

## ICMJE DISCLOSURE FORM

Date: 6/4/23

Your Name: Awadhesh K. Pandey, MBBS, MS

Manuscript Title: Management of Acetabular Bone Loss in Revision Total Hip Replacement: A Narrative Literature Review

Manuscript number (if known): AOJ-23-23

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	
<b>Time frame: past 36 months</b>			
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	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

**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: 6/4/23

Your Name: William Zuke, MD

Manuscript Title: Management of Acetabular Bone Loss in Revision Total Hip Replacement: A Narrative Literature Review

Manuscript number (if known): AOJ-23-23

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<b>Time frame: past 36 months</b>			
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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	
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## ICMJE DISCLOSURE FORM

Date: 6/4/23

Your Name: Peter Surace, MD

Manuscript Title: Management of Acetabular Bone Loss in Revision Total Hip Replacement: A Narrative Literature Review

Manuscript number (if known): AOJ-23-23

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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 in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
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## ICMJE DISCLOSURE FORM

Date: 6/4/23

Your Name: Atul Kamath, MD

Manuscript Title: Management of Acetabular Bone Loss in Revision Total Hip Replacement: A Narrative Literature Review

Manuscript number (if known): AOJ-23-23

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	Innomed IP royalties	
4	Consulting fees	BodyCad, Zimmer	Paid consultant, paid consultant
		Ortho Development	Paid consultant
		United Ortho	Paid consultant

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Zimmer	Paid consultant
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	AAOS	Board or committee member
		AAHKS	Board or committee member
11	Stock or stock options	Johnson & Johnson	Stock or Stock Options
		Procter & Gamble	Stock or Stock Options
		Zimmer	Stock or Stock Options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ None	

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

Atul Kamath reports that he receives IP royalties from Innomed, is a paid consultant for BodyCad, Zimmer, Ortho Development and United Ortho, is a board or committee member of AAOS and AAHKS, and has stock or stock options in Johnson & Johnson, Procter & Gamble and Zimmer.

**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.**