## **ICMJE DISCLOSURE FORM**

5/16/2022

Date:

Your Name:			Andrew Price	
Ma	nuscript Title:		Star Final Report (HTA)	
Ma	nuscript Number (if k	nown):		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned			ated" means any relation with for-profit or not nuscript. Disclosure represents a commitmen t about whether to list a relationship/activity/es/interests should be defined broadly. For exushould declare all relationships with manufain the manuscript.	interest, it is preferable that you do so.
			l entities with whom you have this ship 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 o	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.	⊠ No	one	Click the tab key to add additional rows.
			Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠ No	one	
3	Royalties or licenses		one	

		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	Zimmer Biomet Medacta	Personal Personal
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None  Zimmer Biomet  Medacta	Personal Personal
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	BOA Trustee HS&DR Funding Committee	

		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			
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.				



### Instructi ins

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.

### Identifying information.

## 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

### Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

# 4. Intellectual Property.

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

# 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.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

Arden 1



Section 1.	Identifying Inform	nation			
<ol> <li>Given Name (Fir Nigel</li> </ol>	rst Name)	2. Surname (Last Name) Arden		3. Date 21-April-2021	
4. Are you the cor	responding author?	Yes 🗸 No	Correspon	ding Author's Name	
5. Manuscript Title Better post-operative prediction and management of chronic pain after total knee replacement: the STAR research programme					
6. Manuscript Ider	ntifying Number (if you kno	owit)			
Section 2.	The Work Under C	Consideration for Pub	lication		
any aspect of the s statistical analysis	submitted work (includin , etc.)?	g but not limited to grants,		government, commercial, private foundation ing board, study design, manuscript prepar	
Are there any ren	evant conflicts of intere	st? Yes 🗸 No			ADD
Section 3.	Relevant financial	activities outside the	e submitte	d work.	
of compensation	) with entities as descr	ibed in the instructions. \	Jse one line f	ive financial relationships (regardless of or each entity; add as many lines as you during the 36 months prior to publicat	ı need by
Are there any rel	evant conflicts of intere	st? 🗸 Yes No	-		
If yes, please fill o	out the appropriate info	rmation below.			
Name of Entity		Grant? Personal Non-Fees?	Financial Support?	Other? Comments	
Pfizer/Lily				Consultancy	×
Bristows LLP				Consultancy	×
MERCK				Knee OA	×
					ADD
Section 4.	Intellectual Proper	ty Patents & Copyri <sub>s</sub>	ghts		
Do you have any	patents, whether plan	ned, pending or issued, b	roadly releva	ant to the work? Yes V No	

Arden 2



o .: =						
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 follow	wing relationships/conditions/circumstances are present (explain below):					
<b>✓</b> No other rela	tionships/conditions/circumstances that present a potential conflict of interest					
	inuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.					
Section 6.	Disclosure Statement					
Based on the abo	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box					
Generate Disclosure Statement						
Dr. Arden report submitted work;	s personal fees from Pfizer/Lily , personal fees from Bristows LLP, grants from MERCK , outside the .					

### **Evaluati** in and Feedback

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Arden 3



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**Royalties:** Funds are coming in to you or your institution due to your patent

Bertram 1



Section 1.	Identifying Inform	ation					
	Identifying Inform	iation					
1. Given Name (Fir	2. Surnan	ne (Last Name)			3. Date		
Wendy		Bertram				27-April-2021	
4. Are you the cor	responding author?	Yes	<b>✓</b> No	Correspon	nding Auth	or's Name	
				Rachael (	Gooberm	an-Hill	
5. Manuscript Title	!						
	ative prediction and ma	nagement	of chronic pair	n after total k	nee repla	cement: the STAR research	
programme	tifuing Number (if you less	:+\					
6. Manuscript ider	itifying Number (if you kno	owit)					
Section 2							
Section 2.	The Work Under C	onsidera	ition for Pub	lication			
Did you or your ins	titution <b>at any time</b> receiv	ve payment	or services from	a third party (	(governme	ent, commercial, private foundation, e	etc.) for
		g but not lii	mited to grants,	data monitor	ring board	, study design, manuscript preparation	on,
statistical analysis,	etc.)? evant conflicts of intere	st?	res No				
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	be removed by pressing		•	re more man	one enti	ty press the "ADD" button to add a	row.
	be removed by presemig						
Name of Institut	ion/Company	Grant	Personal Non		Other	Comments	
			Fees	Support			
National Institute for	Health Research	<b>v</b>				NIHR Programme Grant for Applied	×
						Research, RP-PG-0613-20001	
							ADD
Section 3.	Relevant financial	activitio	s outside the	a submitta	d work		
	Relevant illiancial	activitie	s outside till	e subillitte	u work.		
						cial relationships (regardless of am	
						entity; add as many lines as you ne	-
_	clicking the "Add +" box. You should report relationships that were <b>present during the 36 months prior to publication</b> .						
Are there any rel	evant conflicts of intere	st?	∕es ✓ No				
							<b>ADD</b>
Continue 4							
Section 4.	Intellectual Proper	ty Pate	nts & Copyri	ghts			
						12 🗆 🗆	
טס you have any	Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No						

