ICMJE DISCLOSURE FORM

Date: 2/3/2022

Your Name: Brandon J. Martinazzi

Manuscript Title: Is chemoprophylaxis cost-effective in Total Ankle Arthroplasty? An Economic Model

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.) | ☒ 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 |
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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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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: 2/3/2022

Your Name: Gregory J. Kirchner, MD, MPH

Manuscript Title: Is chemoprophylaxis cost-effective in Total Ankle Arthroplasty? An Economic Model

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| 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 |
|      | Time frame: Since the initial planning of the work                                             |                                                                                   |
|      | No time limit for this item.                                                                 |                                                                                   |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                     | ☒ None |
|      | Time frame: past 36 months                                                                    |                                                                                   |
| 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                                                                              |
|   |                                                                                                 |                                                                                     |
| 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: 2/3/2022
Your Name: Christopher M. Stauch
Manuscript Title: Is chemoprophylaxis cost-effective in Total Ankle Arthroplasty? An Economic Model
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 |
| | ☒ None |
| | ☒ None |
| | ☒ None |
| **Time frame: past 36 months** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| | ☒ None |
| | ☒ None |
| 3 | Royalties or licenses | ☒ None |
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|   | | |
| 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 |
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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 \(\kreuz\) None \[\[\]| \[\[\]|
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services \(\kreuz\) None \[\[\]| \[\[\]|
| 13 | Other financial or non-financial interests \(\kreuz\) None \[\[\]| \[\[\]|

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\(\kreuz\) I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date: 2/3/2022

Your Name: F. Jeffery Lorenz

Manuscript Title: Is chemoprophylaxis cost-effective in Total Ankle Arthroplasty? An Economic Model

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

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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 |
|   | Time frame: Since the initial planning of the work                                                                 |
|   | No time limit for this item.                                                                                     |
|   | Please click the tab key to add additional rows.                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                         |
|   | ☒ None                                                                                                           |
|   | Time frame: past 36 months                                                                                       |
| 3 | Royalties or licenses                                                                                             |
|   | ☒ None                                                                                                           |
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| 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, medical writing, gifts or other services | ☒ None                                                                               |
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| 13 | Other financial or non-financial interests       | ☒ None                                                                               |
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Date: 2/3/2022
Your Name: Kristen M Manto, PhD
Manuscript Title: Is chemoprophylaxis cost-effective in Total Ankle Arthroplasty? An Economic Model
Manuscript Number (if known): Click or tap here to enter text.

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|   | Time frame: Since the initial planning of the work                                              |                                                                                   |
|   | ☒ None                                                                                         |                                                                                   |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | None |
|   | Time frame: past 36 months                                                                     |                                                                                   |
|   | ☒ None                                                                                         |                                                                                   |
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| 3 | Royalties or licenses                                                                          | None |
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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 |
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| 12 | **Receipt of equipment, materials, drugs, medical writing, gifts or other services** | ☒ None |
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| 13 | **Other financial or non-financial interests** | ☒ None |
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Date: 2/3/2022

Your Name: Vincenzo Bonaddio, MD

Manuscript Title: Is chemoprophylaxis cost-effective in Total Ankle Arthroplasty? An Economic Model

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

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|   | ☒ None | Click the tab key to add additional rows. |

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

|   | Royalties or licenses | ☒ None |
|---|-----------------------|---------|
| 3 | ☒ None |                                                                                 |
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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                                                                                                                                 |
|   |                                                                                                                                   |                                                                                                                                 |
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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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ICMJE DISCLOSURE FORM

Date: 2/3/2022

Your Name: Zachary Koroneos

Manuscript Title: Is chemoprophylaxis cost-effective in Total Ankle Arthroplasty? An Economic Model

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

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|---|---|

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

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   - 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                                                                             |
| 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 |   |

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ICMJE DISCLOSURE FORM

Date: 2/3/2022

Your Name: Michael C. Aynardi, MD

Manuscript Title: Is chemoprophylaxis cost-effective in Total Ankle Arthroplasty? An Economic Model

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

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| 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
| # | Relationship Type                                      | Specification/Comments | Entity Details |
|---|--------------------------------------------------------|-------------------------|----------------|
| 4 | Consulting fees                                       | ☐ None                  | Paid consultant for Stryker |
|   |                                                        |                         | Paid consultant for Arthrex |
|   |                                                        |                         | Paid consultant for Zimmer Biomet |
| 5 | Payment or honoraria for lectures, presentations,     | ☑ None                  | None |
|   | speakers bureaus, manuscript 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     | ☑ None                  | None |
|   | Advisory Board                                        |                         |                |
| 10| Leadership or fiduciary role in other board, society,  | ☑ None                  | None |
|   | committee or advocacy group, paid or unpaid            |                         |                |
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