

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

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)
Sarah

2. Surname (Last Name)
Chen

3. Date
03-January-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Peter Schilling, MD, MSc

5. Manuscript Title
Risk-adjusted cost performance for 90-day total knee arthroplasty episodes:
Data and methods for comparing U.S. hospitals nationwide

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-01017R1

Section 2. The Work Under Consideration for Publication

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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 |
|-----------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Clarify Health Solutions | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Internal research support for this study was provided by Clarify Health Solutions, including funding for the purchase of data, time spent by employees/analysts, and the cost of software. |

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**.

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| Clarify Health Solutions | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I was employed full time at Clarify Health Solutions during this work. A portion of my salary was paid in Clarify Health Solutions equity. |

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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Section 6. Disclosure Statement

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Dr. Chen reports non-financial support from Clarify Health Solutions, during the conduct of the study; personal fees from Clarify Health Solutions, outside the submitted work; .

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Section 1. Identifying Information

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------|
| 1. Given Name (First Name) Stefano | 2. Surname (Last Name) Bini | 3. Date 03-January-2020 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Peter Schilling, MD, MSc |
| 5. Manuscript Title Risk-adjusted cost performance for 90-day total knee arthroplasty episodes: Data and methods for comparing U.S. hospitals nationwide | | |
| 6. Manuscript Identifying Number (if you know it) JBJS-D-19-01017R1 | | |

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

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| Stryker | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paid consultant |
| Johnson and Johnson | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Paid consultant |
| Cloudmedx | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stock or stock options |
| InSilico Trials | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stock or stock options |
| CaptureProof | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stock or stock options |
| Zimmer Biomet | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Research support |

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Section 4. Intellectual Property -- Patents & Copyrights

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

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Medical/Orthopaedic publications editorial/governing board:
Journal of Arthroplasty, Arthroplasty Today

Board member/committee appointments for a society:
American Association of Hip and Knee Surgeons, American Academy of Orthopaedic Surgery

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Section 6. Disclosure Statement

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Dr. Bini reports personal fees from Stryker, personal fees from Johnson and Johnson, personal fees from Cloudmedx, personal fees from InSilico Trials, personal fees from CaptureProof, grants from Zimmer Biomet, during the conduct of the study; and Medical/Orthopaedic publications editorial/governing board: Journal of Arthroplasty, Arthroplasty Today; Board member/committee appointments for a society: American Association of Hip and Knee Surgeons, American Academy of Orthopaedic Surgery.

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Section 1. Identifying Information

1. Given Name (First Name)
Jason

2. Surname (Last Name)
He

3. Date
03-January-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Peter Schilling, MD, MSc

5. Manuscript Title
Risk-adjusted cost performance for 90-day total knee arthroplasty episodes:
Data and methods for comparing U.S. hospitals nationwide

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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 |
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Section 1. Identifying Information

1. Given Name (First Name)
Peter

2. Surname (Last Name)
Schilling

3. Date
02-January-2020

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

5. Manuscript Title
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| Clarify Health Solutions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | I was granted stock options (now executed) for consulting work for Clarify Health Solutions for work unrelated to the submitted work. I also have equity interest (stock) that I purchased, unrelated to the submitted work. |

Section 4. Intellectual Property -- Patents & Copyrights

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

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Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)
Hilary

2. Surname (Last Name)
Placzek

3. Date
03-January-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Peter Schilling, MD, MSc

5. Manuscript Title
Risk-adjusted cost performance for 90-day total knee arthroplasty episodes:
Data and methods for comparing U.S. hospitals nationwide

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-01017R1

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**.

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

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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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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. Placzek has nothing to disclose.

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