ICMJE Form for Disclosure of Potential Conflicts of Interest

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. **Identifying information.**

2. **The work under consideration for publication.**

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3. **Relevant financial activities outside the submitted work.**

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4. **Intellectual Property.**

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

**Definitions.**

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Anders  
   2. Surname (Last Name)  
   Troelsen  
   3. Date  
   31-August-2020  
   4. Are you the corresponding author?  
   Yes  
   No  
   ✔  
   Corresponding Author’s Name  
   Rikke Puggaard  
   5. Manuscript Title  
   Establishing research priorities related to osteoarthritis care through stakeholder input from patients  
   6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Are there any relevant conflicts of interest?  
Yes  
No  
✔

**Section 3. Relevant financial activities outside the submitted work.**

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Are there any relevant conflicts of interest?  
Yes  
No  
✔

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<tbody>
<tr>
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<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Consultancy, Advisory board member</td>
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<tr>
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<td>Payment for lectures including service on speakers bureaus</td>
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<td>Zimmer Biomet</td>
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<td></td>
<td>Travel/accommodations/meeting expenses unrelated to activities listed</td>
</tr>
</tbody>
</table>

Troelsen
Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ☐ No ☑

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Puggaard reports personal fees from Zimmer Biomet, grants from Zimmer Biomet, personal fees from Zimmer Biomet, grants from Zimmer Biomet, personal fees from Zimmer Biomet, outside the submitted work; .

Evaluation and Feedback

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Møller
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Anne

2. Surname (Last Name)  
   Møller

3. Date  
   13-September-2020

4. Are you the corresponding author?  
   [ ] Yes  [x] No

   Corresponding Author’s Name  
   Rikke Steffensen Puggaard

5. Manuscript Title  
   Establishing research priorities related to osteoarthritis care through stakeholder input from patients

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   [ ] Yes  [x] No

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Are there any relevant conflicts of interest?  
   [ ] Yes  [x] No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   [ ] Yes  [x] No
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Dr. Møller has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)   Connie
2. Surname (Last Name)       Ziegler
3. Date                      03-September-2020
4. Are you the corresponding author? [ ] Yes  [X] No
   Corresponding Author’s Name
   Rikke Steffensen Puggaard

5. Manuscript Title
   Establishing research priorities related to osteoarthritis care through stakeholder input from patients

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? [ ] Yes  [X] No

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Are there any relevant conflicts of interest? [ ] Yes  [X] No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes  [X] No
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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Ziegler has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Henning
2. Surname (Last Name)  Bliddal
3. Date  11-September-2020

4. Are you the corresponding author?  
   Yes  ☐  No  ☑

Corresponding Author’s Name  Rikke Steffensen Puggaard

5. Manuscript Title
   Establishing research priorities related to osteoarthritis care through stakeholder input from patients

6. Manuscript Identifying Number (if you know it)

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Dr. Bliddal has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name) Henrik
2. Surname (Last Name) Schrøder
3. Date 10-September-2020
4. Are you the corresponding author? Yes No
5. Manuscript Title
Establishing research priorities related to osteoarthritis care through stakeholder input from patients
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jakob

2. Surname (Last Name)  
   Kjellberg

3. Date  
   10-September-2020

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author's Name  
   Rikke Steffensen Puggaard

5. Manuscript Title  
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Dr. Kjellberg has nothing to disclose.

Evaluation and Feedback

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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. ** Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Lina Holm

2. Surname (Last Name)
   Ingelsrud

3. Date
   01-September-2020

4. Are you the corresponding author?  
   ✔ No

Corresponding Author's Name
   Rikke Puggaard

5. Manuscript Title
   Establishing research priorities related to osteoarthritis care through stakeholder input from patients

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   ✔ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Mikael

2. Surname (Last Name)  
   Boesen

3. Date  
   31-August-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Rikke Puggaard

5. Manuscript Title  
   Establishing research priorities related to osteoarthritis care through stakeholder input from patients

6. Manuscript Identifying Number (if you know it)

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   Yes  ✔  No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<tr>
<td>Image Analysis Group</td>
<td></td>
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<td>Imaging Advisor for Nordic Bioscience, Herlev, Denmark</td>
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</tbody>
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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Boesen
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Per

2. Surname (Last Name)  
   Hölmich

3. Date  
   11-September-2020

4. Are you the corresponding author?  
   [ ] Yes  ✔  No

   Corresponding Author’s Name  
   Rikke Steffensen Puggaard

5. Manuscript Title
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Hölmich
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<tbody>
<tr>
<td>Stine</td>
<td>Jacobsen</td>
<td>17-September-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Rikke Steffensen Puggaard

5. Manuscript Title
Establishing research priorities related to osteoarthritis care through stakeholder input from patients

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? [ ] Yes [ ] No

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Dr. Jacobsen has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Susan Weng

2. **Surname (Last Name)**  
   Larsen

3. **Date**  
   14/9-20

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4. **Intellectual Property.**

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- **Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Søren T.  2. Surname (Last Name)  Skou  3. Date  31-August-2020

4. Are you the corresponding author?  Yes  No  ✔  Corresponding Author’s Name  Rikke Puggaard

5. Manuscript Title
Establishing research priorities related to osteoarthritis care through stakeholder input from patients

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No  ✔

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<th>Comments</th>
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<td>Royalties for online lectures</td>
</tr>
</tbody>
</table>
Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes □ No

✔

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☑ Yes, the following relationships/conditions/circumstances are present (explain below):

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Being co-founder of GLA:D. GLA:D is a non-profit initiative hosted at University of Southern Denmark aimed at implementing clinical guidelines for osteoarthritis in clinical practice

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Dr. Skou reports personal fees from Journal of Orthopaedic & Sports Physical Therapy, grants from The Lundbeck Foundation, personal fees from Munksgaard, personal fees from TrustMe-ed.com, outside the submitted work; and Being co-founder of GLA:D. GLA:D is a non-profit initiative hosted at University of Southern Denmark aimed at implementing clinical guidelines for osteoarthritis in clinical practice.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Bandholm
## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thomas</td>
<td>Bandholm</td>
<td>04-September-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

Corresponding Author's Name  
Anders Troelsen

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Dr. Bandholm has received speaker’s honoraria for talks or expert testimony on the efficacy of exercise therapy to enhance recovery after surgery at meetings or symposia held by biomedical companies (Zimmer Biomet and Novartis). He has received fees for writing textbook chapters (Munksgaard) and for organising post-graduate education, such as post-graduate courses in clinical exercise physiology or PhD courses on clinical research methodology. Finally, he is an exercise physiologist and physical therapist; hence, a potential cognitive bias is the love of exercise.

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1. Given Name (First Name)  
   Rikke

2. Surname (Last Name)  
   Puggaard

3. Date  
   31-August-2020

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Dr. Puggaard has nothing to disclose.

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