Bertram 2



Carllane						
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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 follow	wing relationships/conditions/circumstances are present (explain below):					
<b>✓</b> No other rela	tionships/conditions/circumstances that present a potential conflict of interest					
	inuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.					
Section 6.	Disclosure Statement					
Based on the abo below.	Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.					
Generate Disc	Generate Disclosure Statement					
Wendy Bertram	reports grants from National Institute for Health Research during the conduct of the study.					

### **Evaluati** in and Feedback

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Bertram 3



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Licensed: The patent has been licensed to an entity, whether

earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

Burston 1



Section 1. Identifying Inform	nation						
Given Name (First Name)  Amanda	2. Surname (Last Name) Burston	3. Date 26-April-2021					
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Rachael Gooberman-Hill					
5. Manuscript Title Better post-operative prediction and mapprogramme.	Better post-operative prediction and management of chronic pain after total knee replacement: the STAR research						
6. Manuscript Identifying Number (if you know	owit)						
Section 2. The Work Under C	Consideration for Publ	ication					
Did you or your institution <b>at any time</b> 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 intere	est? Yes 🗸 No	ADD					
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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes V No							
		ADD					
Section 4. Intellectual Proper							
Intellectual Proper	ty Patents & Copyrig	hts					
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No					

Burston 2



Cartina						
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 follow	wing relationships/conditions/circumstances are present (explain below):					
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest					
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.					
Section C						
Section 6.	Disclosure Statement					
Based on the abo	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box					
Generate Disclosure Statement						
Ms. Burston has nothing to disclose.						

### **Evaluati** in and Feedback

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Burston 3

## **ICMJE DISCLOSURE FORM**

Date:		5/30/2022				
You	ır Name:	Andrew Judge	Andrew Judge			
Manuscript Title:			Better post-operative prediction and management of chronic pain after total knee replacement: the STAR research programme			
Mai	nuscript Number (if	known):				
content of your manuscript. "Re affected by the content of the m		arency, we ask you to disclose all relationships/activition ript. "Related" means any relation with for-profit or not of the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be interests may be interestable to transparency and does not necessarily			
		ps/activities/interests should be defined broadly. For ension, you should declare all relationships with manufactioned in the manuscript.				
	tem #1 below, report me for disclosure is th	all support for the work reported in this manuscript we past 36 months.	vithout time limit. For all other items, the time			
		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	NIHR Programme Grant for Applied Research (Grant Reference Number RP-PG-0613-20001)  NIHR Biomedical Research Centre at the University Hospitals Bristol and Weston NHS Foundation Trust and the University of Bristol (Grant	Payments to institution.  Payments to institution.			
	charges, etc.) No time limit for	reference number: IS-BRC-1215-20011)	Click the tab key to add additional rows.			
	this item.					
		Time frame: past 36 month	ns .			
2	Grants or contracts from	None				
	any entity (if not indicated in item #1 above).	Grants from NIHR, HDR UK, Versus Arthritis, Healthcare Quality Improvement Partnership (HQIP), Royal College of Physicians (RCP), Tommy's, Health Foundation.	Payments to institution.			

