

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Raymond	2. Surname (Last Name) Kang	3. Date 25-November-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hassan Ghomrawi
5. Manuscript Title Examining Timeliness of Total Knee Replacement Among Patients with Knee Osteoarthritis in the US: Results from the OAI and MOST Longitudinal Cohorts		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00432R3		

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institute of Arthritis and Muculoskeletal and Skin Diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Mr. Kang reports grants from National Institute of Arthritis and Muculoskeletal and Skin Diseases, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jasvinder

2. Surname (Last Name)

Singh

3. Date

25-November-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Hassan Ghomrawi

5. Manuscript Title

Examining Timeliness of Total Knee Replacement Among Patients with Knee Osteoarthritis in the US: Results from the OAI and MOST Longitudinal Cohorts

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Crealta/Horizon	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy
Medisys	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy
Fidia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy
UBM LLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy
Medscape	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy
WebMD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy
Clinical Care options	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy
Clearview healthcare partners	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Putnam associates	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy
Spherix	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy
he National Institutes of Health and the American College of Rheumatology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	consultancy
Amarin pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock options
Viking pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	stock options

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

### Section 5. Relationships not covered above

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- ☒ Yes, the following relationships/conditions/circumstances are present (explain below):
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I am on the speaker's bureau of Simply Speaking. I am on the steering committee of OMERACT, an international organization that develops measures for clinical trials and receives arms length funding from 12 pharmaceutical companies.

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### Section 6.

#### Disclosure Statement

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Dr. Singh reports personal fees from Crealta/Horizon, personal fees from Medisys, personal fees from Fidia, personal fees from UBM LLC, personal fees from Medscape, personal fees from WebMD, personal fees from Clinical Care options, personal fees from Clearview healthcare partners, personal fees from Putnam associates, personal fees from Spherix, personal fees from the National Institutes of Health and the American College of Rheumatology, other from Amarin pharmaceuticals, other from Viking pharmaceuticals, outside the submitted work; and I am on the speaker's bureau of Simply Speaking. I am on the steering committee of OMERACT, an international organization that develops measures for clinical trials and receives arms length funding from 12 pharmaceutical companies..

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Carl

2. Surname (Last Name)  
Flink

3. Date  
25-November-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Hassan Ghomrawi

5. Manuscript Title  
Examining Timeliness of Total Knee Replacement Among Patients with Knee Osteoarthritis in the US: Results from the OAI and MOST Longitudinal Cohorts

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Flink has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Hassan

2. Surname (Last Name)  
Ghomrawi

3. Date  
02-December-2019

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title  
Examining Timeliness of Total Knee Replacement Among Patients with Knee Osteoarthritis in the US: Results from the OAI and MOST Longitudinal Cohorts

6. Manuscript Identifying Number (if you know it)  
JBJS-D-19-00432R3

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIAMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R21- AR069867 (PI Ghomrawi) P30-AR072579 (PI Sharma)

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. Ghomrawi reports grants from NIAMS, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Daniel	2. Surname (Last Name) Riddle	3. Date 25-November-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name		
5. Manuscript Title Examining Timeliness of Total Knee Replacement Among Patients with Knee Osteoarthritis in the US: Results from the OAI and MOST Longitudinal Cohorts		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIAMS/NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Nevitt

3. Date  
26-November-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Hassan Ghomrawi

5. Manuscript Title  
Examining Timeliness of Total Knee Replacement Among Patients with Knee Osteoarthritis in the US: Results from the OAI and MOST Longitudinal Cohorts

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Nevitt has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Leena	2. Surname (Last Name) Sharma	3. Date 25-November-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hassan Ghomrawi
5. Manuscript Title Examining Timeliness of Total Knee Replacement Among Patients with Knee Osteoarthritis in the US: Results from the OAI and MOST Longitudinal Cohorts		
6. Manuscript Identifying Number (if you know it)  		

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIAMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P30-AR072579 (PI Sharma)

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Tuhina

2. Surname (Last Name)

Neogi

3. Date

02-December-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Hassan Ghomrawi

5. Manuscript Title

Examining Timeliness of Total Knee Replacement Among Patients with Knee Osteoarthritis in the US: Results from the OAI and MOST Longitudinal Cohorts

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Neogi has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Mushlin

2. Surname (Last Name)

Alvin

3. Date

25-November-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Ghomrawi

5. Manuscript Title

Examining Timeliness of Total Knee Replacement Among Patients with Knee Osteoarthritis in the US: Results from the OAI and MOST Longitudinal Cohorts

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?

☐ Yes

☒ No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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☐ Yes

☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Alvin has nothing to disclose.

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