ICMJE DISCLOSURE FORM

Date: 10/2/2025

Your Name: Johannes Marsay Dal

Manuscript Title: **Similar 1-year tibial implant migration, but higher continuous migration with cementless fixation and severe knee osteoarthritis: a retrospective RSA study of 990 patients**

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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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.

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<tr><td colspan="4">Time frame: Since the initial planning of the work</td></tr>
<tr><td>1</td><td>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.</td><td colspan="2">☐ None
<table><tr><td>Aarhus University Research Foundation</td><td>To the institution</td></tr><tr><td>The Research Foundation for Orthopedic Surgery in Aarhus</td><td>To the institution</td></tr><tr><td>Danish Orthopedic Society (DOS)</td><td>To the institution</td></tr></table></td></tr>
<tr><td colspan="4">Time frame: past 36 months</td></tr>
<tr><td>2</td><td>Grants or contracts from any entity (if not indicated in item #1 above).</td><td colspan="2">☒ None
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<tr><td>3</td><td>Royalties or licenses</td><td colspan="2">☒ 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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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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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: 8/10/2025

Your Name: Karina Nørgaard Linde

Manuscript Title: **Similar 1-year tibial implant migration, but higher continuous migration with cementless fixation and severe knee osteoarthritis: a retrospective RSA study of 990 patients**

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

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		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
Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: 9/30/2025

Your Name: Søren Rytter

Manuscript Title: **Similar 1-year tibial implant migration, but higher continuous migration with cementless fixation and severe knee osteoarthritis: a retrospective RSA study of 990 patients**

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

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Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: 10/6/2025

Your Name: Daan Koppens

Manuscript Title: **Similar 1-year tibial implant migration, but higher continuous migration with cementless fixation and severe knee osteoarthritis: a retrospective RSA study of 990 patients**

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7	Support for attending meetings and/or travel	☐ **X None**	
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ICMJE DISCLOSURE FORM

Date: 10/17/2025

Your Name: Mohammad Ali Saad Karim

Manuscript Title: **Similar 1-year tibial implant migration, but higher continuous migration with cementless fixation and severe knee osteoarthritis: a retrospective RSA study of 990 patients**

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

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ICMJE DISCLOSURE FORM

Date: 8/10/2025

Your Name: Maiken Stilling

Manuscript Title: **Similar 1-year tibial implant migration, but higher continuous migration with cementless fixation and severe knee osteoarthritis: a retrospective RSA study of 990 patients**

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		The Development Fund at Aarhus University Hospital	Institution
		Danish National Advanced Technology Foundation	Institution
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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

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