

ICMJE DISCLOSURE FORM

Date: 19.04.2022
 Your Name: Eleftheria Zeggini
 Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores
 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**.

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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.

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

EΛΕΥΘΕΡΙΑ ΖΕΦΤΙΝΗ

ICMJE DISCLOSURE FORM

Date: 19-4-2022
 Your Name: J. van Meurs
 Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: April 19th 2022

Your Name: Andre G. Litten-Linden

Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores

Manuscript number (if known): _____

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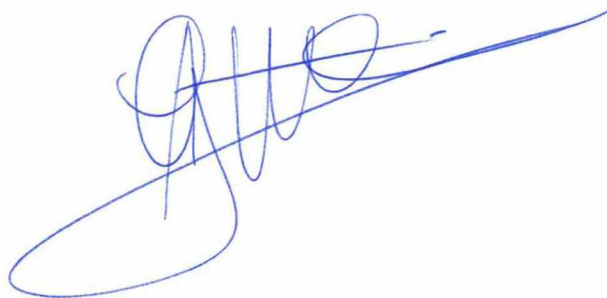
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ICMJE DISCLOSURE FORM

Date: 19-04-2022
 Your Name: Jeroen van Rooij
 Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores
 Manuscript number (if known): ar-21-1869

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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Time frame: past 36 months			
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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	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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ICMJE DISCLOSURE FORM

Date: 3-5-2022

Your Name: L. BROER

Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores

Manuscript number (if known): _____

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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	
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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: 26 April, 2022 _____

Your Name: Sita Bierma-Zeinstra _____

Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores _____

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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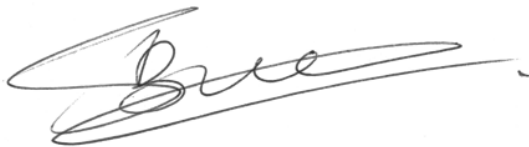
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Grants from EE, Dutch Arthritis Association, and ZonMW	Independent research grants paid to the institution
3	Royalties or licenses	None	
4	Consulting fees	Pfizer, Infirst Healthcare	Consultancy fees paid to me

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	
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ICMJE DISCLOSURE FORM

Date: April 19, 2022
 Your Name: M. Arfan Ikram
 Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores
 Manuscript number (if known): _____

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4	Consulting fees	None	

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ICMJE DISCLOSURE FORM

Date: 17-04-2022
 Your Name: Bahar Sedaghati-khayat
 Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 19-04-2022
 Your Name: Cindy G. Boer
 Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 19-04-2022

Your Name: Jos Runhaar

Manuscript Title: Risk assessment for hip and knee osteoarthritis using polygenic risk scores

Manuscript number (if known): N/A

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