		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	Chair. Data Monitoring Committee. NIHR HTA Dupuytren's Interventions Surgery vs. Collagenase (DISC) trial. University of Leicester (25 Apr 2017 to present) Chair Trial Steering Committee. NIHR HTA. The Gentle Years Yoga Trial. Newcastle University. (25 Apr 2019 to present). Steering Committee Member. Nuffield Foundation. Multilevel Integrated Data for musculoskeletal health intelligence and Actions (MIDAS). University of Keele. (1 Dec 2020 to present) Data Monitoring Committee Member. Robotic Arthroplasty: a Clinical and cost Effectiveness	Unpaid Unpaid Unpaid Unpaid

		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)		
		Randomised controlled trial (RACER). Warwick CTU. (30 July 2020 to present)			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Sub-panel member of the NIHR Programme Grants for Applied Research (PGfAR) programme (1st Sept 2015 to 31 Aug 2020).  Versus Arthritis Health Subcommittee (12 Oct 2016 to 30 June 2021)  Nuffield Foundation Oliver Bird Fund Expert Panel Member (6 Aug 2019)	Unpaid Unpaid Payment to me		
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 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:		8/26/2021				
Your Name:		Rafael Pinedo-Villanueva				
Manuscript Title:		Better post-operative prediction and management of chronic pain after total knee replacement: the STAR research programme				
Mar	nuscript Number (if k	known):				
contaffe indicate The epic that	tent of your manuscr cted by the content of cate a bias. If you are author's relationship lemiology of hyperte medication is not me	arency, we ask you to disclose all relationships/activities/interests listed below that are related to the ript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may of the manuscript. Disclosure represents a commitment to transparency and does not necessarily re in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  ps/activities/interests should be defined broadly. For example, if your manuscript pertains to the ension, you should declare all relationships with manufacturers of antihypertensive medication, ever mentioned in the manuscript.  call support for the work reported in this manuscript without time limit. For all other items, the time past 36 months.	be n if			
		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments made to you or to your institution)	s were			
		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.	NIHR: funding was received by the University of Oxford for the conduct of this study under Programme Grant for Applied Research (Grant Reference Number RP-PG-0613-20001)  Click the tab key to add additional rows.				
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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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	

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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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# 4. Intellectual Property.

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

# 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.

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Other: Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

Dennis 1



Section 1. Identifying Inform	nation		
Given Name (First Name)  Jane	2. Surname (Last Name) Dennis	3. Date 28-April-2021	
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Rachael Gooberman-Hill	
5. Manuscript Title Better post-operative prediction and maprogramme	inagement of chronic pain	after total knee replacement: the STAR research	
6. Manuscript Identifying Number (if you kno	ow it)		
		-	
Section 2. The Work Under C	Consideration for Publ	ication	
Did you or your institution <b>at any time</b> 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.)?			
The there any relevant commets of interes	st? Yes 🗸 No	ADD	
Section 3. Relevant financial	activities outside the	submitted work.	
of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication.	
Are there any relevant conflicts of intere	est? Yes V No	ADD	
Section 4. Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Dennis 2



Section F			
Section 5.	Relationships not covered above		
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?		
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):		
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest		
	At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.		
o .:			
Section 6.	Disclosure Statement		
Based on the abo	we disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Generate Disc	closure Statement		
Dr. Dennis has n	othing to disclose.		

### **Evaluati** in and Feedback

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Dennis 3



### Instructi ins

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earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

Eccleston 1



Section 1.	Identifying Inforn	nation		
Given Name (Fire Christopher	rst Name)	2. Surname (Last Name) Eccleston	3. Date 21-April-2021	
4. Are you the cor	responding author?	Yes V No	Corresponding Author's Name Rachael Gooberman-Hill	
5. Manuscript Title Better post-oper programme		anagement of chronic pain	after total knee replacement: the STAR research	
	ntifying Number (if you kn	owit)		
Section 2.	The Moule Lindon	Consideration for Dub	lication	
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 rel	evant conflicts of intere	est? Yes V No	ADD	
Section 3.	Relevant financial	l 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes V No				
			ADD	
Section 4.				
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Eccleston 2



Cartinu F			
Section 5.	Relationships not covered above		
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?		
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):		
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest		
	At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.		
Section			
Section 6.	Disclosure Statement		
Based on the abo	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Generate Disc	closure Statement		
Dr. Eccleston ha	s nothing to disclose.		

