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.

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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
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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)  
   Matthew

2. Surname (Last Name)  
   Abdel

3. Date  
   23-April-2018

4. Are you the corresponding author?  
   ✔ Yes   No

5. Manuscript Title  
   Polyethylene Liner and Femoral Head Exchange in Total Hip Arthroplasty: 
   Factors Associated with Long-term Success and Failure

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

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Are there any relevant conflicts of interest?  
   ✔ Yes   No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
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<th>Personal Fees?</th>
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<td>Paid consultant</td>
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</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ Yes   No
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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Abdel reports personal fees from Stryker, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Daniel
2. Surname (Last Name)  Berry
3. Date  23-April-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Matthew P Abdel MD
5. Manuscript Title
   Polyethylene Liner and Femoral Head Exchange in Total Hip Arthroplasty:
   Factors Associated with Long-term Success and Failure
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Are there any relevant conflicts of interest?  Yes  No

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<th>Other?</th>
<th>Comments</th>
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<td>Member, Steering Committee</td>
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<td>✔</td>
<td>Stock/Scientific Adviser</td>
</tr>
</tbody>
</table>

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ✔ 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.

<table>
<thead>
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<td>Related to hip and knee implants</td>
</tr>
</tbody>
</table>

**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 following relationships/conditions/circumstances are present (explain below):
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**Section 6. Disclosure Statement**

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Dr. Berry reports personal fees from Journal of Bone and Joint Surgery, personal fees from DePuy, personal fees from Wolter Kluwer, personal fees from Elsevier, other from American Joint Replacement Registry, other from International Hip Society, other from International Society of Arthroplasty Registries, other from Bodycad, outside the submitted work; In addition, Dr. Berry has a patent DePuy issued.
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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Stephen
2. **Surname (Last Name)**
   - Petis
3. **Date**
   - 23-April-2018
4. **Are you the corresponding author?**
   - Yes ✔
5. **Manuscript Title**
   - Polyethylene Liner and Femoral Head Exchange in Total Hip Arthroplasty: Factors Associated with Success and Failure
6. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

- Yes
- No ✔

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Dr. Petis has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Robert
2. Surname (Last Name)  Hartzler
3. Date  24-April-2018
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Matthew P Abdel MD

5. Manuscript Title
Polyethylene Liner and Femoral Head Exchange in Total Hip Arthroplasty: Factors Associated with Long-term Success and Failure

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<tr>
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<td>Book Royalties - Shoulder Surgery, likely not relevant</td>
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<td>Arthrex, Inc</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>Consultant - Shoulder arthroplasty</td>
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</table>

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Dr. Hartzler reports other from Wolters-Kluwer Health, other from Arthrex, Inc, outside the submitted work.

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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
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1. Given Name (First Name)  
   Bernd

2. Surname (Last Name)  
   Kubista

3. Date  
   24-April-2018

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
Matthew P Abdel MD

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Dr. Kubista has nothing to disclose.

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