

## 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.

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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.

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.

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**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

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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)  
Peter

2. Surname (Last Name)  
Lapner

3. Date  
12-April-2020

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

5. Manuscript Title  
Total Shoulder Arthroplasty is More Cost Effective than Hemiarthroplasty:  
A Real-world Economic Evaluation

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

### 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

If yes, please fill out the appropriate information below.

| Name of Entity | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|----------|
| Wright Medical | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

### 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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### Section 5. Relationships not covered above

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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. Lapner reports personal fees from Wright Medical, outside the submitted work; .

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Kednapa

2. Surname (Last Name)

Thavorn

3. Date

14-April-2020

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Dr. Peter Lapner

5. Manuscript Title

Total Shoulder Arthroplasty is More Cost Effective than Hemiarthroplasty: A Real-world Economic Evaluation

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

### 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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Dr. Thavorn has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Srishti

2. Surname (Last Name)

Kumar

3. Date

14-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Dr. Peter Lapner

5. Manuscript Title

Total Shoulder Arthroplasty is More Cost Effective than Hemiarthroplasty: A Real-world Economic Evaluation

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Ms. Kumar has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sasha

2. Surname (Last Name)  
van Katwyk

3. Date  
14-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Dr. Peter Lapner

5. Manuscript Title  
Total Shoulder Arthroplasty is More Cost Effective than Hemiarthroplasty: A Real-world Economic Evaluation

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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Mr. van Katwyk has nothing to disclose.

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