ICMJE DISCLOSURE FORM

Date: 2/18/2026

Your Name: Marwan Chabaita

Manuscript Title: Association of polyethylene type with revision and dislocation risk following primary total hip arthroplasty - A population-based cohort study from the Danish Hip 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.

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: 2/18/2026

Your Name: Afrim Iljazi

Manuscript Title: Association of polyethylene type with revision and dislocation risk following primary total hip arthroplasty - A population-based cohort study from the Danish Hip Arthroplasty Register

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

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6	Payment for expert testimony	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 2/20/2026

Your Name: Michala Skovlund Sørensen

Manuscript Title: Association of polyethylene type with revision and dislocation risk following primary total hip arthroplasty - A population-based cohort study from the Danish Hip Arthroplasty Register

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

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ICMJE DISCLOSURE FORM

Date: 2/19/2026

Your Name: Frank Eriksson

Manuscript Title: Association of polyethylene type with revision and dislocation risk following primary total hip arthroplasty - A population-based cohort study from the Danish Hip Arthroplasty Register

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

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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).	X **None**	
3	Royalties or licenses	X **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	X **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X **None**	
6	Payment for expert testimony	X **None**	
7	Support for attending meetings and/or travel	X **None**	
8	Patents planned, issued or pending	X **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X **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	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: 2/18/2026

Your Name: Soren Overgaard

Manuscript Title: Association of polyethylene type with revision and dislocation risk following primary total hip arthroplasty - A population-based cohort study from the Danish Hip Arthroplasty Register

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Novo Nordic Foundation	Funding of Research
		Independent Research Fund	Funding of Research
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**	
		Heraeus	Payment to institution: lectures and course moderator
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**	
		Member of ExCom and NOF Board	No payment
		Editor In Chief Acta Orthopaedica	Personal payment

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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: 2/18/2026

Your Name: Michael Mørk Petersen

Manuscript Title: Association of polyethylene type with revision and dislocation risk following primary total hip arthroplasty - A population-based cohort study from the Danish Hip Arthroplasty Register

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

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		Research Fund of Rigshospitalet	Institutional 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**	
		Zimmer Biomet	Institutional research grant
3	Royalties or licenses	☒ **None**	

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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**	
		Pastpresident of the Danish Orthopaedic Society	Unpaid

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