

ICMJE DISCLOSURE FORM

Date: 7/8/2023

Your Name: Tim Board

Manuscript Title: CONSULTANT REVISION HIP REPLACEMENT VOLUMES AND NEW CONSULTANT VOLUME TRAJECTORIES IN ENGLAND, WALES, AND NORTHERN IRELAND: A STUDY USING THE NATIONAL JOINT REGISTRY DATASET

Manuscript Number (if known): BJJ-2023-0311.R1

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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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.

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Time frame: Since the initial planning of the work									
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Time frame: past 36 months									
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3	Royalties or licenses	<input type="checkbox"/> None <table border="1"> <tr><td>DePuy Synthes</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	DePuy Synthes								
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>Ethicon</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Ethicon								
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr><td>Beyond Compliance</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Beyond Compliance								
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	society, committee or advocacy group, paid or unpaid	British Orthopaedic Association	
11	Stock or stock options	<input type="checkbox"/> None	
		Eventum Orthopaedics	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

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Date: 7/27/2023

Your Name: Andrew J Hamer

Manuscript Title: CONSULTANT REVISION HIP REPLACEMENT VOLUMES AND NEW CONSULTANT VOLUME TRAJECTORIES IN ENGLAND, WALES, AND NORTHERN IRELAND: A STUDY USING THE NATIONAL JOINT REGISTRY DATASET

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Please place an "X" next to the following statement to indicate your agreement:

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Date: 7/27/2023

Your Name: Richard James Holleyman

Manuscript Title: CONSULTANT REVISION HIP REPLACEMENT VOLUMES AND NEW CONSULTANT VOLUME TRAJECTORIES IN ENGLAND, WALES, AND NORTHERN IRELAND

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Date: 8/13/2023

Your Name: Simon S Jameson

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Date: 8/2/2023

Your Name: Andrew Judge

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 80px; margin-top: 5px;"> <tr> <td style="width: 60%;">Grants from NIHR, HDR UK, Versus Arthritis, Healthcare Quality Improvement Partnership (HQIP), Royal College of Physicians (RCP), Tommy's, Health Foundation.</td> <td style="width: 40%;">Payments to institution.</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Grants from NIHR, HDR UK, Versus Arthritis, Healthcare Quality Improvement Partnership (HQIP), Royal College of Physicians (RCP), Tommy's, Health Foundation.	Payments to institution.				
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;">Chair. Data Monitoring Committee. NIHR HTA Dupuytren's Interventions Surgery vs. Collagenase (DISC) trial. University of Leicester (25 Apr 2017 to present)</td> <td style="width: 50%;">Unpaid</td> </tr> <tr> <td style="height: 20px;">Chair Trial Steering Committee. NIHR HTA. The Gentle Years Yoga Trial. Newcastle University. (25 Apr 2019 to present).</td> <td>Unpaid</td> </tr> </table>	Chair. Data Monitoring Committee. NIHR HTA Dupuytren's Interventions Surgery vs. Collagenase (DISC) trial. University of Leicester (25 Apr 2017 to present)	Unpaid	Chair Trial Steering Committee. NIHR HTA. The Gentle Years Yoga Trial. Newcastle University. (25 Apr 2019 to present).	Unpaid					
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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)
		Steering Committee Member. Nuffield Foundation. Multilevel Integrated Data for musculoskeletal health intelligence and Actions (MIDAS). University of Keele. (1 Dec 2020 to present)	Unpaid
		Data Monitoring Committee Member. Robotic Arthroplasty: a Clinical and cost Effectiveness Randomised controlled trial (RACER). Warwick CTU. (30 July 2020 to present)	Unpaid
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Sub-panel member of the NIHR Programme Grants for Applied Research (PGfAR) programme (1st Sept 2015 to 31 Aug 2020).	Unpaid
		Versus Arthritis Health Subcommittee (12 Oct 2016 to 30 June 2021)	Unpaid
		Co-chair Versus Arthritis Research Expert group (Sept 2022 to present)	Unpaid
		Nuffield Foundation Oliver Bird Fund Expert Panel Member (6 Aug 2019)	Payment to me
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 8/8/2023

Your Name: Vikas Khanduja

Manuscript Title: CONSULTANT REVISION HIP REPLACEMENT VOLUMES AND NEW CONSULTANT VOLUME TRAJECTORIES IN ENGLAND, WALES, AND NORTHERN IRELAND: A STUDY USING THE NATIONAL JOINT REGISTRY DATASET

Manuscript Number (if known): BJJ-2023-0311.R1

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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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.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 150px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">Arthrex and Smith and Nephew</td><td style="width: 150px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	Arthrex and Smith and Nephew						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">Arthrex and Smith and Nephew</td><td style="width: 150px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	Arthrex and Smith and Nephew						
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8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">Sensors in Joint Replacement Surgery</td><td style="width: 150px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	Sensors in Joint Replacement Surgery						
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10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">ESSKA, BHS, SICOT, ISAKOS</td><td style="width: 150px;"> </td></tr> </table>	ESSKA, BHS, SICOT, ISAKOS						
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	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 7/26/2023

Your Name: R M Dominic Meek

Manuscript Title: CONSULTANT REVISION HIP REPLACEMENT VOLUMES AND NEW CONSULTANT VOLUME TRAJECTORIES IN ENGLAND, WALES, AND NORTHERN IRELAND: A STUDY USING THE NATIONAL JOINT REGISTRY DATASET

Manuscript Number (if known): **BJJ-2023-0311.R1**

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;">Palacademy</td><td style="width: 50%; height: 15px;">Lectures</td></tr> <tr><td style="height: 15px;">Stryker</td><td style="height: 15px;">Lectures</td></tr> <tr><td style="height: 15px;">DePuy</td><td style="height: 15px;">Lectures</td></tr> </table>	Palacademy	Lectures	Stryker	Lectures	DePuy	Lectures	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 8/8/2023

Your Name: Mike Reed

Manuscript Title: Click or tap here to enter text. CONSULTANT REVISION HIP REPLACEMENT VOLUMES AND NEW CONSULTANT VOLUME TRAJECTORIES IN ENGLAND, WALES, AND NORTHERN IRELAND: A STUDY USING THE NATIONAL JOINT REGISTRY DATASET

Manuscript Number (if known): BJJ-2023-0311.R1

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			paid to my institution I get paid for that management time.
		Zimmer Biomet	Support a fellow within our team – educational grant.
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Heraeus Medical	Cement and other medical devices manufacturer. Consulting fees on unrelated medical device paid to company that I part own.
		Pharmacosmos	Advisory board
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Zimmer biomet	Paid for webinars during covid. The manufacturer makes medical devices
		Heraeus Medical	Medical education webinars
		Stryker	Medical education / lectures
		Pharmacosmos	Medical education
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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