

ICMJE DISCLOSURE FORM

Date: 9/24/2025

Your Name: Chan Hee Cho

Manuscript Title: Early Acetabular Cup Migration Measurements are Associated with Long-term Aseptic Loosening: Investigation of One-year and Two-year Radiostereometric Analysis Migration Thresholds Against Acetabular Cups Survivorship in Two National Registries

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.

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

Please place an "X" next to the following statement to indicate your agreement:

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Date: 9/24/2025

Your Name: John Abrahams

Manuscript Title: Early Acetabular Cup Migration Measurements are Associated with Long-term Aseptic Loosening: Investigation of One-year and Two-year Radiostereometric Analysis Migration Thresholds Against Acetabular Cups Survivorship in Two National Registries

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ICMJE DISCLOSURE FORM

Date: 9/24/2025

Your Name: Lucian Bogdan SOLOMON

Manuscript Title: Early Acetabular Cup Migration Measurements are Associated with Long-term Aseptic Loosening: Investigation of One-year and Two-year Radiostereometric Analysis Migration Thresholds Against Acetabular Cups Survivorship in Two National Registries

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Date: 9/24/2025

Your Name: Thomas Robertson

Manuscript Title: Early Acetabular Cup Migration Measurements are Associated with Long-term Aseptic Loosening: Investigation of One-year and Two-year Radiostereometric Analysis Migration Thresholds Against Acetabular Cups Survivorship in Two National Registries

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Date: 9/24/2025

Your Name: Christopher J Wall

Manuscript Title: Early Acetabular Cup Migration Measurements are Associated with Long-term Aseptic Loosening: Investigation of One-year and Two-year Radiostereometric Analysis Migration Thresholds Against Acetabular Cups Survivorship in Two National Registries

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		Australian Orthopaedic Association National Joint Replacement Registry	Assistant Deputy Registry Clinical Director

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Your Name: Carl Holder

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <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>									
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <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"/> None <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"/> None <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"/> None <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)
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.

ICMJE DISCLOSURE FORM

Date: 9/24/2025

Your Name: LN van Steenberg

Manuscript Title: Early Acetabular Cup Migration Measurements are Associated with Long-term Aseptic Loosening: Investigation of One-year and Two-year Radiostereometric Analysis Migration Thresholds Against Acetabular Cups Survivorship in Two National Registries

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.

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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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: 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>									
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13	Other financial or non-financial interests	<input type="checkbox"/> None <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>							

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ICMJE DISCLOSURE FORM

Date: 9/24/2025

Your Name: Bart G Pijls

Manuscript Title: Early Acetabular Cup Migration Measurements are Associated with Long-term Aseptic Loosening: Investigation of One-year and Two-year Radiostereometric Analysis Migration Thresholds Against Acetabular Cups Survivorship in Two National Registries

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

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>I hold a position as Medical Director Dutch Arthroplasty Register (LROI)</td> <td>Paid position</td> </tr> <tr> <td>I am a member of Expert member EU for medical devices (2. Orthopaedics, traumatology, rehabilitation, rheumatology)</td> <td>Paid per dossier. https://health.ec.europa.eu/medical-devices-expert-panels/experts/expert-panels_en</td> </tr> <tr> <td></td> <td></td> </tr> </table>	I hold a position as Medical Director Dutch Arthroplasty Register (LROI)	Paid position	I am a member of Expert member EU for medical devices (2. Orthopaedics, traumatology, rehabilitation, rheumatology)	Paid per dossier. https://health.ec.europa.eu/medical-devices-expert-panels/experts/expert-panels_en			
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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.

ICMJE DISCLOSURE FORM

Date: 9/24/2025

Your Name: Stuart Callary

Manuscript Title: Early Acetabular Cup Migration Measurements are Associated with Long-term Aseptic Loosening: Investigation of One-year and Two-year Radiostereometric Analysis Migration Thresholds Against Acetabular Cups Survivorship in Two National Registries

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.

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		<table border="1" style="width: 100%;"><tr><td style="width: 60%;">The Hospital Research Foundation Group</td><td>Received a Research Fellowship from THRF, salary contribution went to my institution (The University of Adelaide)</td></tr><tr><td>Corrin</td><td>Research funding held by my institution</td></tr><tr><td>Australian Orthopaedic Association</td><td>Research funding held by my institution</td></tr><tr><td>University of Adelaide</td><td>Research funding held by my institution</td></tr></table>	The Hospital Research Foundation Group	Received a Research Fellowship from THRF, salary contribution went to my institution (The University of Adelaide)	Corrin	Research funding held by my institution	Australian Orthopaedic Association	Research funding held by my institution	University of Adelaide	Research funding held by my institution	
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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 type="checkbox"/> None	
		University of Adelaide	Travel Grant
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,	<input type="checkbox"/> None	
		ANZORS	Secretary elect

		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)
	society, committee or advocacy group, paid or unpaid	International Radiostereometry Society Australian New Zealand Orthopaedic Research Society	Board Member Secretary
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	
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