# ICMJE DISCLOSURE FORM

**Date:** 8/10/2025

**Your Name:** Karina Nørgaard Linde

**Manuscript Title:** Similar tibial implant migration between patients with osteopenia/osteoporosis and patients with normal BMDA 5-year RSA cohort study of 397 cemented and cementless total and unicompartmental knee arthroplasties

**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** | |
| | | Karen Elise Jensens Foundation | Institution |
| | | Health Research Foundation of Central Denmark Region | Institution |
| | | A. P. Moller Foundation | Institution |
| | | Orthopedic Research Foundation in Aarhus | Institution |
| | | Aase og Ejnar Danielsens Foundation | Institution |
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| **Time frame: past 36 months** | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
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| **3** | Royalties or licenses | ☒ **None** | |
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| | | 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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| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **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** | |

| | | 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 | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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**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:** 9/22/2025

**Your Name:** Bente Lomholt Langdahl

**Manuscript Title:** Similar tibial implant migration between patients with osteopenia/osteoporosis and patients with normal BMDA 5-year RSA cohort study of 397 cemented and cementless total and unicompartmental knee arthroplasties

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

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| 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 | |
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| | | | 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** | |
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| **3** | Royalties or licenses | ☒ **None** | |
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| | | 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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| **4** | Consulting fees | ☐ **None** | |
| | | UCB | Payment to me |
| | | Gedeon-Richter | Payment to me |
| | | Mereo | Payment to me |
| | | Samsung-Bioepis | Payment to me |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ **None** | |
| | | Amgen | Payment to me |
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| **6** | Payment for expert testimony | ☒ **None** | |
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| **7** | Support for attending meetings and/or travel | ☒ **None** | |
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| **8** | Patents planned, issued or pending | ☒ **None** | |
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| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
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| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☐ **None** | |
| | | Danish Osteoporosis Society (patient organization) | No honorarium |
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| | | 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 | ☒ **None** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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# ICMJE DISCLOSURE FORM

**Date:** 9/22/2025

**Your Name:** Søren Rytter

**Manuscript Title:** Similar tibial implant migration between patients with osteopenia/osteoporosis and patients with normal BMDA 5-year RSA cohort study of 397 cemented and cementless total and unicompartmental knee arthroplasties

**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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| Time frame: past 36 months | | | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
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| **3** | Royalties or licenses | ☒ **None** | |
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| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **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** | |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **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:** 9/25/2025

**Your Name:** Rob GHH Nelissen

**Manuscript Title:** Similar tibial implant migration between patients with osteopenia/osteoporosis and patients with normal BMDA 5-year RSA cohort study of 397 cemented and cementless total and unicompartmental knee arthroplasties

**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** | |
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| **3** | Royalties or licenses | ☒ **None** | |
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| **4** | Consulting fees | ☒ **None** | |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
| **6** | Payment for expert testimony | ☒ **None** | |
| **7** | Support for attending meetings and/or travel | ☒ **None** | |
| **8** | Patents planned, issued or pending | ☐ **None** | Patent on induction heating of implants after prosthetic joint infection granted (start-up Leiden University Medical Center, LUMC) |
| **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** | Vice President EFORT board<br>Chair registration committee Dutch Arthroplasty Registry<br>Chair Expert Panel under MDR Orthopaedics, trauma |

| | | 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 | ☒ **None** | |
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# ICMJE DISCLOSURE FORM

**Date:** 8/10/2025

**Your Name:** Maiken Stilling

**Manuscript Title:** Similar tibial implant migration between patients with osteopenia/osteoporosis and patients with normal BMDA 5-year RSA cohort study of 397 cemented and cementless total and unicompartmental knee arthroplasties

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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.** | ☐ **None** | |
| | | The Development Fund at Aarhus University Hospital | Institution |
| | | Danish National Advanced Technology Foundation | Institution |
| | | | 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** | |
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| **3** | Royalties or licenses | ☒ **None** | |
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| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
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| **6** | Payment for expert testimony | ☒ **None** | |
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| **7** | Support for attending meetings and/or travel | ☒ **None** | |
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| **8** | Patents planned, issued or pending | ☒ **None** | |
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| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
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| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ **None** | |
| | | President of The International RSA Society | Unpaid |
| | | Board member of The Danish Society for Surgery of the Hand | Unpaid |
| | | Board member of The Danish Rheumatoid Association Research Council | Unpaid |

| | | 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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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ **None** | |
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| **13** | Other financial or non-financial interests | ☒ **None** | |
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