

1. ICMJE DISCLOSURE FORM

Date: July 31th, 2023

Your Name: Karl Ludger Radke

Manuscript Title: Comparison of compositional MRI techniques to quantify the regenerative potential of articular cartilage: A preclinical minipig model after osteochondral defect treatments with autologous mesenchymal stromal cells and unseeded scaffolds

Manuscript number (if known): _____

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)
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	
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	

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:

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.

L. Radke

2. ICMJE DISCLOSURE FORM

Date: July 31th, 2023

Your Name: Vera Grotheer

Manuscript Title: Comparison of compositional MRI techniques to quantify the regenerative potential of articular cartilage: A preclinical minipig model after osteochondral defect treatments with autologous mesenchymal stromal cells and unseeded scaffolds

Manuscript number (if known):

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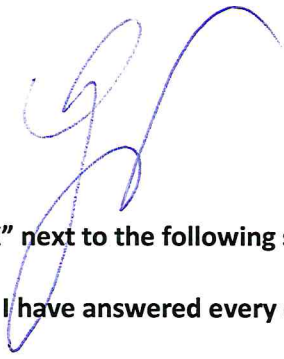
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Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	The study was supported by the Deutsche Arthrose-Hilfe grant number: P460-A335-Windolf-EP2-jung1-knie-op-l-25k-2019-20	25.000 €
		Matricel GmbH	Collagen scaffolds

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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13	Other financial or non-financial interests	None	

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The study was supported by the Deutsche Arthrose-Hilfe grant number: P460-A335-Windolf-EP2-jung1-knie-op-I-25k-2019-20 and collagen scaffold Optimaix from Matricel GmbH.



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3. ICMJE DISCLOSURE FORM

Date: July 31th, 2023

Your Name: Benedikt Kamp

Manuscript Title: Comparison of compositional MRI techniques to quantify the regenerative potential of articular cartilage: A preclinical minipig model after osteochondral defect treatments with autologous mesenchymal stromal cells and unseeded scaffolds

Manuscript number (if known): _____

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None.

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

3.8.23 *camp*

4. ICMJE DISCLOSURE FORM

Date: July 31th, 2023

Your Name: Anja Müller-Lutz

Manuscript Title: Comparison of compositional MRI techniques to quantify the regenerative potential of articular cartilage: A preclinical minipig model after osteochondral defect treatments with autologous mesenchymal stromal cells and unseeded scaffolds

Manuscript number (if known): _____

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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None.

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PD Dr. Anja Müller-Lutz

5. ICMJE DISCLOSURE FORM

Date: July 31th, 2023

Your Name: Justus Kertscher

Manuscript Title: Comparison of compositional MRI techniques to quantify the regenerative potential of articular cartilage: A preclinical minipig model after osteochondral defect treatments with autologous mesenchymal stromal cells and unseeded scaffolds

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

None.

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

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Justus Kertshner

6. ICMJE DISCLOSURE FORM

Date: July 31th, 2023

Your Name: Rosanna Strunk

Manuscript Title: Comparison of compositional MRI techniques to quantify the regenerative potential of articular cartilage: A preclinical minipig model after osteochondral defect treatments with autologous mesenchymal stromal cells and unseeded scaffolds

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

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.

Düsseldorf, der 03.08.2024



7. ICMJE DISCLOSURE FORM

Date: July 31th, 2023

Your Name: Petros Martirosian

Manuscript Title: Comparison of compositional MRI techniques to quantify the regenerative potential of articular cartilage: A preclinical minipig model after osteochondral defect treatments with autologous mesenchymal stromal cells and unseeded scaffolds

Manuscript number (if known): _____

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

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.

Petros Martirosian


8. ICMJE DISCLOSURE FORM

Date: July 31th, 2023

Your Name: Birte Valentin

Manuscript Title: Comparison of compositional MRI techniques to quantify the regenerative potential of articular cartilage: A preclinical minipig model after osteochondral defect treatments with autologous mesenchymal stromal cells and unseeded scaffolds

Manuscript number (if known): _____

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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.



