

Instructions

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

Kärrholm 1



| Section 1. Identifying Inform | ation | | |
|--|--|--|---------|
| 1. Given Name (First Name) Johan | 2. Surname (Last Name) Kärrholm | 3. Date 01-October-2020 | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Karin Svensson | |
| Manuscript Title Improved success after exchange of mo observational study on 575 patients wit Manuscript Identifying Number (if you kn JBJSOA-D-20-00110R1 | h infected primary total h | ridement, Antibiotics and Implant Retention: an ip arthroplasty | |
| | | _ | |
| Section 2. The Work Under Co | onsideration for Public | ation | |
| | but not limited to grants, da | a third party (government, commercial, private foundatio ta monitoring board, study design, manuscript preparatio | |
| Section 3. Relevant financial | activities outside the s | ubmitted work. | |
| of compensation) with entities as descri | bed in the instructions. Us port relationships that wer | ether you have financial relationships (regardless of se one line for each entity; add as many lines as you need to publicat se present during the 36 months prior to publicat | need by |
| Section 4. Intellectual Proper | ty Patents & Copyric | uhte | |
| intellectual Proper | ty Patents & Copyrig | ints —— | |
| Do you have any patents, whether plant | ned, pending or issued, br | oadly relevant to the work? Yes Vo | |

Kärrholm 2



| Section 5. Relationships not severed above |
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| 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 |
| 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. Kärrholm has nothing to disclose. |

Evaluation and Feedback

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Kärrholm 3



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Schilcher 1



| Section 1. Identifying Inform | | | | | |
|---|---|--------------------------|--------------------------------------|--|--|
| Identifying Information | | | | | |
| 1. Given Name (First Name) Jörg | 2. Surname (Last Name) Schilcher | | 3. Date 01-October-2020 | | |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's | s Name | | |
| Manuscript Title Improved success after exchange of mo observational study on 575 patients wit Manuscript Identifying Number (if you kn JBJSOA-D-20-00110R1 | h infected primary total h | | nd Implant Retention: an | | |
| Section 2. The Work Under Co | | | | | |
| The Work Under Co | onsideration for Public | cation | | | |
| Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? | | | | | |
| Are there any relevant conflicts of intere | st? 🗸 Yes 🗌 No | | | | |
| If yes, please fill out the appropriate info Excess rows can be removed by pressing | | e more than one entity | press the "ADD" button to add a row. | | |
| Name of Institution/Company | Grant | n-Financial other? | Comments | | |
| ALF Östergötland | ✓ | | | | |
| Section 3. Polovant financial | | | | | |
| Relevant financial | activities outside the s | submitted work. | | | |
| Place a check in the appropriate boxes in of compensation) with entities as descri- clicking the "Add +" box. You should rep Are there any relevant conflicts of intere- If yes, please fill out the appropriate info | bed in the instructions. Us port relationships that wer st? | e one line for each enti | ty; add as many lines as you need by | | |
| Name of Entity | Grant• | n-Financial Other? | Comments | | |
| SECTRA AB | | | | | |
| Link Sweden AB | | | | | |
| FORSS | | | | | |
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Schilcher 2



| Soutien A |
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| Section 4. Intellectual Property Patents & Copyrights |
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| Dr. Schilcher reports grants from ALF Östergötland, during the conduct of the study; personal fees from SECTRA AB, personal fees from Link Sweden AB, grants from FORSS, outside the submitted work; . |

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Svensson 1



| Section 1. | Identifying Inform | ation | | | |
|-----------------------------------|--|---|---|-----------------|--|
| 1. Given Name (Fi Karin | | 2. Surname (Last Nam Svensson | e) | | 3. Date 01-October-2020 |
| 4. Are you the cor | responding author? | Yes No | | | |
| observational stu | ss after exchange of mo udy on 575 patients wit ntifying Number (if you kn | h infected primary tot | | | d Implant Retention: an |
| | l. | | | | |
| Section 2. | The Work Under Co | onsideration for Pu | blication | | |
| | ubmitted work (including | | | | commercial, private foundation, etc.) for design, manuscript preparation, |
| Are there any rel | evant conflicts of intere | est? ✓ Yes | lo | | |
| | out the appropriate info be removed by pressing | | have more than | one entity p | ress the "ADD" button to add a row. |
| Name of Institut | | | Non-Financial Support? | Other? Co | omments |
| Regional research gra | ants (ALFGBG-719961) | ✓ | | | |
| Doktor Felix Neuberg | hs foundation | | | | |
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| Section 3. | Relevant financial | activities outside t | he submitted | work. | |
| of compensation clicking the "Add |) with entities as descri I +" box. You should rep | bed in the instruction port relationships that | s. Use one line fo were present d | or each entity; | relationships (regardless of amount r; add as many lines as you need by months prior to publication. |
| Are there any rel | evant conflicts of intere | est? | lo | | |
| Section 4. | Intellectual Proper | ty Patents & Cop | yrights | | |
| Do you have any | patents, whether plan | | | nt to the wor | k? Yes 🗸 No |

