

ICMJE DISCLOSURE FORM

Date: 5/29/2024

Your Name: Jürgen Alphonsus

Manuscript Title: The degenerated glenohumeral joint: Histochemical features of matrix degradation and synovial inflammation in patients with omarthrosis and cuff tear arthropathy

Manuscript Number (if known): BJR-2024-0026.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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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: 6/3/2024

Your Name: Melanie Cezanne

Manuscript Title: The degenerated glenohumeral joint: Histochemical features of matrix degradation and synovial inflammation in patients with omarthrosis and cuff tear arthropathy

Manuscript Number (if known): BJR-2024-0026.R1

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ICMJE DISCLOSURE FORM

Date: 6/3/2024

Your Name: Ruth Grübl-Barabas

Manuscript Title: The degenerated glenohumeral joint: Histochemical features of matrix degradation and synovial inflammation in patients with omarthrosis and cuff tear arthropathy

Manuscript Number (if known): BJR-2024-0026.R1

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Date: 6/9/2024

Your Name: Philipp Heuberer

Manuscript Title: The degenerated glenohumeral joint: Histochemical features of matrix degradation and synovial inflammation in patients with omarthrosis and cuff tear arthropathy

Manuscript Number (if known): BJR-2024-0026.R1

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ICMJE DISCLOSURE FORM

Date: 5/30/2024

Your Name: Lena Hirtler

Manuscript Title: The degenerated glenohumeral joint: Histochemical features of matrix degradation and synovial inflammation in patients with omarthrosis and cuff tear arthropathy

Manuscript Number (if known): BJR-2024-0026.R1

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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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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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: 31 May 2024

Your Name: Luca Martelanz

Manuscript Title: The degenerated glenohumeral joint: Histochemical features of matrix degradation and synovial inflammation in patients with omarthrosis and cuff tear arthropathy

Manuscript Number (if known): BJR-2024-0026.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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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: 6/9/2024

Your Name: Leo Pauzenberger

Manuscript Title: The degenerated glenohumeral joint: Histochemical features of matrix degradation and synovial inflammation in patients with omarthrosis and cuff tear arthropathy

Manuscript Number (if known): BJR-2024-0026.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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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: 5/29/2024

Your Name: Mario Rothbauer

Manuscript Title: Click or tap here to enter text.

Manuscript Number (if known): BJR-2024-0026.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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ICMJE DISCLOSURE FORM

Date: 6/3/2024

Your Name: Stefan Toegel

Manuscript Title: The degenerated glenohumeral joint: Histochemical features of matrix degradation and synovial inflammation in patients with omarthrosis and cuff tear arthropathy

Manuscript Number (if known): BJR-2024-0026.R1

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Johnson & Johnson	Via payment to Medical University of Vienna
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	
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ICMJE DISCLOSURE FORM

Date: 6/3/2024

Your Name: O. Univ.-Prof. Dr. Reinhard Windhager

Manuscript Title: The degenerated glenohumeral joint: Histochemical features of matrix degradation and synovial inflammation in patients with omarthrosis and cuff tear arthropathy

Manuscript Number (if known): BJR-2024-0026.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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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
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		Medical Limited	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	

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