

ICMJE DISCLOSURE FORM

Date: 3/19/2026

Your Name: Trine Ahlmann Pedersen

Manuscript Title: Impact of an in-consult patient decision aid on decisional quality and involvement for patients with severe hip or knee osteoarthritis – a multicenter, cluster randomized controlled trial (PATI-study)

Manuscript Number (if known): AO-2025-328/R3 RESUBMISSION - (18704)

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">External funding from the Region of Southern Denmark (grant number 22/26219)</td> <td></td> </tr> <tr> <td>Research Council at Lillebaelt Hospital.</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>	External funding from the Region of Southern Denmark (grant number 22/26219)		Research Council at Lillebaelt Hospital.		Click the tab key to add additional rows.	
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3	Royalties or	<input checked="" type="checkbox"/> None						

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	licenses		
4	Consulting fees	<input checked="" type="checkbox"/> None	
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	<input checked="" type="checkbox"/> None	

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	in other board, society, committee or advocacy group, paid or unpaid		
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	

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ICMJE DISCLOSURE FORM

Date: 3/19/2026

Your Name: Martin Lindberg-Larsen

Manuscript Title: Impact of an in-consult patient decision aid on decisional quality and involvement for patients with severe hip or knee osteoarthritis – a multicenter, cluster randomized controlled trial (PATI-study)

Manuscript Number (if known): AO-2025-328/R3 RESUBMISSION - (18704)

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ICMJE DISCLOSURE FORM

Date: 7/4/2025

Your Name: Karina Dahl Steffensen

Manuscript Title: Impact of an in-consult patient decision aid on decisional quality and involvement for patients with severe hip or knee osteoarthritis – a multicenter, cluster randomized controlled trial (PATI-study)

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

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Date: 3/19/2026

Your Name: Claus Varnum

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