ICMJE DISCLOSURE FORM

Date: 10/26/2021

Your Name: Jamie Collins

Manuscript Title: Cost-effectiveness of Arthroscopic Partial Meniscectomy and Physical Therapy for Degenerative Meniscal Tear

Manuscript Number (if known): Click or tap here to enter text.

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 author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported 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 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 |
| | NIH/NIAMS | NIH grant to support work on phenotyping in knee osteoarthritis, K01 AR075879 |
| | | |
| 3 | Royalties or licenses | ☒ None |
| | | |
|   | 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) |
|---|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                             | ☒ None                                                                          |
|   | ☒ None                                                                                    |                                                                                 |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                          |
|   | ☒ None                                                                                    |                                                                                 |
| 6 | Payment for expert testimony                                                                | ☒ None                                                                          |
|   | ☒ None                                                                                    |                                                                                 |
| 7 | Support for attending meetings and/or travel                                                 | ☒ None                                                                          |
|   | ☒ None                                                                                    |                                                                                 |
| 8 | Patents planned, issued or pending                                                          | ☒ None                                                                          |
|   | ☒ None                                                                                    |                                                                                 |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                           | ☒ None                                                                          |
|   | ☒ None                                                                                    |                                                                                 |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                          |
|   | ☒ None                                                                                    |                                                                                 |
|   | 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) |
|---|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 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 |

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

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

Date: 11/3/2021
Your Name: Alexander Farid
Manuscript Title: Cost-effectiveness of Arthroscopic Partial Meniscectomy and Physical Therapy for Degenerative Meniscal Tear
Manuscript Number (if known): x

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.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| Item | 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) |
|------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None                                                                            |
|      | No time limit for this item.                                                                |                                                                                  |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                    | ☒ None                                                                            |
| 3    | Royalties or licenses                                                                       | ☒ None                                                                            |

Time frame: Since the initial planning of the work

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

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

\(\text{☒} \) I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: 10/31/2021

Your Name: Jeffrey N. Katz, MD, MSc

Manuscript Title: Cost-effectiveness of Arthroscopic Partial Meniscectomy and Physical Therapy for Degenerative Meniscal Tear

Manuscript Number (if known): Click or tap here to enter text.

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.

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| --- | --- |
| **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 |
| NIH grants | |
| | Click the tab key to add additional rows. |
| **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 |
| | |
| | |
|   | 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) |
|---|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 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 Advisory Board                                                            | ☒  None                                                                                                                                 |
|   |                                                                                                                                                                            |                                                                                                                                 |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                                                          | ☐  None                                                                                                                                 |
|   | Past president Osteoarthritis Research Society International (OARSI)                                                      |                                                                                                                                 |
|   |                                                                                                                                                                            |                                                                                                                                 |
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **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 |
| | | |

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

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

Date: 11/3/2021
Your Name: Valia P. Leifer
Manuscript Title: Cost-effectiveness of Arthroscopic Partial Meniscectomy and Physical Therapy for Degenerative Meniscal Tear
Manuscript Number (if known): Click or tap here to enter text.

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.

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|---|---|
| **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 |
| | | Click the tab key to add additional rows: |
| **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 |
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                 | ☒ None                                                                          |
|   | ☒ None                                                                                           |                                                                                  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                          |
|   | ☒ None                                                                                           |                                                                                  |
| 6 | Payment for expert testimony                                                                      | ☒ None                                                                          |
|   | ☒ None                                                                                           |                                                                                  |
| 7 | Support for attending meetings and/or travel                                                      | ☒ None                                                                          |
|   | ☒ None                                                                                           |                                                                                  |
| 8 | Patents planned, issued or pending                                                                | ☒ None                                                                          |
|   | ☒ None                                                                                           |                                                                                  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                  | ☒ None                                                                          |
|   | ☒ None                                                                                           |                                                                                  |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                          |
|   | ☒ None                                                                                           |                                                                                  |
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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                                                                            |

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

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

Date: 11/4/2021
Your Name: Bruce A Levy
Manuscript Title: Cost-effectiveness of Arthroscopic Partial Meniscectomy and Physical Therapy for Degenerative Meniscal Tear
Manuscript Number (if known): Click or tap here to enter text.

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.

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| --- | --- |
| **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.)<br>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 |
| | Arthrex | |
| #  | Relationship Type                                                                 | Entities                                      | Comments |
|----|----------------------------------------------------------------------------------|----------------------------------------------|----------|
| 4  | Consulting fees                                                                  | Arthrex                                      | None     |
|    |                                                                                  | Smith and Nephew                            |          |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript  | None                                         | None     |
|    | writing or educational events                                                    |                                              |          |
| 6  | Payment for expert testimony                                                     | None                                         | None     |
| 7  | Support for attending meetings and/or travel                                     | None                                         | None     |
| 8  | Patents planned, issued or pending                                               | None                                         | None     |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                | None                                         | None     |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, | J Knee Surg                                  | KSSTA    |
|    | paid or unpaid                                                                    | Orthopedics Today                           |          |

ICMJE Disclosure Form

8/26/2021
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)
---|---
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

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

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

Date: 11/17/2021

Your Name: Elena Losina

Manuscript Title: Cost-effectiveness of Arthroscopic Partial Meniscectomy and Physical Therapy for Degenerative Meniscal Tear

Manuscript Number (if known): Click or tap here to enter text.

