ICMJE DISCLOSURE FORM

Date: 6/26/2026

Your Name: Jens Nilsson

Manuscript Title: The Swedish experience of capital realignment surgery for Slipped Capital Femoral Epiphysis – results from a nationwide retrospective cohort of 28 patients

Manuscript Number (if known): 19107

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**	
		Erik och Angelica Sparres Stiftelse	Research grant from foundation
		Kockska stiftelserna	Research grant from foundation
			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: 6/26/2026

Your Name: Mikael Lindell

Manuscript Title: The Swedish experience of capital realignment surgery for Slipped Capital Femoral Epiphysis – results from a nationwide retrospective cohort of 28 patients

Manuscript Number (if known): 19107

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		Futurum – akademin för hälsa och vård	Research grant
			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**	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Internetmedicin	
		https://www.internetmedicin.se/ortopedi/hoeftfyseolys	A single payment made to me personally for a manuscript submitted in 2025. The purpose of the website is to provide Swedish general practitioners with up-to-date, brief information about a rare disease. No royalties received.
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: 6/26/2026

Your Name: Jakob Örtegren

Manuscript Title: The Swedish experience of capital realignment surgery for Slipped Capital Femoral Epiphysis – results from a nationwide retrospective cohort of 28 patients

Manuscript Number (if known): 19107

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		Kockska stiftelserna	Research grant from foundation
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Time frame: past 36 months			
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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**	
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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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ICMJE DISCLOSURE FORM

Date: 6/26/2026

Your Name: Bengt Herngren

Manuscript Title: The Swedish experience of capital realignment surgery for Slipped Capital Femoral Epiphysis – results from a nationwide retrospective cohort of 28 patients

Manuscript Number (if known): 19107

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Time frame: past 36 months			
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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**	
		Internetmedicin	
		https://www.internetmedicin.se/ortopedi/hoeftfyseolys	A single payment made to me personally for a manuscript submitted in 2025. The purpose of the website is to provide Swedish general practitioners with up-to-date, brief information about a rare disease. No royalties received.
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: 6/26/2026

Your Name: Margaretha Stenmarker

Manuscript Title: The Swedish experience of capital realignment surgery for Slipped Capital Femoral Epiphysis – results from a nationwide retrospective cohort of 28 patients

Manuscript Number (if known): 19107

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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**	
		My position is a joint appointment between the Department of Pediatrics and Futurum – the Academy for Health and Care, Region Jönköping County. I have had no involvement in, nor any influence over, decisions regarding funding from Futurum for this project.	
			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**	

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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**	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 6/26/2026

Your Name: Piotr Michno

Manuscript Title: The Swedish experience of capital realignment surgery for Slipped Capital Femoral Epiphysis – results from a nationwide retrospective cohort of 28 patients

Manuscript Number (if known): 19107

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3	Royalties or licenses	☐ **None**	
		Kirurgiska sjukdomar. Roland Andersson, Sara Regnér, Cecilia Rogmark (red). Tredje upplagan. Studentlitteratur. ISBN 978-91-44-13725-4	As co-author I receive royalties every year.

		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**	
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ICMJE DISCLOSURE FORM

Date: 6/26/2026

Your Name: Carl Johan Tiderius

Manuscript Title: The Swedish experience of capital realignment surgery for Slipped Capital Femoral Epiphysis – results from a nationwide retrospective cohort of 28 patients

Manuscript Number (if known): 19107

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