Date: _7/27/22
Your Name: _Jeffrey Lyman
Manuscript Title: Radiofrequency Ablation Prior to Total Knee Arthroplasty Does Not Improve Post-Surgical Pain or
Recovery: A Double-Blinded, Multi-Center, Randomized Clinical Trial
Manuscript number (if known): AOJ-22-33
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In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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 Halyard (currently Avanos)	Assistance with materials including FRA devices and reimbursement for procedural interventions by anesthesia; also funds to support research staff
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	x_None	
4	Consulting fees	xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	Hourly contract with Avanos on scientific advisory panel
6	Payment for expert testimony	X_None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	As listed above; strictly in support of current research aims
13	Other financial or non- financial interests	_xNone	

Please summarize the above conflict of interest in the following box:

Avanos Medical, the manufacturer of the c-RFA device, provided necessary funds and training via IORI (The Institute for Orthopedic Research and Innovation), a registered nonprofit organization. Neither Avanos Medical nor its representatives participated materially in study design, collection/interpretation of data, the writing of the manuscript, or the decision to publish the data. None of the authors of this study received personal remuneration for conducting the study. JRL is currently a member of the scientific advisory panel for Avanos Medical.

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

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

Date	e:8-9-22		
	Name:Adam J. Olsca	•	
Man	uscript Title: _Radiofrequer	ncy Ablation Prior to Total k	Knee Arthroplasty Does Not Improve Post-Surgical Pain or
Reco	overy: A Double-Blinded, Mu	ılti-Center, Randomized Clir	nical Trial_
Man	uscript number (if known):	AOJ-22-33	
relat part to tr relat	ted to the content of your n ies whose interests may be ansparency and does not no tionship/activity/interest, it	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do	
	uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
med In ite	ication, even if that medica	ntion is not mentioned in the	all relationships with manufacturers of antihypertensive ne manuscript. I in this manuscript without time limit. For all other items,
		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 initia	l 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	XNone	
4	Consulting fees	xNone	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel	XNone xNone _xNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	_xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_xNone	
13	Other financial or non- financial interests	_xNone	
	ise summarize the above co	onflict of interest in the fo	llowing box:

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

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

Date:	8-17-2022			
Your Name:	Tim P. Lo	ovell MD		
Manuscript Title	: _Radiofreque	ncy Ablation Prior to Total Knee Arthroplasty Does Not Improve Post-Surgical Pain or		
Recovery: A Double-Blinded, Multi-Center, Randomized Clinical Trial				
Manuscript number (if known):				

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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	Assistance with materials including RFA devices and reimbursement for procedural interventions by anesthesia; also funds to support research staff. I personally did not receive any funding.
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	

4	Consulting fees	None	I am a consultant for Stryker Orthopedics. This was not related in any way to this study
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	I am a consultant for Stryker Orthopedics. This was not related in any way to this study
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending	_XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	

Please summarize the above conflict of interest in the following box:

Dr Lovell's relationship with Stryker is related to teaching hip and knee arthroplasty techniques and the use of robotic technologies. Funds received from Avanos in support of this study were used by the IORI nonprofit research foundation to pay for study-related equipment and research staff salaries. None of the authors of this study were compensated in any way for their involvement.

Please place an "X" next to the following statement to indicate your agreement:			
X I certify that I have answered every question and have not altered the wording of any of the questions on the form.			

Date:	8/8/2022		
Your Name:	Corbett D. Wine	egar, MD	_
Manuscript Title	e: _Radiofrequency Ab	blation Prior to Total Knee Arthroplasty Does Not Improve Post	t-Surgical Pain or
Recovery: A Doι	<u>uble-Blinded, Multi-Ce</u>	enter, Randomized Clinical Trial_	
Manuscript nun	nber (if known):	AOJ-22-33	
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In the interest of	of transparency, we as	isk you to disclose all relationships/activities/interests listed b	elow that are

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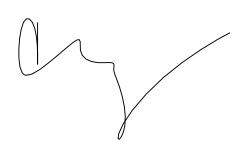
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	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.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
,	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above co	nflict of interest in the fol	owing box:
I	None		

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

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



Date: _08/01/22_

Consulting fees

X

None

You	r Name: _Alexi Wilson		
Mar	nuscript Title: _Radiofrequer	ncy Ablation Prior to Total	Knee Arthroplasty Does Not Improve Post-Surgical Pain or
Rec	<u>overy: A Double-Blinded, Mu</u>	ılti-Center, Randomized Cli	nical Trial_
Mar	nuscript number (if known):	AOJ-22-33	
rela part to to rela	ited to the content of your name ites whose interests may be ransparency and does not nationship/activity/interest, it	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias. t is preferable that you do	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third if the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so. Os/activities/interests as they relate to the current
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	time frame for disclosure is	· ·	d in this manuscript without time limit. For all other items,
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	time frame for disclosure is	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
	All support for the present	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)
the	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
the	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
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the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initialXNone	Specifications/Comments (e.g., if payments were made to you or to your institution) Il planning of the work
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initiaXNone	Specifications/Comments (e.g., if payments were made to you or to your institution) Il planning of the work
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5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	X None			
	testimony				
7	Support for attending meetings and/or travel	XNone			
8	Patents planned, issued or	XNone			
	pending				
•	5	Y N			
9	Participation on a Data Safety Monitoring Board or	XNone			
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X None			
12	materials, drugs, medical	XNotie			
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Please summarize the above conflict of interest in the following box:					
_					
	None				

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