ICMJE DISCLOSURE FORM

Date: 8/30/2021

Your Name: Ryan Prehn

Manuscript Title: Understanding the impact and tackling the burden of osteoarthritis for Aboriginal and Torres Strait Islander people

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 |
| | | 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 |                                                                                   |
|   | 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: 8/30/2021

Your Name: Brooke Conley

Manuscript Title: Understanding the impact and tackling the burden of osteoarthritis for Aboriginal and Torres Strait Islander people

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.) |
| ☒ | 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                                                                             |
| 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

|  |  |
|---|---|

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: 8/30/2021

Your Name: Charmaine Green

Manuscript Title: Understanding the impact and tackling the burden of osteoarthritis for Aboriginal and Torres Strait Islander people

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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| ☒ | None |
|  | No time limit for this item. |
| **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                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                          |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
| 6 | Payment for expert testimony                                                                    | ☒ None                                                                          |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
| 7 | Support for attending meetings and/or travel                                                     | ☒ None                                                                          |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
| 8 | Patents planned, issued or pending                                                               | ☒ None                                                                          |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                | ☒ None                                                                          |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid| ☒ None                                                                          |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ None                                                                                          |                                                                                  |
|   | ☐ 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: 8/30/2021

Your Name: Dawn Bessarab

Manuscript Title: Understanding the impact and tackling the burden of osteoarthritis for Aboriginal and Torres Strait Islander people

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.

| 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.* |
| 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) |
| ☒ None |

| Time frame: past 36 months |
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| **2** Grants or contracts from any entity (if not indicated in item #1 above). |
| 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) |
| ☒ None |

| **3** Royalties or licenses |
| 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) |
| ☒ 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                                                                          |
|   | [ ]                                                                                             |                                                                                 |
|   | [ ]                                                                                             |                                                                                 |
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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Date: 8/30/2021

Your Name: Ivan Lin

Manuscript Title: Understanding the impact and tackling the burden of osteoarthritis for Aboriginal and Torres Strait Islander people

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

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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) |

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.
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2. Grants or contracts from any entity (if not indicated in item #1 above).
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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                                                                            |
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

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

Other financial or non-financial interests | ☒ None

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ICMJE DISCLOSURE FORM

Date: 8/30/2021
Your Name: Juli Coffin
Manuscript Title: Understanding the impact and tackling the burden of osteoarthritis for Aboriginal and Torres Strait Islander people
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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No time limit for this item. | ☒ None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| 3 | Royalties or licenses | ☒ None |
| 4 | | |
| \( n \) | Relationship                                                                 | 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                                                                              |
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|---|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 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:

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ICMJE DISCLOSURE FORM

Date:  8/30/2021

Your Name:  Penny O’Brien

Manuscript Title:  Understanding the impact and tackling the burden of osteoarthritis for Aboriginal and Torres Strait Islander people

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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| Item | Relationship Description | Relationship Details |
|------|--------------------------|----------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | PhD stipend Australian National Health and Medical Research Council Centre for Research Excellence in Total Joint Replacement (APP1116235) and a St Vincent’s Health Australia Research Endowment Fund Grant |
| 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                                                                         |
|   | 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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Date: 8/30/2021

Your Name: Samantha Bunzli

Manuscript Title: Understanding the impact and tackling the burden of osteoarthritis for Aboriginal and Torres Strait Islander people

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

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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 |
| |  |  |
|   | 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 |                                                                                   |
|   | 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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☒ 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: 8/30/2021

Your Name: Wanda Flanagan

Manuscript Title: Understanding the impact and tackling the burden of osteoarthritis for Aboriginal and Torres Strait Islander people

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 |
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| | | 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 |
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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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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                                                                            |
|   |                                                                                                 |                                                                                  |
|   | 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: 8/30/2021

Your Name: Michelle Dowsey

Manuscript Title: Understanding the impact and tackling the burden of osteoarthritis for Aboriginal and Torres Strait Islander people

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.

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| | | |
| **Time frame: past 36 months** |
| 2 Grants or contracts from any entity (if not indicated in item #1 above). | ☐ | None |
| | National Health & Medical Research Council | (Grant support provided to my institution for research unrelated to the current manuscript) |
| | HCF Research Foundation, BUPA Foundation, St. Vincents Health Australia, Australian Research Council, Medacta International | (Grant support provided to my institution for research unrelated to the current manuscript) |
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|   |                                                                                                 |                                                                                  |
| 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                                                                           |
|   |                                                                                                 |                                                                                  |
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| 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: 8/30/2021

ICMJE DISCLOSURE FORM

Your Name: [Click or tap here to enter text.]

Manuscript Title: Understanding the impact and tackling the burden of osteoarthritis for Aboriginal and Torres Strait Islander people

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

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| ☒ | None |
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| | Click the tab key to add additional rows |
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| ☐ | None |
| National Health & Medical Research Council | Grants support provided to my institution |
| HCF Research Foundation, BUPA Foundation, St. Vincents Health Australia, Australian Research Council, Medacta International | Grant support provided to my institution |
| 3 | Royalties or licenses |
| ☐ | None |
| DePuy | Is part of a surgeon design team for which he receives consultancy fees from DePuy for time spent. |
|   | 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  
DePuy  
Received consultancy fees from DePuy for being part of education faculties  
Consultancy fee as a member of Surgeon Advisory Board |
| 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  
Australian Orthopaedic Association  
Board Member |
|   | 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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| 13 | Other financial or non-financial interests |
|    | ☒ None |

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