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.

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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 |
| NIH | Grant to BWH |
| | Click the tab key to add additional rows |
| Time frame: past 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None |
| Pfizer: OA burden (ended in 2019) | Contract to BWH |
| | |
| 3 | Royalties or licenses | ☒ None |
| | | |
|   | 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) |
|---|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | Consulting fees | ☐ None                                                                                     |
|   | | Pfizer (ended in 2020)                                                                         |
|   |   |                                                                                               |
| 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 Advisory Board | ☐ None                                                                                     |
|   | | NIH                                                                                           |
|   | |                                                                                               |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☐ None                                                                                     |
|   | | OARSI Board of Directors                                                                      |
|   | | ACR, Committee on Research (term ended 11/21)                                                  |
|   | | JBJS deputy Editor for methodology and statistics                                             |
|   | | AC&R Editorial Board                                                                         |
|   | | OA&C Editorial Board                                                                         |
|   | 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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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 |

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

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

Date: 11/1/2021
Your Name: Tuhina Neogi
Manuscript Title: Cost-effectiveness of Arthroscopic Partial Meniscectomy and Physical Therapy for Degenerative Meniscal Tear
Manuscript Number (if known): Click or tap here to enter text.

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.

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| --- | --- |
| **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 | |
| NIH grant | |
| | Click the tab key to add additional rows |
| **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 | |
| | |
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                 | ☒ None                                                                           |
|   | ☒ None                                                                                           |                                                                                  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                           |
|   | ☒ None                                                                                           |                                                                                  |
| 6 | Payment for expert testimony                                                                     | ☒ None                                                                           |
|   | ☒ None                                                                                           |                                                                                  |
| 7 | Support for attending meetings and/or travel                                                     | ☒ None                                                                           |
|   | ☒ None                                                                                           |                                                                                  |
| 8 | Patents planned, issued or pending                                                                | ☒ None                                                                           |
|   | ☒ None                                                                                           |                                                                                  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                 | ☒ None                                                                           |
|   | ☒ None                                                                                           |                                                                                  |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                           |
|   | ☒ None                                                                                           |                                                                                  |
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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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ICMJE DISCLOSURE FORM

Date: 10/29/2021
Your Name: A. D. Paltiel
Manuscript Title: Cost-effectiveness of Arthroscopic Partial Meniscectomy and Physical Therapy for Degenerative Meniscal Tear
Manuscript Number (if known): Click or tap here to enter text.

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.

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|---|---|
| **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 |
| | Brigham & Womens Hospital | Consulting payments directly to me |
| | | |
| **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 |
| | | |
|   | 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) |
|---|---------------------------------|--------------------------------------------------------------------------------|
| 4 | Consulting fees                 | ☐ None                                                                          |
|   | Brigham & Womens Hospital        | Consulting payments directly to me                                              |
| 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 Advisory Board | ☒ None                                                                        |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                        |
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| 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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ICMJE DISCLOSURE FORM

Date: 10/26/2021

Your Name: Clare E. Safran-Norton PT, PhD

Manuscript Title: Cost-effectiveness of Arthroscopic Partial Meniscectomy and Physical Therapy for Degenerative Meniscal Tear

Manuscript Number (if known): Click or tap here to enter text.

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 author’s relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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| --- | --- |
| **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 |
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|---|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                             | ☐ None                                                                          |
|   | Department Continuing Education MED/CNE/CME Conference                                       | Payment to me Jan Feb 2021                                                      |
| 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 Advisory Board                            | ☒ None                                                                          |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                          |
| No. | Relationship | Stock or stock options | Receipt of equipment, materials, drugs, medical writing, gifts or other services | Other financial or non-financial interests |
|-----|--------------|-------------------------|---------------------------------------------------------------------------------|-------------------------------------------|
| 11  | Stock or stock options | ☐ None | | |
|     | Johnson and Johnson stock | Family owns some shares | | |
|     | Pfizer Stock | Self owns some shares | | |
|     | Merck stock | Self owns some shares | | |
| 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: 11/2/2021
Your Name: Lisa Gale Suter
Manuscript Title: Cost-effectiveness of Arthroscopic Partial Meniscectomy and Physical Therapy for Degenerative Meniscal Tear
Manuscript Number (if known): Click or tap here to enter text.

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| **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 |
| NIH grant, Dr. Losina PI | Payments to me individually as Member of grant Advisory Board |
| | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | |
| 2 Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
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| | |
| 3 Royalties or licenses | ☒ None |
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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) |
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| 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 Advisory Board ☒ None |                                                                                   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid ☐ None | Co-Chair, Quality Measures Subcommittee of the American College of Rheumatology Unpaid |
|   | Stock or stock options | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 11| ☒ None                 |                                                                                   |

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| 12| ☒ None                                                                          |                                                                                   |

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| 13| ☒ None                                    |                                                                                   |

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Date: 11/10/2021
Your Name: Emma E. Williams
Manuscript Title: Cost-effectiveness of Arthroscopic Partial Meniscectomy and Physical Therapy for Degenerative Meniscal Tear
Manuscript Number (if known): 

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| No time limit for this item. | |

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| 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 Advisory Board                               | ☒ None                                                                            |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None |
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