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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### Section 1. Identifying Information

1. Given Name (First Name)  
   Thea

2. Surname (Last Name)  
   Vliet Vlieland

3. Date  
   20-October-2018

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

   Corresponding Author’s Name  
   CS Leichtenberg

5. Manuscript Title  
   Preoperative pain modifies the effect of radiographic osteoarthritis severity on postoperative pain and function at 1 year in Total Knee Arthroplasty patients

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Dr. Vliet Vlieland reports grants from Dutch Arthritis Foundation (LLP13), during the conduct of the study.

Evaluation and Feedback

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Nelissen
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rob
2. Surname (Last Name) Nelissen
3. Date 20-October-2018
4. Are you the corresponding author? ☐ Yes ✔ No

Corresponding Author's Name
CS Leichtenberg

5. Manuscript Title
Preoperative pain modifies the effect of radiographic osteoarthritis severity on postoperative pain and function at 1 year in Total Knee Arthroplasty patients

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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Section 1. Identifying Information

1. Given Name (First Name)
   Claudia

2. Surname (Last Name)
   Leichtenberg

3. Date
   20-October-2018

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

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Maaike
2. Surname (Last Name) Gademan
3. Date 20-October-2018
4. Are you the corresponding author? Yes ✔ No
5. Manuscript Title
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Dr. Gademan reports grants from Dutch Arthritis Foundation (LLP13), during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name) Herman
2. Surname (Last Name) Kaptijn
3. Date 20-October-2018
4. Are you the corresponding author?  
   ✔ Yes  
   No
5. Manuscript Title
   Preoperative pain modifies the effect of radiographic osteoarthritis severity on postoperative pain and function at 1 year in Total Knee Arthroplasty patients
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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Research grant for RSA study Triatlon Total knee system with regards to polyethylene wear.

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   No
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Dr. Kaptijn reports grants from Stryker, outside the submitted work.

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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)  
   Ricky

2. Surname (Last Name)  
   van de Water

3. Date  
   20-October-2018

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   Preoperative pain modifies the effect of radiographic osteoarthritis severity on postoperative pain and function at 1 year in Total Knee Arthroplasty patients

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?  
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## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Ricky van de Water 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)  Herman
2. Surname (Last Name)  Kroon
3. Date  20-October-2018
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Preoperative pain modifies the effect of radiographic osteoarthritis severity on postoperative pain and function at 1 year in Total Knee Arthroplasty patients

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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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. Kroon has nothing to disclose.

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Onstenk
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Ron
2. Surname (Last Name)  Onstenk
3. Date  20-October-2018
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  CS Leichtenberg
5. Manuscript Title
   Preoperative pain modifies the effect of radiographic osteoarthritis severity on postoperative pain and function at 1 year in Total Knee Arthroplasty patients
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Suzan</td>
<td>Verdegaal</td>
<td>20-October-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  

Corresponding Author's Name  
   - CS Leichtenberg

5. Manuscript Title  
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Dr. Verdegaal has nothing to disclose.

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