

ICMJE DISCLOSURE FORM

Date: 6/27/2024

Your Name: Tim N Board

Manuscript Title: Association between surgeon and hospital volume and outcome of first-time revision hip replacement for aseptic loosening: a prospective observational cohort study using the NJR dataset

Manuscript Number (if known): BJJ-2024-0347.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.

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.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NIHR</td> <td style="width: 50%; padding: 2px;">Grant for the research</td> </tr> <tr> <td style="height: 20px;"></td> <td style="padding: 2px;">Click the tab key to add additional rows.</td> </tr> </table>	NIHR	Grant for the research		Click the tab key to add additional rows.
NIHR	Grant for the research						
	Click the tab key to add additional rows.						
Time frame: past 36 months							
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3	Royalties or licenses	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">DePuy Synthes</td> <td style="width: 50%; padding: 2px;">Manufacturer of hip implants. Payments made to myself</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	DePuy Synthes	Manufacturer of hip implants. Payments made to myself		
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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)
4	Consulting fees	<input type="checkbox"/> None	
		DePuy Synthes	Payments to myself
		Symbios UK	Manufacturer of hip implants – payments to myself
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		DePuy Synthes	Manufacturer of hip implants – payments to myself
		Symbios UK	Manufacturer of hip implants – payments to myself
		Ethicon	Manufacturer of sutures and dressing – payments to myself
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		DePuy Synthes	Multiple patents on hip implant design
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		NIHR Racer Hip Trial	Chair of Data Monitoring committee
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		British Hip Society	Member of executive committee

		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	<input type="checkbox"/> None	
		Eventum Orthopaedics	Assistive technology manufacturer for knee and hip implants
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: 6/20/2024

Your Name: Richard James Holleyman

Manuscript Title: Association between surgeon and hospital volume and outcome of first-time revision hip replacement for aseptic loosening

Manuscript Number (if known): BJJ-2024-0347.R1

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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> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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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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: 7/16/2024

Your Name: Simon Jameson

Manuscript Title: Association between surgeon and hospital volume and outcome of first-time revision hip replacement for aseptic loosening: a prospective observational cohort study using the NJR dataset

Manuscript Number (if known): BJJ-2024-0347.R1

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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	

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ICMJE DISCLOSURE FORM

Date: 6/20/2024

Your Name: Andrew Judge

Manuscript Title: Association between surgeon and hospital volume and outcome of first-time revision hip replacement for aseptic loosening: a prospective observational cohort study using the NJR dataset

Manuscript Number (if known): BJJ-2024-0347.R1

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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
		Chair DMEC/TSC. Balance ACT COVID-19 Recovery trial. Kings College London. (10 June 2024 to present)	
		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	

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ICMJE DISCLOSURE FORM

Date: 7/8/2024

Your Name: Vikas Khanduja

Manuscript Title: Association between surgeon and hospital volume and outcome of first-time revision hip replacement for aseptic loosening: a prospective observational cohort study using the NJR dataset

Manuscript Number (if known): BJJ-2024-0347.R1

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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 type="checkbox"/> None	
		JISAKOS – Associate Editor In Chief	

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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: 8/20/2021

Your Name: Robert Marshall Dominic Meek

Manuscript Title: Association between surgeon and hospital volume and outcome of first-time revision hip replacement for aseptic loosening: a prospective observational cohort study using the NJR dataset

Manuscript Number (if known): **BJJ-2024-0347.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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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Palacademy	Lectures
		Stryker	Lectures
		J&J	Lectures
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 8/13/2024

Your Name: Michael R Reed

Manuscript Title: Association between surgeon and hospital volume and outcome of first-time revision hip replacement for aseptic loosening: a prospective observational cohort study using the NJR dataset

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