

ICMJE DISCLOSURE FORM

Date: 7/19/2024

Your Name: Zaid Hamoodi

Manuscript Title: S&E: Total elbow replacement in England: analysis of National Joint Registry and Hospital Episode Statistics data

Manuscript Number (if known): BJJ-2024-0427.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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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: 7/15/2024

Your Name: Lianne Kearsley-Fleet

Manuscript Title: Total elbow replacement in England: analysis of National Joint Registry and Hospital Episode Statistics data

Manuscript Number (if known): BJJ-2024-0427.R1 S&E

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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: 7/22/2024

Your Name: Amar Rangan

Manuscript Title: Total elbow replacement in England: analysis of National Joint Registry and Hospital Episode Statistics data

Manuscript Number (if known): BJJ-2024-0427.R1 S&E

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		DePuy J&J Ltd	Faculty expenses reimbursement
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		DePuy J&J Ltd	As above
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None	
		NIHR i4i funding committee member	

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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: 8/6/2024

Your Name: Adrian Sayers

Manuscript Title: Total elbow replacement in England: analysis of National Joint Registry and Hospital Episode Statistics data

Manuscript Number (if known): BJJ-2024-0427.R1

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ICMJE DISCLOSURE FORM

Date: 7/24/2024

Your Name: Jamie Sergeant

Manuscript Title: Total elbow replacement in England: analysis of National Joint Registry and Hospital Episode Statistics data

Manuscript Number (if known): BJJ-2024-0427.R1

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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>									
8	Patents planned, issued or pending	<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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<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>									
10	Leadership or fiduciary role in other board,	<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> </table>									

		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)
	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: 7/16/2024

Your Name: Prof Adam Watts

Manuscript Title: Total elbow replacement in England: analysis of National Joint Registry and Hospital Episode Statistics data

Manuscript Number (if known): BJJ-2024-0427.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.

		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 checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>							<div style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</div>
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>							

		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)						
3	Royalties or licenses	<input type="checkbox"/> None <table border="1"> <tr><td>Adler</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Adler						
Adler									
4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>Medartis</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Medartis						
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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>Medartis</td><td></td></tr> <tr><td>Stryker</td><td></td></tr> <tr><td>Arthrex</td><td></td></tr> </table>	Medartis		Stryker		Arthrex		
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None <table border="1"> <tr><td>Editorial Board Bone & Joint Journal</td><td></td></tr> </table>	Editorial Board Bone & Joint Journal						
Editorial Board Bone & Joint Journal									

		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)
	society, committee or advocacy group, paid or unpaid	Honorary Secretary British Elbow and Shoulder Society	
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: 1/29/2024

Your Name: Michael Whitehouse

Manuscript Title: Total elbow replacement in England: analysis of National Joint Registry and Hospital Episode Statistics data

Manuscript Number (if known): BJJ-2024-0427.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									
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: 60%;">HQIP FTS 010307-2022: Statistical Analysis, Support and Associated Services National Joint Registry</td> <td style="width: 40%;">I am PI on this grants for which my institution receives funding for my time.</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	HQIP FTS 010307-2022: Statistical Analysis, Support and Associated Services National Joint Registry	I am PI on this grants for which my institution receives funding for my time.			Click the tab key to add additional rows.	
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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%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIHR Bristol Biomedical Research Centre</td> <td style="width: 40%;">My institution receives funding for part of my time from the NIHR via the Bristol Biomedical Research Centre</td> </tr> <tr> <td>NIHR204327 Named contact care plan for patients undergoing total knee replacement: intervention development</td> <td>I am PI, coPI or co-applicant on these grants for which my institution receives funding for my time.</td> </tr> </table>	NIHR Bristol Biomedical Research Centre	My institution receives funding for part of my time from the NIHR via the Bristol Biomedical Research Centre	NIHR204327 Named contact care plan for patients undergoing total knee replacement: intervention development	I am PI, coPI or co-applicant on these grants for which my institution receives funding for my time.		
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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)
	<p>NIHR202289 Joint PREP: A randomised controlled feasibility trial of a prehabilitation intervention in frail older people undergoing total hip or knee replacement.</p> <p>NIHR135217 Periprosthetic femoral fracture: data, management and outcomes</p> <p>NIHR203671 HIPPY: Hip Implant Prosthesis Programme for the Younger total hip replacement patient</p> <p>NIHR134398 REPPORT: REcurrent Patellar dislocation: Personalised therapy or OpeRative Treatment?</p> <p>NIHR202943 PDG Infection and Orthopaedic Management: Mobilising evidence into practice</p> <p>NIHR127849 HTA SISMIC: A Randomised Controlled Trial of Scaffold InSertion and Microfracture Compared to Microfracture Alone for the Treatment of Chondral or Osteochondral Defects of the Knee: The SISMIC Study</p> <p>NIHR i4i II-LB-0417-20005: Development and clinical evaluation of FibroFix Cartilage: a load bearing, tissue regenerative knee cartilage resurfacing implant</p> <p>NIHR131850 HTA PART: The clinical and cost-effectiveness of elective primary total knee replacement with PATellar Resurfacing compared to selective patellar resurfacing. A pragmatic multicentre randomised controlled Trial with blinding (PART).</p> <p>NIHR203115 RfPB DUALITY: Dual mobility (DM) versus standard articulation total hip replacement (THR) in the treatment of older adults with a hip fracture.</p> <p>Ceramtec: The Clinical and Cost Utility Outcomes of Ceramic Bearings in Total Hip Replacement.</p> <p>NIHR127273 HTA FAME: In younger adults with unstable ankle fractures treated with close contact casting, is ankle function not worse than those treated with surgical intervention?</p> <p>NIHR PB-PG-0817-20026 RfPB KNIPS: The choice between implants in total knee replacement: evidence synthesis and economic decision model</p>	

		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)						
		to determine the effectiveness and cost-effectiveness of knee implants for NHS patients.							
3	Royalties or licenses	<input type="checkbox"/> None <table border="1"> <tr> <td>Taylor & Francis</td> <td>I am editor of two Orthopaedic general textbook for which I receive royalty payments</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Taylor & Francis	I am editor of two Orthopaedic general textbook for which I receive royalty payments					
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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>Heraeus</td> <td>I conduct teaching on Orthopaedic basis sciences at courses organised by Heraeus. My institution is paid market rates for my time.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Heraeus	I conduct teaching on Orthopaedic basis sciences at courses organised by Heraeus. My institution is paid market rates for my time.					
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9	Participation on a Data Safety	<input type="checkbox"/> 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)
	Monitoring Board or Advisory Board	NIHR	I sit on or chair a number of Trial Steering Committees or Data Monitoring Committees for trials funded by NIHR
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		British Hip Society	I am chair of the BHS Research Committee, no payment received
		British Orthopaedic Association	I am a member of the BOA Research Committee, no payment received
		NIHR CRN	I was previously Trauma and Emergencies CRN Specialty Lead for the West of England, support paid to institution
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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