ICMJE DISCLOSURE FORM

Date:		_	8/21/2022		
Your Name:		_	Amanda Sainsbury		
Manuscript Title:		_	Association of change in BMI with incidence and progression of the structural defects of hip osteoarthritis: data from the OAI and CHECK studies		
Ma	Manuscript Number (if known):		ACR-22-0167-R1		
In the interest of transparency, we ask you to disclose all relationships/ac content of your manuscript. "Related" means any relation with for-profit affected by the content of the manuscript. Disclosure represents a commindicate a bias. If you are in doubt about whether to list a relationship/ac			ted" means any relation with for-profit or no suscript. Disclosure represents a commitme	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily	
epi		nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	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.				
			entities with whom you have this hip 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	1 All support for the present	□ No	ne		
	present				
	manuscript (e.g.,	National	Health and Medical Research Council	Senior Research Fellowship 1135897	
	manuscript (e.g., funding, provision of study materials,	National		Senior Research Fellowship 1135897 Click the tab key to add additional rows.	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing	National			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	National			
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	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	National		Click the tab key to add additional rows.	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	National	Health and Medical Research Council Time frame: past 36 month	Click the tab key to add additional rows.	
2	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		Health and Medical Research Council Time frame: past 36 month	Click the tab key to add additional rows.	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from		Health and Medical Research Council Time frame: past 36 month	Click the tab key to add additional rows.	
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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		
		Zuman International	50% shareholder in this company, which receives royalties and other payments for educational resources and services in adult weight management and research methodology	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	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.			

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Date:		8/21/2022	8/21/2022		
Your Name:		Zubeyir Salis	Zubeyir Salis		
Manuscript Title:		<u> </u>	Association of change in BMI with incidence and progression of the structural defects of hip osteoarthritis: data from the OAI and CHECK studies		
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	Time frame: Since the initial planning of the work				
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1	All support for the present	None			
1	* *		Research Training Program Scholarship		
1	present manuscript (e.g., funding, provision of study materials,	None			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	None	Research Training Program Scholarship		
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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		
		Zuman International Pty Ltd	50% each of the shares in Zuman International, which receives royalties and other payments for educational resources and services in adult weight management and research methodology	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	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.			