Date: 03/08/2021 Your Name: Per Jolbäck

Manuscript Title: Does the gender of the surgeon influence adverse events following primary total hip arthroplasty? A

register-based study of 11,993 procedures and 200 surgeons in Swedish public hospitals

Manuscript number (if known): JBJS-D-21-00744

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10		None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

Please place an "X" next to the following statement to indicate your agreement:

 I certify that I have answered	devery question and	have not altered	the wording of	any of the ques	tions on this
form.					

Date: Augus	x 31°,	4021	15.0				_
Your Name:	Comila	Bedesdi	Rego	De	Mattos		

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3	Royalties or licenses	<b></b> ✓ None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	× None	
8	Patents planned, issued or pending	<u>X</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	Brazillian Alvociation of Women in Or the paedics Women in Orthopaedics Worldwid
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date	e:8/25/2021		
You	r Name:_Antonia Chen		
regi	•	procedures and 200 surge	ce adverse events following primary total hip arthroplasty? A ons in Swedish public hospitals
rela part to ti	ted to the content of your n ies whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to tl	ne epidemiology of hyperter lication, even if that medica	nsion, you should declare tion is not mentioned in t	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.  d in this manuscript without time limit. For all other items,
the	time frame for disclosure is	the past 36 months.	
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	xNone	
2	Constant to	Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	

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bOne, Stryker

None

None

Royalties or licenses

Consulting fees

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	xNone	
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	xNone	
	pending		
9	9 Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
	Advisory Board		
10	Leadership or fiduciary role	None	AAOS, AJRR, AAHKS
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	bOne
12	Receipt of equipment,	xNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	_xNone	
	financial interests		

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Date	e:Septeml	or 1 2021				
	r Name: Cecilia F					
Mar regi	Aanuscript Title: Does the gender of the surgeon influence adverse events following primary total hip arthroplasty? A egister-based study of 11,993 procedures and 200 surgeons in Swedish public hospitals  Aanuscript number (if known): JBJS-D-21-00744					
rela part to ti	ted to the content of your n ies whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.			
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>			
to tl		nsion, you should declare a	efined broadly. For example, if your manuscript pertain Il relationships with manufacturers of antihypertensive e manuscript.			
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other ite	ms,		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)			
		Time frame: Since the initial	planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	ALF grant (Swedish Research Council funding for				

Time frame: past 36 months

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Council funding for clinical research in medicine)

Time frame: past 36 months

Notime limit for this item.

Time frame: past 36 months

\_\_\_\_ None

3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	-		
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non- financial interests	None	

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_X I certify that I have ans form.	wered every question and ha	ve not altered the wording of any of the questions on this

Date	e:August 27 2021		
You	r Name:		
Emr	na Nauclér		
Mar	nuscript Title: Does the geno	der of the surgeon influen	ce adverse events following primary total hip arthroplasty? A
regi	ster-based study of 11,993 p	procedures and 200 surge	ons in Swedish public hospitals
Maı	nuscript number (if known):	JBJS-D-21-00744	
rela part to t	ted to the content of your n ties whose interests may be	nanuscript. "Related" me affected by the content o ecessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a o so.
	following questions apply t	o the author's relationshi	ps/activities/interests as they relate to the current
to the med	he epidemiology of hyperted dication, even if that medication.	nsion, you should declare ation is not mentioned in the port for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  In this manuscript without time limit. For all other items,
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as needed)	institution)
		Time frame: Since the initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	None	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		T: f	at 26 manths
2	Grants or contracts from	Time frame: pas	St 50 months
-	2. 2.1.0 3. 33.1.0 10.11		

any entity (if not indicated

in item #1 above).

3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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Date: \_25 August 2021\_

Your Name: Georgios Tsikandylakis

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in item #1 above).

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any entity (if not indicated

X None

X None

Manuscript Title: Does the gender of the surgeon influence adverse events following primary total hip arthroplasty? A register-based study of 11,993 procedures and 200 surgeons in Swedish public hospitals  Manuscript number (if known): JBJS-D-21-00744						
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1	All support for the present manuscript (e.g., funding, provision of study materials,	X None				
	medical writing, article					
	processing charges, etc.)  No time limit for this item.					
		Time frame: pas	26			

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	
11	Stock or stock options	X None	
12	Possint of aguinment	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-	X None	
13	financial interests	A NOTIE	

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