Svensson 2



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Naucler 1



| Section 1. | dentifying Inform | ation | | |
|---|--|--|--|---|
| 1. Given Name (First l Emma | Name) | 2. Surname (Last Name) Naucler | | 3. Date 24-August-2020 |
| 4. Are you the corresp | ponding author? | Yes ✓ No | Corresponding Author's Na Karin Svensson | me |
| - | _ | dular components in De h infected primary total | bridement, Antibiotics and I hip arthroplasty | mplant Retention: an |
| • | ying Number (if you kno | | | |
| | | | | |
| Section 2. | he Work Under Co | onsideration for Publ | ication | |
| any aspect of the subs statistical analysis, etc | mitted work (including | but not limited to grants, o | m a third party (government, co data monitoring board, study de | mmercial, private foundation, etc.) for esign, manuscript preparation, |
| Section 3. | alovant financial | activities outside the | | |
| Place a check in the of compensation) w | e appropriate boxes ir vith entities as descrik | n the table to indicate wood in the instructions. Upon the instructions wort relationships that wo | hether you have financial rel Jse one line for each entity; a | lationships (regardless of amount add as many lines as you need by nonths prior to publication. |
| Section 4. Ir | ntellectual Propert | ty Patents & Copyr | ights | |
| Do you have any pa | atents, whether plann | ned, pending or issued, k | proadly relevant to the works | ? ☐ Yes ✓ No |

Naucler 2



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| Emma Naucler has nothing to disclose. |

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Johanson 1



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| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Karin Svensson | Name | | | | |
| 5. Manuscript Title Improved success after exchange of modular components in Debridement, Antibiotics and Implant Retention: an observational study on 575 patients with infected primary total hip arthroplasty 6. Manuscript Identifying Number (if you know it) | | | | | | | |
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| Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest | but not limited to grants, da | | | c.) for | | | |
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| Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interest fill out the appropriate information. | oed in the instructions. Use ort relationships that we st? | se one line for each entity | y; add as many lines as you need | d by | | | |
| Name of Entity | Grant? Personal No | n-Financial Other? C | Comments | | | | |
| Stryker | ✓ | Ins | titutional support | | | | |
| Zimmer Biomet | ✓ | Ins | titutional support | | | | |
| Smith&Nephew | ✓ | Ins | titutional support | | | | |
| DePuv | | Ins | titutional support | | | | |

Johanson 2



| Soutien A |
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| Dr. Johanson reports grants from Stryker, grants from Zimmer Biomet, grants from Smith&Nephew, grants from DePuy, outside the submitted work; . |

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Intellectual Property.

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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

Mohaddes 1



| Section 1. Identifying Info | ormation | | |
|--|--|--|---|
| 1. Given Name (First Name) Maziar | 2. Surname (Last Name) Mohaddes | | 3. Date 24-August-2020 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Karin Svensson | Name |
| 5. Manuscript TitleImproved success after exchange of observational study on 575 patients6. Manuscript Identifying Number (if you | with infected primary total h | | d Implant Retention: an |
| Section 2. The Work Under | r Consideration for Publi | cation | |
| Did you or your institution at any time re any aspect of the submitted work (includ statistical analysis, etc.)? Are there any relevant conflicts of inf | ling but not limited to grants, da | | commercial, private foundation, etc.) for design, manuscript preparation, |
| Section 3. Relevant financi | ial activities outside the | submitted work. | |
| Place a check in the appropriate box of compensation) with entities as de clicking the "Add +" box. You should Are there any relevant conflicts of integral of the appropriate of the second se | scribed in the instructions. U report relationships that we terest? Yes No | se one line for each entit | y; add as many lines as you need by |
| Name of Entity | Grant? Personal No | n-Financial Other? | Comments |
| Zimmer Biomet | / | | stitutional support |
| Zimmer Biomet | | We | orkshop |
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| Stryker | ✓ | lns | stitutional support |
| Link | | Ins | structional course |