### **Evaluati** in and Feedback

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Eccleston 3



### Instructi ins

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earning royalties or not

 $\textbf{Royalties:} \ \mathsf{Funds} \ \mathsf{are} \ \mathsf{coming} \ \mathsf{in} \ \mathsf{to} \ \mathsf{you} \ \mathsf{or} \ \mathsf{your} \ \mathsf{institution} \ \mathsf{due} \ \mathsf{to} \ \mathsf{your}$ 

patent

Harris 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Shaun	2. Surname (Last Name) Harris	3. Date 21-April-2021	
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Rachael Gooberman-Hill	
5. Manuscript Title Better post-operative prediction and maprogramme	anagement of chronic pain	after total knee replacement: the STAR research	
6. Manuscript Identifying Number (if you kno	owit)		
		-	
Section 2. The Work Under C	Consideration for Publ	ication	
Did you or your institution <b>at any time</b> 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 intere	est? Yes 🗸 No	ADD	
Section 3. Relevant financial	activities outside the	submitted work.	
of compensation) with entities as descr	ibed in the instructions. Us	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication.	
Are there any relevant conflicts of intere	est? Yes V No	ADD	
Section 4. Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Harris 2



Cardia a F			
Section 5.	Relationships not covered above		
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?		
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):		
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Soction 6			
Section 6.	Disclosure Statement		
Based on the abo	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Generate Dis	closure Statement		
Dr. Harris has no	thing to disclose.		

### **Evaluati** in and Feedback

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Harris 3



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earning royalties of flot

**Royalties:** Funds are coming in to you or your institution due to your patent

Howells 1



Section 1. Identifying Inform	nation		
Given Name (First Name) Nicholas	2. Surname (Last Name) Howells	3. Date 21-April-2021	
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Rachael Gooberman-Hill	
5. Manuscript Title Better post-operative prediction and maprogramme.	anagement of chronic pain	after total knee replacement: the STAR research	
6. Manuscript Identifying Number (if you kno	owit)		
		-	
Section 2. The Work Under C	Consideration for Publ	ication	
Did you or your institution <b>at any time</b> 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 commets of intere	est? Yes 🗸 No	ADD	
Section 3. Relevant financial	activities outside the	submitted work.	
of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication.	
Are there any relevant conflicts of intere	est? Yes 🗸 No	ADD	
Section 4. Intellectual Proper	ty Patents & Copyrig	nts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Howells 2



Cartinu F			
Section 5.	Relationships not covered above		
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?		
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):		
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest		
	At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.		
Sections			
Section 6.	Disclosure Statement		
Based on the abo	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Generate Disc	closure Statement		
Dr. Howells has r	nothing to disclose.		

### **Evaluati** in and Feedback

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Howells 3



### Instructi ins

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## Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

# 2. The work under consideration for publication.

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Section 1. Identifying Infor	mation	
Given Name (First Name)     Andrew	2. Surname (Last Name) Toms	3. Effective Date (07-August-2008) 14-April-2021
4. Are you the corresponding author?	Yes No Corresponding Author's Rachael Gooberman-H	
5. Manuscript Title Better post-operative prediction and m programme	anagement of chronic pain after total knee replacem	nent: the STAR research
6. Manuscript Identifying Number (if you k	nowit)	

# Section 2. The Work Under Consideration for Publication

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

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	for Pu	blication				
Туре	No	Money Paid to You I	Money to Your nstitution*	Name of Entity	Comments**	
1. Grant			<b>v</b>	NIHR		×
						ADD
2. Consulting fee or honorarium	<b>V</b>					×
						ADD
3. Support for travel to meetings for the study or other purposes	<b>V</b>					×
the study of other purposes	Ш					ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	4					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>						×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>						×



The Work Under Consideration t	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	•					×
						ADD

# 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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities of	utside th	e submi	tted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>v</b>					×
						ADD
2. Consultancy		<b>v</b>		Corin		×
2. Consultancy		<b>v</b>		Stryker		×
2. Consultancy			<b>v</b>	Stryker		×
2. Consultancy		<b>v</b>		Smith and Nephew		×
						ADD
3. Employment	~					×
						ADD
4. Expert testimony	•					×
						ADD
5. Grants/grants pending			<b>V</b>	Versus Arthritis		×
5. Grants/grants pending			<b>v</b>	Stryker		×
						ADD

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out	side th	e submi	tted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>		V		as above		×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	•					×
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	•					×
						ADD
9. Royalties		<b>v</b>		Corin		×
						ADD
10. Payment for development of educational presentations	<b>v</b>					×
						ADD
11. Stock/stock options	<b>v</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	•					×
						ADD
13. Other (err on the side of full disclosure)	•					×
						ADD
* This means money that your institution r	eceived f	or your effe	orts.			

