

Instructions

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earning royalties or not

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

Masonis 1



| Section 1. Identifying Infor | mation | | |
|--|---|--------------------------|--|
| 1. Given Name (First Name) John | 2. Surname (Last Name) Masonis | | 3. Date 10-March - 2021 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Autho | |
| 5. Manuscript Title Results of the First US FDA-Approved | Hip Resurfacing Device at 1 | 0-Year Follow-up | |
| 6. Manuscript Identifying Number (if you I JBJS-D-20-01886 | know it) | | |
| | | _ | |
| Section 2. The Work Under 0 | Consideration for Public | cation | |
| any aspect of the submitted work (includir statistical analysis, etc.)? Are there any relevant conflicts of inte | ng but not limited to grants, da rest? | ata monitoring board, st | ent, commercial, private foundation, etc.) for udy design, manuscript preparation, ty press the "ADD" button to add a row. |
| Name of Institution/Company | Grant? Personal No | n-Financial Other? | Comments |
| Smith and Nephew | | | Research support |
| Section 3. Relevant financia | l activities outside the s | submitted work. | |
| | ribed in the instructions. Us | se one line for each er | cial relationships (regardless of amount ntity; add as many lines as you need by a 36 months prior to publication . |
| Are there any relevant conflicts of inte | | | |
| If yes, please fill out the appropriate in | tormation below. | | |
| Name of Entity | Grant | n-Financial Other? | Comments |
| Smith and Nephew | | | Consultant fees and royalties for an |

Masonis 2



| Section 4. Intellectual Property Patents & Copyrights |
|---|
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume |
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| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. |
| Dr. Masonis reports other from Smith and Nephew, during the conduct of the study; personal fees and other from Smith and Nephew, outside the submitted work;. |

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Masonis 3



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Su 1



| Section 1. Identifying Inform | nation | | |
|---|--|-------------------------|--|
| 1. Given Name (First Name) Edwin | 2. Surname (Last Name) Su | | 3. Date 06-March-2021 |
| 4. Are you the corresponding author? | Yes V No | Corresponding Authors. | |
| 5. Manuscript Title Results of the First US FDA-Approved H | ip Resurfacing Device at 1 | 0-Year Follow-up | |
| 6. Manuscript Identifying Number (if you kr JBJS-D-20-01886 | now it) | _ | |
| | | | |
| Section 2. The Work Under Co | onsideration for Public | cation | |
| any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere | g but not limited to grants, da est? Yes No ormation below. If you hav | ta monitoring board, st | ent, commercial, private foundation, etc.) for cudy design, manuscript preparation, ity press the "ADD" button to add a row. |
| Name of Institution/Company | Grant | n-Financial other? | Comments |
| Smith and Nephew | V | | Institution received research support for the study |
| Section 2 | | | |
| Section 3. Relevant financial | activities outside the s | submitted work. | |
| Place a check in the appropriate boxes in of compensation) with entities as descriptions the "Add +" box. You should repose the characteristics as descriptions." | ibed in the instructions. Us | se one line for each e | ntity; add as many lines as you need by |
| Are there any relevant conflicts of intere | | | |
| If yes, please fill out the appropriate info | ormation below. | | |
| Name of Entity | Grant | n-Financial upport? | Comments |
| Smith and Nephew | | | Consulting work on hip products, including hip resurfacing |

Su 2



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Noble, Jr.



| Section 1. | Identifying Inform | nation | | | | |
|--|---|--|----------------------------------|---------------------------------|------------------------|---------------------|
| 1. Given Name (Fi John | rst Name) | 2. Surname (Last Name) Noble, Jr. | | | 3. Date 11-January- | 2021 |
| 4. Are you the cor | responding author? | Yes ✓ No | | ding Author's N on Engh, Jr. | ame | |
| 5. Manuscript Title Results of the Fir | | ip Resurfacing Device at | 10-Year Follo | w-up | | |
| 6. Manuscript Ider JBJS-D-20-01886 | ntifying Number (if you kn | now it) | | | | |
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| Section 2. | The Work Under Co | onsideration for Pub | lication | | | |
| any aspect of the s statistical analysis, Are there any rel If yes, please fill o | ubmitted work (including etc.)? evant conflicts of intere | ormation below. If you h g the "X" button. | data monitoring ave more than | g board, study c | design, manuscri | ipt preparation, |
| Name of Institut | ion/Company | Grant? Personal N | on-Financial Support? | Other? Co | omments | |
| Smith & Nephew | | | | Rese | earch support | |
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| Section 3. | Relevant financial | activities outside the | submitted | work. | | |
| of compensation clicking the "Adc Are there any rel |) with entities as descri | n the table to indicate with the table to indicate with the instructions. Soort relationships that west? | Use one line fo | or each entity; | add as many I | ines as you need by |
| Section 4. | Intellectual Proper | ty Patents & Copyı | rights | | | |
| Do you have any | patents, whether plan | ned, pending or issued, | broadly releva | nt to the work | k? Yes | ✓ No |

