Hip Implants Without Evidence of Sensitive Radiographic Surveillance Are Associated With Higher Revision Rates Than Implants with Sensitive Radiographic Surveillance

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

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Date: 7/14/2025

Your Name: Lucian Bogdan SOLOMON

Manuscript Title: Hip Implants Without Evidence of Sensitive Radiographic Surveillance Are Associated With Higher Revision Rates Than Implants with Sensitive Radiographic Surveillance

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		AO Recon, Zimmer Biomet	
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ICMJE DISCLOSURE FORM

Date: 7/16/2025

Your Name: Christopher J Wall

Manuscript Title: Hip Implants Without Evidence of Sensitive Radiographic Surveillance Are Associated With Higher Revision Rates Than Implants with Sensitive Radiographic Surveillance

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Date: 7/16/2025

Your Name: Bart G Pijls

Manuscript Title: Hip Implants Without Evidence of Sensitive Radiographic Surveillance Are Associated With Higher Revision Rates Than Implants with Sensitive Radiographic Surveillance

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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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: 7/14/2025

Your Name: Stuart Callary

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