# Section 4. Other relationships

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?

No other relationships/conditions/circumstances that present a potential conflict of inter-
---

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

<sup>\*\*</sup> For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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Hide All Table Rows Checked 'No'

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Long 1



1. Given Name (First Name) Stewart Long 2. Surname (Last Name) Long 2. Are you the corresponding author? Yes No Corresponding Author's Name Rachael Gooberman-Hill 5. Manuscript Title Better post-operative prediction and management of chronic pain after total knee replacement: the STAR research programme. 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  If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row.	Section 1. Identifying Inform	nation			
Rachael Gooberman-Hill  5. Manuscript Title Better post-operative prediction and management of chronic pain after total knee replacement: the STAR research programme.  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  If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row.		·			
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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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest?    Yes    No  If yes, please fill out the appropriate information below.	of compensation) with entities as describing the "Add +" box. You should read there any relevant conflicts of interest.	ribed in the instructions. Useport relationships that we lest?	se one line for each e	ntity; add as many lines as you ne	ed by
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Long 2



Section 4.	ntellectual Property Patents & Copyrights
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Section 5.	Relationships not covered above
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Yes, the followi	ing relationships/conditions/circumstances are present (explain below):
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	uscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. als may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abov below.	e disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Discl	osure Statement
Mr. Long reports g work; .	grants from null, during the conduct of the study; other from Versus Arthritis, outside the submitted

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patent

McCabe 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fir Candida	rst Name)	2. Surname (Last Name) McCabe		3. Date 26-April-2021
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Nan	ne
5. Manuscript Title Better post-opera programme		anagement of chronic pain	after total knee replacement	: the STAR research
6. Manuscript Ider RP-PG-0613-2000	ntifying Number (if you kn 01	owit)	_	
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McCabe 2



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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 follow	Yes, the following relationships/conditions/circumstances are present (explain below):							
<b>✓</b> No other rela	tionships/conditions/circumstances that present a potential conflict of interest							
	At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.							
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Section 6.	Disclosure Statement							
Based on the abo	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box							
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Dr. McCabe has i	nothing to disclose.							

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Moore 1



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1. Given Name (Fir Andrew	rst Name)	2. Surnam Moore	ne (Last Name)			3. Date 22-April-20	21	
4. Are you the corresponding author?		Yes	<b>✓</b> No		nding Author's Gooberman-H			
5. Manuscript Title Better post-oper programme	nagement	of chronic pai	n after total k	knee replacem	nent: the STAR	research		
6. Manuscript Ider RP-PG-0613-2000	ntifying Number (if you kno 01	ow it)						
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Section 4.	Intellectual Propert	y Pateı	nts & Copyri	ghts				
Do you have any	patents, whether plani	ned, pendi	ng or issued, k	oroadly relev	ant to the wo	rk? Yes	<b>✓</b> No	

Moore 2



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	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
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Generate Dis	closure Statement
Dr. Moore repo	rts grants from NIHR Programme Grant for Applied Research, during the conduct of the study; .

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Date	e:		Click or tap to enter a date.					
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Mai	nuscript Title:			Better post-operative prediction and management of chronic pain after total knee replacement: the STAR research programme.				
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			all entities with whom you have this nship 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.	□   I   NIHR	None  Time frame: past 36 month	Paid to institution, named as co-app  Click the tab key to add additional rows.				
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIHR		Paid to institution, named as co-app  Click the tab key to add additional rows.				