9. ICMJE DISCLOSURE FORM

Date: July 31th, 2023

Your Name: Hans-Jörg Wittsack

Manuscript Title: Comparison of compositional MRI techniques to quantify the regenerative potential of articular cartilage: A preclinical minipig model after osteochondral defect treatments with autologous mesenchymal stromal cells and unseeded scaffolds

Manuscript number (if known): _____

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10. ICMJE DISCLOSURE FORM

Date: July 31th, 2023

Your Name: Prof. Dr. Martin Sager

Manuscript Title: Comparison of compositional MRI techniques to quantify the regenerative potential of articular cartilage: A preclinical minipig model after osteochondral defect treatments with autologous mesenchymal stromal cells and unseeded scaffolds

Manuscript number (if known): _____

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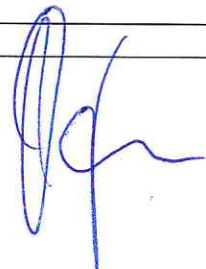
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 **UKD** Universitätsklinikum
 Düsseldorf
 ZET - Zentrale Einrichtung für
 Tierforschung und Tierschutzaufgaben
 Prof. Dr. M. Sager
 Telefon 0211 81-14400 • Fax 0211 81-14403
 Universitätsstraße 1 • Geb. 22.22 • 40225 Düsseldorf

31.07.2023



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31.09.2023



UKD Universitätsklinikum
Düsseldorf
ZETT - Zentrale Einrichtung für
Tierforschung und Tierschutzaufgaben
Prof. Dr. M. Sager
Telefon 0211 81-14400 - Fax 0211 81-14403
Universitätsstraße 1 - Geb. 22.22 - 40225 Düsseldorf


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The study was supported by the Deutsche Arthrose-Hilfe grant number: P460-A335-Windolf-EP2-jung1-knie-op-I-25k-2019-20.

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A handwritten signature in black ink, appearing to read 'Joachim Windolf', written in a cursive style.

Prof. Dr. med. Joachim Windolf

12. ICMJE DISCLOSURE FORM

Date: July 31th, 2023

Your Name: Univ.-Prof. Dr. Gerald Antoch

Manuscript Title: Comparison of compositional MRI techniques to quantify the regenerative potential of articular cartilage: A preclinical minipig model after osteochondral defect treatments with autologous mesenchymal stromal cells and unseeded scaffolds

Manuscript number (if known): _____

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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	
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:

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.



13. ICMJE DISCLOSURE FORM

EJA
 PD Dr. Erik Schiffner
 Leitender Oberarzt

Date: July 31th, 2023

Your Name: PD. Dr. Erik Schiffner

Manuscript Title: Comparison of compositional MRI techniques to quantify the regenerative potential of articular cartilage: A preclinical minipig model after osteochondral defect treatments with autologous mesenchymal stromal cells and unseeded scaffolds

Manuscript number (if known): QIMS-23-570-R1

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)
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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

EJA
 PD Dr. Erik Schiffner
 Leitender Oberarzt

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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.


 PD Dr. Erik Schiffner
 Leitender Oberarzt

14. ICMJE DISCLOSURE FORM

Date: August 24th, 2023

Your Name: Prof. Dr. Pascal Jungbluth

Manuscript Title: Comparison of compositional MRI techniques to quantify the regenerative potential of articular cartilage: A preclinical minipig model after osteochondral defect treatments with autologous mesenchymal stromal cells and unseeded scaffolds

Manuscript number (if known): QIMS-23-570-R1

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)
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.	The study was supported by the Deutsche Arthrose-Hilfe grant number: P460-A335-Windolf-EP2-jung1-knie-op-I-25k-2019-20	25.000 €
		Matricel GmbH	Collagen scaffolds

Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None
3	Royalties or licenses	<input checked="" type="checkbox"/> None
4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None
6	Payment for expert testimony	<input checked="" type="checkbox"/> None
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None
11	Stock or stock options	<input checked="" type="checkbox"/> None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None

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

The study was supported by the Deutsche Arthrose-Hilfe grant number: P460-A335-Windolf-EP2-jung1-knie-op-I-25k-2019-20 and collagen scaffold Optimaix from Matricel GmbH.

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.

Pascal Juyblu M

15. ICMJE DISCLOSURE FORM

Date: July 31th, 2023

Your Name: Dr. Miriam Frenken

Manuscript Title: Comparison of compositional MRI techniques to quantify the regenerative potential of articular cartilage: A preclinical minipig model after osteochondral defect treatments with autologous mesenchymal stromal cells and unseeded scaffolds

Manuscript number (if known): _____

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)
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	
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	

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:

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.

 (Dr. M. Frenken)