ICMJE DISCLOSURE FORM

Date: 6/11/2025

Your Name: Hannah Fidler

Manuscript Title: Similar Patient Reported Outcomes after Unicompartmental and Total Knee Replacement in 60,145 Patients. A prospective cohort study from the Australian Orthopaedic Association National Joint Replacement Registry

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)**
		Time frame: Since the initial planning of the work	
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.**	☒ **None**	
			Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **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)
4	Consulting fees	☒ **None**	
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6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

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11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 6/11/2025

Your Name: George Kiroff

Manuscript Title: Similar Patient Reported Outcomes after Unicompartmental and Total Knee Replacement in 60,145 Patients. A prospective cohort study from the Australian Orthopaedic Association National Joint Replacement Registry

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ICMJE DISCLOSURE FORM

Date: 6/11/2025

Your Name: Peiyao Du

Manuscript Title: Similar Patient Reported Outcomes after Unicompartmental and Total Knee Replacement in 60,145 Patients. A prospective cohort study from the Australian Orthopaedic Association National Joint Replacement Registry

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

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Employment as Statistician	South Australian Health and Medical Research Institute
3	Royalties or licenses	☒ **None**	

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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 6/10/2025

Your Name: Ilana N Ackerman

Manuscript Title: Similar Patient Reported Outcomes PROMs after Unicompartmental and Total Knee Replacement in 60,145 Patients. A prospective cohort study from the Australian Orthopaedic Association National Joint Replacement Registry

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

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13	Other financial or non-financial interests	☐ **None**	
		Australian Orthopaedic Association National Joint Replacement Registry	Patient-Reported Outcome Measures Advisor (unpaid role)

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ICMJE DISCLOSURE FORM

Date: 12/18/2025

Your Name: Helena Oakey

Manuscript Title: Similar Patient Reported Outcomes 6 months after Unicompartmental and Total Knee Replacement for Osteoarthritis in 60,145 Patients from 2018-2023. A prospective cohort study from the Australian Orthopaedic Association National Joint Replacement Registry.

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

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ICMJE DISCLOSURE FORM

Date: 6/10/2025

Your Name: Peter Lewis

Manuscript Title: Similar Patient Reported Outcomes after Unicompartmental and Total Knee Replacement in 60,145 Patients. A prospective cohort study from the Australian Orthopaedic Association National Joint Replacement Registry

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		Deputy Director of AOANJRR	

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