		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	University of Bristol	Paid of current paid employment through the University
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	University of Bristol	Paid of current paid employment through the University
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Programme Grants for Applied Research funding panel membership	From 2014 - 2019
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Co-Chair of the UK Committee on Research Integrity	Since March 2022

		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	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	-	t to the following statement to indicate your agreement to answered every question and have not altered the wo	



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Sanderson 1



Section 1. Identi	ifying Information		
1. Given Name (First Name) Emily	2. Surn Sande	ame (Last Name) rson	3. Date 21-April-2021
4. Are you the corresponding	ng author? Yes	No No	Corresponding Author's Name Rachael Gooberman-Hill
5. Manuscript Title Better post-operative pre programme	diction and manageme	nt of chronic pain	after total knee replacement: the STAR research
6. Manuscript Identifying Nu	ımber (if you know it)		
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Section 2. The W	ork Under Conside	ration for Publ	ication
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Are there any relevant co	nflicts of interest?	Yes 🗸 No	ADD
Section 3. Releva	ant financial activit	ies outside the	submitted work.
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Sanderson 2



Relationships not covered above							
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.							
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closure Statement							
has nothing to disclose.							

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Sanderson 3



#### Instructi ins

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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**Royalties:** Funds are coming in to you or your institution due to your patent

Walsh 1



Section 1. Identifying Inform						
Identifying Inform	ation					
Given Name (First Name)     David Andrew	2. Surnar Walsh	me (Last Nam	ne)		3. Date 25-April-2021	
4. Are you the corresponding author?	Yes	<b>✓</b> No	Correspond Rachael G	_		
5. Manuscript Title Better post-operative prediction and man programme	nagement	: of chronic រ	pain after total kr	nee replac	cement: the STAR research	
6. Manuscript Identifying Number (if you kno	wit)					
Section 2. The Work Under Co	onsidera	ation for F	Publication			
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis. etc.)?	but not li	mited to gra	nts, data monitori			
Are there any relevant conflicts of interes	st?'	Yes 🗸 l	No			ADD
						ADD
Section 3. Relevant financial	activitie	s outside	the submitted	l work.		
Place a check in the appropriate boxes in					ial relationships (regardless of amo	unt
of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the	e instruction	ns. Use one line f	or each e	ntity; add as many lines as you nee	
Are there any relevant conflicts of interes		· <u> </u>	No	auring tir	e 30 months prior to publication.	
If yes, please fill out the appropriate infor	mation b	elow.				
N (5 1)	C	Personal N	lon-Financial		Comments	
Name of Entity	Grant•	Fees?	Support?	Other :	Comments	
AbbVie				<b>v</b>	Consultancy through University of Nottingham; non-personal financial relationship	×
lifzer	~			<b>v</b>	Grant and Consultancy through University of Nottingham; non-personal financial relationships	×
illy	<b>v</b>			<b>v</b>	Grant and Consultancy through University of Nottingham; non-personal financial relationships	×
Galapagos				~	Consultancy through University of Nottingham; non-personal financial	×

Walsh 2

relationships



Name of Entity	Grant?	Personal f	Non-Financial Support	Other?	Comments			
Reckitt Benckiser Health Ltd				<b>v</b>	Consultancy through University of Nottingham; non-personal financial relationships	×		
Love Productions Ltd				<b>v</b>	Consultancy through University of Nottingham; non-personal financial relationships	×		
GlaxoSmithKline				<b>v</b>	Consultancy through University of Nottingham; non-personal financial relationships	×		
Irish Society for Rheumatology		<b>V</b>			Speaker fees	×		
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 potentially influencing, what you wrote in		-		nfluenced	, or that give the appearance of			
Yes, the following relationships/condi	tions/circ	umstances	are present (expl	ain below	r):			
✓ No other relationships/conditions/cire	cumstanc	es that pre	sent a potential co	onflict of i	nterest			
At the time of manuscript acceptance, jou On occasion, journals may ask authors to						ents.		
Section 6. Disclosure Stateme	ent							
Based on the above disclosures, this form below.	n will auto	omatically (	generate a disclos	sure state	ement, which will appear in the box			
Generate Disclosure Statement								
Dr. Walsh reports other from AbbVie, grafrom Reckitt Benckiser Health Ltd, other Society for Rheumatology, outside the	from Lov	e Producti	_		· · · · · · · · · · · · · · · · · · ·			

Walsh 3



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Walsh 4



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patent

White 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Simon	2. Surname (Last Name) White	3. Date 22-April-2021
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name R Gooberman-Hill
5. Manuscript Title Better post-operative prediction and maprogramme	inagement of chronic pain	after total knee replacement: the STAR research
6. Manuscript Identifying Number (if you kno	ow it)	
Section 2. The Work Under C	Consideration for Publ	ication
Did you or your institution <b>at any time</b> receiv	ve payment or services from a g but not limited to grants, c	a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,
Are there any relevant commets of intere	st: res v No	ADD
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication.
Are there any relevant conflicts of intere	est? Yes 🗸 No	ADD
Section 4. Intellectual Proper	ty Patents & Copyrig	hts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

White 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Disc	closure Statement
Dr. White has no	thing to disclose.