Mohaddes 2



| Soutien A |
|---|
| Section 4. Intellectual Property Patents & Copyrights |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V |
| 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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Mohaddes 3



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Rolfson 1



| Section 1. Identifying Infor | mation | | | |
|--|---|--|---|---------|
| Given Name (First Name) Ola | 2. Surname (Last Name) Rolfson | | 3. Date 24-August-2020 | |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Au | thor's Name | |
| 5. Manuscript Title Improved success after exchange of robservational study on 575 patients v | • | | ics and Implant Retention: an | |
| 6. Manuscript Identifying Number (if you | know it) | | | |
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| Section 2. The Work Under | Consideration for Publi | cation | | |
| Did you or your institution at any time recany aspect of the submitted work (includi statistical analysis, etc.)? Are there any relevant conflicts of inte | ng but not limited to grants, da | ata monitoring board, | , study design, manuscript preparation, | c.) for |
| Section 3. Relevant financia | al activities outside the | submitted work. | | |
| Place a check in the appropriate boxe of compensation) with entities as desclicking the "Add +" box. You should rate there any relevant conflicts of intelligence of the second s | cribed in the instructions. Use port relationships that we erest? Yes No offormation below. | se one line for each re present during t | entity; add as many lines as you nee | d by |
| Name of Entity | Grant? Personal No | n-Financial Other | Comments | |
| LINK Sweden | | | Compensation to my employer for lecturing | |
| Pfizer | | | Compensation to my employer for research advice | |
| Stryker | √ | | Research funding to m institution | |

Rolfson 2



| Section 4. Intellectual Property Patents & Copyrights |
|--|
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo |
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| Dr. Rolfson reports other from LINK Sweden, other from Pfizer, grants from Stryker, outside the submitted work; . |

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Rolfson 3



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Sköldenberg 1



| Section 1. | Identifying Inform | ation | | | |
|--|--------------------------|---|--|--|--|
| 1. Given Name (Fir Olof | st Name) | 2. Surnam Sköldenb | ie (Last Name) ierg | | 3. Date 24-August-2020 |
| 4. Are you the corr | esponding author? | Yes | √ No | Corresponding A | |
| observational stu | | h infected | | | iotics and Implant Retention: an |
| Section 2. | The Work Under Co | onsiderati | ion for Public | ation | |
| any aspect of the su statistical analysis, e | ubmitted work (including | but not limi | | | ernment, commercial, private foundation, etc.) foords |
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| Name of Entity | | Grant? | Personal Nor | n-Financial Oth | ner? Comments |
| Zimmer-biomet | | ✓ | | | Research funding to m institution |
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| Section 4. | Intellectual Proper | ty Pateı | nts & Copyri <u>c</u> | jhts | |
| Do you have any | patents, whether plan | ned, pendir | ng or issued, br | oadly relevant to | o the work? |

Sköldenberg 2



| Section 5. Relationships not severed above |
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| Relationships not covered above |
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| Dr. Sköldenberg reports grants from Zimmer-biomet, outside the submitted work. |

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Sköldenberg 3



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

1

administrative support, etc.



| Section 1. | Identifying Inform | ation | | | | |
|---|--|--|--|--|--|--|
| 1. Given Name (Fi | rst Name) | Surname (Last Name) Lazarinis Date 24-August-2020 | | | | |
| 4. Are you the cor | responding author? | ☐ Yes ✓ No | Corresponding Author's Name Karin Svensson | | | |
| observational stu | ss after exchange of mo | h infected primary total h | ridement, Antibiotics and Implant Retention: an ip arthroplasty | | | |
| | | | | | | |
| Section 2. The Work Under Consideration for Publication | | | | | | |
| any aspect of the s statistical analysis, | ubmitted work (including | but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, | | | |
| Section 3. | Relevant financial | activities outside the s | submitted work. | | | |
| of compensation clicking the "Add | the appropriate boxes i) with entities as descri | n the table to indicate wh bed in the instructions. Us port relationships that we | 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. | | | |
| Section 4. | Intellectual Proper | ty Patents & Copyri | ghts | | | |
| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No | | | |

Lazarinis 2



| Section 5. Relationships not severed above |
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| Relationships not covered above |
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| Dr. Lazarinis has nothing to disclose. |

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