Noble, Jr. 2



| Section 5. Relationships not covered above |
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| Dr. Noble, Jr. reports other from Smith & Nephew, during the conduct of the study. |

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Bhal 1



| Section 1. | Identifying Inform | nation | | |
|---|----------------------------|---|---|--|
| 1. Given Name (Fi Vinay | rst Name) | 2. Surname (Last Name) Bhal | | 3. Date 08-March-2021 |
| 4. Are you the cor | responding author? | ☐ Yes ✓ No | Corresponding Author's N C. Anderson Engh, Jr. | lame |
| 5. Manuscript Title Results of the Fir | | lip Resurfacing Device at 1 | 0-Year Follow-up | |
| 6. Manuscript Ider JBJS-D-20-01886 | ntifying Number (if you kr | now it) | | |
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| of compensation clicking the "Ado Are there any rel |) with entities as descr | ibed in the instructions. U port relationships that we est? | se one line for each entity; | elationships (regardless of amount add as many lines as you need by months prior to publication. |
| Name of Entity | | Grant? Personal No | n-Financial Other? Co | omments |
| Smith & Nephew Inc. | | | Vina | ny Bhal was employee of S&N |
| Section 4. | • | rty Patents & Copyri | | |
| Do you have any | patents, whether plan | ned, pending or issued, b | roadly relevant to the work | k? ☐ Yes 📝 No |

Bhal 2



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Engh 1



| Section 1. Identifying Inform | | | |
|--|---|--|------------|
| Identifying Inforn | nation | | |
| 1. Given Name (First Name) Charles | 2. Surname (Last Name) Engh | 3. Date 10-January-2021 | |
| 4. Are you the corresponding author? | ☐ Yes 🗸 No | Corresponding Author's Name | |
| 5. Manuscript Title Results of the First US FDA-Approved H | lip Resurfacing Device at 1 | 0-Year Follow-up | |
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| | | | |
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| | g but not limited to grants, da | a a third party (government, commercial, private foundat ata monitoring board, study design, manuscript preparat | |
| , | ormation below. If you hav | ve more than one entity press the "ADD" button to | add a row. |
| Name of Institution/Company | Grant? Personal Nor | on-Financial Other? Comments | |
| Smith and Nephew | | Instutional Support for study Expenses | |
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| of compensation) with entities as descr clicking the "Add +" box. You should re | ibed in the instructions. Us port relationships that wer | ether you have financial relationships (regardless one line for each entity; add as many lines as you re present during the 36 months prior to publica | ı need by |
| Are there any relevant conflicts of inter- | | | |
| If yes, please fill out the appropriate info | ormation below. | | |
| Name of Entity | Grant | on-Financial Other? Comments | |
| DePuy | | Royalties | |

Engh 2



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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

Relationships not covered above.

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

Ho 1



| Section 1. | Identifying Inform | ation | | | | |
|--|----------------------------|-------------------------------------|----------------|--|------------|--|
| 1. Given Name (Fii Henry | rst Name) | 2. Surnan Ho | ne (Last Name | <u>e</u>) | | 3. Date 14-January-2021 |
| 4. Are you the cor | responding author? | Yes | ✓ No | Correspon C. Anders | _ | |
| 5. Manuscript Title Results of the Fir | e st US FDA-Approved H | ip Resurfac | ing Device a | at 10-Year Follo | w-up | |
| 6. Manuscript Ider JBJS-D-20-01886 | ntifying Number (if you kr | ow it) | | | | |
| Section 2. | | | | | | |
| Section 2. | The Work Under Co | onsiderat | ion for Pul | blication | | |
| any aspect of the s statistical analysis, | ubmitted work (including | but not lim | ited to grants | , data monitorin | | ent, commercial, private foundation, etc.) for udy design, manuscript preparation, |
| If yes, please fill o | | rmation b | elow. If you l | | n one ent | ity press the "ADD" button to add a row. |
| Name of Institut | ion/Company | Grant? | Personal Fees? | Non-Financial Support <mark>?</mark> | Other? | Comments |
| Smith and Nephew, l | nc | | | | ✓ | The Anderson Orthopaedic Research Institute received funding to support this FDA Post-Approval Study. No funding was allocated for the preparation of this manuscript. |
| | | | | | | |
| Section 3. | Relevant financial | activities | outside th | e submitted | work. | |
| of compensation clicking the "Add |) with entities as descri | bed in the oort re l atio | instructions | . Use one line fo were present d | or each e | cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication. |
| | | | | | | |
| Section 4. | Intellectual Proper | ty Pate | nts & Copy | rights | | |
| Do you have any | patents, whether plan | ned, pendi | ng or issued | , broadly releva | ant to the | work? Yes V No |

