

## ICMJE DISCLOSURE FORM

**Date:** 5/20/2025

**Your Name:** Julius Tetens Hald

**Manuscript Title:** No difference in the incidence of multiply revised knee arthroplasties in Norway and Denmark: A retrospective register study of the Danish and Norwegian Knee Arthroplasty registries from 1998-2021.

**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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	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 checked="" type="checkbox"/> <b>None</b>	

**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:** 5/20/2025

**Your Name:** Anne Marie Fenstad

**Manuscript Title:** No difference in the incidence of multiply revised knee arthroplasties in Norway and Denmark: A retrospective register study of the Danish and Norwegian Knee Arthroplasty registries from 1998-2021.

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

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

**Date:** 5/20/2025

**Your Name:** Anders Brændsgaard El-Galaly

**Manuscript Title:** No difference in the incidence of multiply revised knee arthroplasties in Norway and Denmark: A retrospective register study of the Danish and Norwegian Knee Arthroplasty registries from 1998-2021.

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## ICMJE DISCLOSURE FORM

**Date:** 5/27/2025

**Your Name:** Anders Odgaard

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## ICMJE DISCLOSURE FORM

**Date:** 5/20/2025

**Your Name:** Ove Furnes

**Manuscript Title:** No difference in the incidence of multiply revised knee arthroplasties in Norway and Denmark: A retrospective register study of the Danish and Norwegian Knee Arthroplasty registries from 1998-2021.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Heraeus Medical	Lecture fees for cementation technique in knee replacement
		Ortomedic AS	Lecture fees for knee replacement surgery
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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	
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.