ICMJE DISCLOSURE FORM

Date: __19.04.2022________
Your Name: __Eleftheria Zeggini______________________________
Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores
Manuscript number (if known): ____________________________________________________________________________

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 current manuscript only.

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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.

|   | 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.) | _X_ None |
|   | **No time limit for this item.**                                                                 |                                                                                   |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None |
| **3** | Royalties or licenses | _X_ None |
| **4** | Consulting fees | _X_ None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Question                                                                 | Response |
|---|--------------------------------------------------------------------------|----------|
| 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 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
|13 | Other financial or non-financial interests                                | _X_ None |

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

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

_ X_ ELAYOPIA ZERRINH
ICMJE DISCLOSURE FORM

Date: 19-4-2022
Your Name: Juan Teures
Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores
Manuscript number (if known):

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: 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 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 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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

X 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: April 19th, 2022
Your Name: Andrea G. Mather-Linden
Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores
Manuscript number (if known): 

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Response |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None     |
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| 7 | Support for attending meetings and/or travel                                 | None     |
| 8 | Patents planned, issued or pending                                           | None     |
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| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None     |
| 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.

[Signature]
ICMJE DISCLOSURE FORM

Date:___________19-04-2022__________________________________________________

Your Name:___________Jeroen van Rooij________________________________________

Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores

Manuscript number (if known):_______ar-21-1869________________________________________

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|---|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 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.** |                                                                                     |

**Time frame: Since the initial planning of the work**

|   |   |   |
|---|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____None |
| 3 | Royalties or licenses | ____None |
| 4 | Consulting fees | ____None |
|   | Question                                                                 | Answer |
|---|-------------------------------------------------------------------------|--------|
| 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   |
| 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:

_X_ 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: 3-5-2022
Your Name: L. BReer
Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores
Manuscript number (if known): 

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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|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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. | X  None                                                                                     | Time frame: Since the initial planning of the work                                |

|   | Time frame: past 36 months |   |
|---|-----------------------------|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X  None |
| 3 | Royalties or licenses | X  None |
| 4 | Consulting fees | X  None |
|   | Description                                                                 | 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| Receipt of equipment, materials, drugs, medical writing, gifts or other services | *X* None |
| 13| Other financial or non-financial interests                                    | *X* None |

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

*X* 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: 26 April, 2022

Your Name: Sita Bierma-Zeinstra

Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores

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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| 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). | Grants from EE, Dutch Arthritis Association, and ZonMW | Independent research grants paid to the institution |
| 3 | Royalties or licenses | None |
| 4 | Consulting fees | Pfizer, Infirst Healthcare | Consultancy fees paid to me |
|   | Description                                                                 | None |
|---|-----------------------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         |      |
|   | manuscript writing or educational events                                    |      |
| 6 | Payment for expert testimony                                                |      |
| 7 | Support for attending meetings and/or travel                                |      |
| 8 | Patents planned, issued or pending                                          |      |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           |      |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy |      |
|   | group, paid or unpaid                                                       |      |
| 11| Stock or stock options                                                      |      |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other     |      |
|   | services                                                                     |      |
| 13| Other financial or non-financial interests                                   |      |

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

[Signature]
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Date: _______ April 19, 2022 _______
Your Name: __ M. Arfan Ikram ________________________________
Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores
Manuscript number (if known): ________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | **None** |
| 3 | Royalties or licenses | **None** |
| 4 | Consulting fees | **None** |
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,         | None     |
|   | 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 Advisory Board            | None     |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy  | None     |
|   | group, paid or unpaid                                                        |          |
| 11| Stock or stock options                                                       | None     |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other      | None     |
|   | services                                                                     |          |
| 13| Other financial or non-financial interests                                   | None     |

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

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

[Signature]

[Date]
Date: 17-04-2022
Your Name: Bahar Sedaghati-khayat
Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores
Manuscript number (if known): 

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|------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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. |
| 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 lectures, presentations, speakers bureaus, manuscript writing or educational events

6. Payment for expert testimony

7. Support for attending meetings and/or travel

8. Patents planned, issued or pending

9. Participation on a Data Safety Monitoring Board or Advisory Board

10. Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid

11. Stock or stock options

12. Receipt of equipment, materials, drugs, medical writing, gifts or other services

13. Other financial or non-financial interests

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Date: 19-04-2022
Your Name: Cindy G. Boer
Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores
Manuscript number (if known): 

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Time frame: Since the initial planning of the work

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |
| 3 | Royalties or licenses | None |
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Time frame: past 36 months
|   | Description                                                                 | Answer |
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| 8 | Patents planned, issued or pending                                         | None   |
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|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None   |
|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: 19-04-2022  
Your Name: Jos Runhaar  
Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores  
Manuscript number (if known): N/A

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No time limit for this item. | ____None |
| **Time frame: past 36 months** | | |
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| 3 | Royalties or licenses | ____None |
| 4 | Consulting fees | ____None |
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|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None     |
|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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