ICMJE DISCLOSURE FORM

Date: 11/24/2021

Your Name: Johan van der Lei

Manuscript Title: Incidence and prevalence of knee osteoarthritis using codified and narrative data from electronic health records: a population-based study

Manuscript Number (if known): ACR-21-0768

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.

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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.** |
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| **Time frame: past 36 months** |
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| 3 | Royalties or licenses                                                                           | ☒ None                                                                           |
| 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                                                                    | ☒ None                                                                           |
| Number | Description                                                                                     | Details |
|--------|------------------------------------------------------------------------------------------------|---------|
| 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: 11/24/2021
Your Name: Marcel de Wilde
Manuscript Title: Incidence and prevalence of knee osteoarthritis using codified and narrative data from electronic health records: a population-based study
Manuscript Number (if known): ACR-21-0768

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| | |
| **3** Royalties or licenses | ☒ None |
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| | |
| **4** Consulting fees | ☒ None |
| | |
| | |
| **5** Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or | ☒ 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) |
|---|---|
| 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 group, paid or unpaid | ☒ None |
| 11 Stock or stock options | ☒ None |
| 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ 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)
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13 Other financial or non-financial interests | ☒ None

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**ICMJE DISCLOSURE FORM**

Date: 11/24/2021

Your Name: Patrick Bindels

Manuscript Title: Incidence and prevalence of knee osteoarthritis using codified and narrative data from electronic health records: a population-based study

Manuscript Number (if known): ACR-21-0768

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| **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). | ☒ None |
| | |
| 3 Royalties or licenses | ☒ None |
| | |
| 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 |
| | |
|   | 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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| 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                                                                          |

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ICMJE DISCLOSURE FORM

Date: 11/24/2021

Your Name: Sita Bierma-Zeinstra

Manuscript Title: Incidence and prevalence of knee osteoarthritis using codified and narrative data from electronic health records: a population-based study

Manuscript Number (if known): ACR-21-0768

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| **2. Grants or contracts from any entity (if not indicated in item #1 above).** | ☐ None |
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| | European Union |
| | Foreum |
| | Dutch Arthritis Association |
| | CZ |
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|---|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 3 | Royalties or licenses □ ☒ None                                                              |                                                                                  |
| 4 | Consulting fees □ ☐ None                                                                     | Pfizer                                                                          |
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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                   |                                                                                  |
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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) |
|---|---|
| in other board, society, committee or advocacy group, paid or unpaid | Osteoarthritis Research Society International (OARSI): Associate Editor for Osteoarthritis and Cartilage |

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: 11/26/2021

Your Name: Dieuwke Schiphof

Manuscript Title: Incidence and prevalence of knee osteoarthritis using codified and narrative data from electronic health records: a population-based study

Manuscript Number (if known): ACR-21-0768

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| **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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| **4** | Consulting fees | ☒ None |
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| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or | ☒ 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) |
|---|---|
| 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 group, paid or unpaid | ☒ None |
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**ICMJE DISCLOSURE FORM**

**Date:** 11/26/2021

**Your Name:** Ilgin Arslan

**Manuscript Title:** Incidence and prevalence of knee osteoarthritis using codified and narrative data from electronic health records: a population-based study

**Manuscript Number (if known):** ACR-21-0768

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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                                                                            |
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**Time frame: past 36 months**

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8 Patents planned, issued or pending | ☒ None
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9 Participation on a Data Safety Monitoring Board or Advisory Board | ☒ None
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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
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12 Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None
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ICMJE DISCLOSURE FORM

Date: 11/24/2021

Your Name: Jurgen Damen

Manuscript Title: Incidence and prevalence of knee osteoarthritis using codified and narrative data from electronic health records: a population-based study

Manuscript Number (if known): ACR-21-0768

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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                                                                           |
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ICMJE DISCLOSURE FORM

Date: 11/24/2021
Your Name: Jacoline van den Driest
Manuscript Title: Incidence and prevalence of knee osteoarthritis using codified and narrative data from electronic health records: a population-based study
Manuscript Number (if known): ACR-21-0768

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| **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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| 4. Consulting fees                                                                              | ☒ None                                                                            |
|                                                                                                 |                                                                                  |
| 5. Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or    | ☒ 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) |
|---|---|
| **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 |
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