Ho 2



| Coation F | |
|-------------------|---|
| Section 5. | Relationships not covered above |
| | elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work? |
| ✓ Yes, the follow | wing relationships/conditions/circumstances are present (explain below): |
| No other rela | tionships/conditions/circumstances that present a potential conflict of interest |
| The Inova Health | System provides financial support for the Anderson Orthopaedic Research Institute. |
| | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships. |
| Section 6. | Disclosure Statement |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box |
| | ther from Smith and Nephew, Inc, during the conduct of the study; and The Inova Health System provides tfor the Anderson Orthopaedic Research Institute. |

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Ho 3



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.

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

Hopper, Jr. 1



| Section 1. Identifying | nformation | | | |
|---|---------------------------------------|--|--|--|
| 1. Given Name (First Name) Robert | 2. Surname (Last Name) Hopper, Jr. | 3. Date 07-January-2021 | | |
| 4. Are you the corresponding author | r? Yes ✓ No | Corresponding Author's Name C. Anderson Engh, Jr. | | |
| 5. Manuscript Title Results of the First US FDA-Approved Hip Resurfacing Device at 10-Year Follow-up | | | | |
| 6. Manuscript Identifying Number (JBJS-D-20-01886 | f you know it) | _ | | |
| Section 2. The Work Ur | | | | |
| The Work Ur | der Consideration for Public | cation | | |
| | cluding but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, | | |
| • | ate information below. If you hav | re more than one entity press the "ADD" button to add a row. | | |
| Name of Institution/Company | Giailt | n-Financial other? Comments | | |
| Smith and Nephew, Inc | | The Anderson Orthopaedic Research Institute received funding to support this FDA Post-Approval Study. No funding was allocated for the preparation of this manuscript. | | |
| | | | | |
| 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 V No | | | | |
| , | | | | |
| Section 4. Intellectual I | Property Patents & Copyric | yhts | | |
| Do you have any patents, wheth | er planned, pending or issued, br | oadly relevant to the work? Yes Vo | | |

Hopper, Jr. 2



| Section 5. | | | | |
|---|---|--|--|--|
| 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? | | | | |
| ✓ Yes, the follow | wing relationships/conditions/circumstances are present (explain below): | | | |
| No other relationships/conditions/circumstances that present a potential conflict of interest | | | | |
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| | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships. | | | |
| Section 6. | Disclosure Statement | | | |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box | | | |
| | ports other from Smith and Nephew, Inc, during the conduct of the study; and the Inova Health System all support for the Anderson Orthopaedic Research Institute. | | | |

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Hopper, Jr. 3



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Housman 1



| Section 1. Identifying Inform | ation | |
|---|--|---|
| 1. Given Name (First Name) Lawrence | 2. Surname (Last Name) Housman | 3. Date 08-March-2021 |
| 4. Are you the corresponding author? | Yes V No | Corresponding Author's Name C. Anderson Engh, Jr. |
| 5. Manuscript Title Results of the First US FDA-Approved Hi | ip Resurfacing Device at 1 | 0-Year Follow-up |
| 6. Manuscript Identifying Number (if you kn JBJS-D-20-01886 | ow it) | _ |
| | | |
| Section 2. The Work Under Co | onsideration for Public | cation |
| any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere | but not limited to grants, dansts. Pest? Yes No Description below. If you have | a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation, we more than one entity press the "ADD" button to add a row. |
| Name of Institution/Company | Grant | n-Financial other? Comments |
| Smith and Nephew | V | The research department of my organization, Tucson Orthopaedic Institute, continues to collaborate with Smith and Nephew (manufacturer of the BHR hip). I am an active participant in this study and both Tucson Orthopeadic Institute Research and myself received funds to support this research. |
| Section 3. Relevant financial | activities outside the s | submitted work. |
| of compensation) with entities as descri | bed in the instructions. Use port relationships that wer | ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication. |

Housman 2



| Services 4 | | | | |
|--|--|--|--|--|
| Section 4. Intellectual Property Patents & Copyrights | | | | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | |
| Section 5. Relationships not covered above | | | | |
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| No other relationships/conditions/circumstances that present a potential conflict of interest | | | | |
| 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. Housman reports grants and personal fees from Smith and Nephew, during the conduct of the study;. | | | | |

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Housman 3