ICMJE DISCLOSURE FORM

Date: 11/11/2024

Your Name: Iris Koenraadt-van Oost

Manuscript Title: A unique comparison between lateral partial knee replacement and total knee replacement: data from the Dutch Arthroplasty Register

Manuscript Number (if known): **AO-0-0 - (18163)**

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**	
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)
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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ICMJE DISCLOSURE FORM

Date: 11/11/2024

Your Name: Leonieke van Boekel

Manuscript Title: A unique comparison between lateral partial knee replacement and total knee replacement: data from the Dutch Arthroplasty Register

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

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ICMJE DISCLOSURE FORM

Date: 12/11/2024

Your Name: Alexander Hoorntje

Manuscript Title: A unique comparison between lateral partial knee replacement and total knee replacement: data from the Dutch Arthroplasty Register

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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ICMJE DISCLOSURE FORM

Date: 11/18/2024

Your Name: Gino M.M.J. Kerkhoffs

Manuscript Title: A unique comparison between lateral partial knee replacement and total knee replacement: data from the Dutch Arthroplasty Register

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

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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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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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ICMJE DISCLOSURE FORM

Date: 11/13/2024

Your Name: Paul GH Mulder

Manuscript Title: A unique comparison between lateral partial knee replacement and total knee replacement: data from the Dutch Arthroplasty Register

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

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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	
		Amphia Hospital	Author is an independent biostatistician hired in by the Amphia Hospital on a regular basis as consultant in the design and analysis of (clinical-) epidemiological studies. He has no further relationships.
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	x **None**	
3	Royalties or licenses	x **None**	

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4	Consulting fees	☐ **None**	
		See under item 1	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		See under item 1	
6	Payment for expert testimony	☐ **None**	
		See under item 1	
7	Support for attending meetings and/or travel	☐ **None**	
		See under item 1	
8	Patents planned, issued or pending	x **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None**	
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11	Stock or stock options	x **None** ☐	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x **None** ☐	
13	Other financial or non-financial interests	x **None** ☐	

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ICMJE DISCLOSURE FORM

Date: 11/18/2024

Your Name: LN van Steenbergen

Manuscript Title: A unique comparison between lateral partial knee replacement and total knee replacement: data from the Dutch Arthroplasty Register

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

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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Rutger Coen Ivo van Geenen

Manuscript Title: A unique comparison between lateral partial knee replacement and total knee replacement: data from the Dutch Arthroplasty Register

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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		Zimmer Biomet	
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