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patent

Beswick 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fii Andrew	rst Name)	2. Surname (Last Name) Beswick		3. Date 21-April-2021	
4. Are you the cor	responding author?	Yes V No	Corresponding Author's Rachael Gooberman-		
5. Manuscript Title Better post-oper programme		nagement of chronic pain	after total knee replacen	nent: the STAR research	
6. Manuscript Ider	ntifying Number (if you kno	owit)			
			_		
Section 2.	The Work Under C	Consideration for Publ	ication		
any aspect of the statistical analysis	submitted work (includin	g but not limited to grants, o		commercial, private foundatior Idy design, manuscript prepara	
If yes, please fill o		ormation below. If you have	e more than one entity p	ress the "ADD" button to add	d a row.
Name of Institut	ion/Company	Grant? Personal Non-I	Financial Other? Co	omments	
NIHR Programme Gra	nt for Applied Research	<b>V</b>			×
					ADD
Section 3.	Relevant financial	activities outside the	submitted work.		
of compensation clicking the "Add	) with entities as descr I +" box. You should re	ibed in the instructions. U port relationships that we	se one line for each entit	relationships (regardless of a ty; add as many lines as you 6 months prior to publicati	need by
Are there any rel	evant conflicts of intere	est? Yes V No			ADD
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the wo	ork? Yes 🗸 No	

Beswick 2



Cooking F	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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Section 6.	Disclosure Statement
Based on the abo	we disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Dis	closure Statement
Mr. Beswick rep	orts grants from NIHR Programme Grant for Applied Research, during the conduct of the study; .

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Blom 1



Section 1.	Identifying Inform	ation				
1. Given Name (Fin	rst Name)	2. Surname (Last N	lame)		3. Date 27-April-2021	
4. Are you the cor	responding author?	Yes V No		ding Author's N Sooberman-Hi		
5. Manuscript Title Better post-oper programme.	e ative prediction and ma	nagement of chror	ic pain after total k	nee replaceme	ent: the STAR research	
6. Manuscript Idei	ntifying Number (if you kno	ow it)				
Section 2.			- 411 - 1			
	The Work Under C					
	submitted work (includin				mmercial, private foundation, e y design, manuscript preparatio	
Are there any rel	evant conflicts of intere	st? Yes	No			ADD
						ADD
Section 3.	Relevant financial	activities outsi	de the submitte	d work.		
Place a check in t					lationships (regardless of am	ount
of compensation	n) with entities as descr	ibed in the instruct	ions. Use one line f	or each entity;	; add as many lines as you ned months prior to publication	ed by
-	evant conflicts of intere		No			
If yes, please fill o	out the appropriate info	rmation below.				
Name of Entity		Grant? Persona	l Non-Financial Support?	Other? Com	nments	
Stryker					s chief investigator on a trial asored by Stryker	×
NIHR						×
						ADD
	L					
Section 4.	Intellectual Proper	ty Patents & C	opyrights			
Do you have any	patents, whether plani	ned, pending or iss	ued, broadly releva	int to the work	☐ Yes ✓ No</td <td></td>	

Blom 2



Carlina	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
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Generate Disc	closure Statement
Dr. Blom reports	s other from Stryker, from NIHR, outside the submitted work; .

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Bruce 1



Section 1.	Identifying Inform	ation					
Given Name (Fir Julie		2. Surname	(Last Name)			3. Date 22-April-2021	
4. Are you the corr	responding author?	Yes	<b>✓</b> No	Correspon Rachael G	-		
5. Manuscript Title Better post-opera programme		nagement of	chronic pain	after total k	nee repla	cement: the STAR research	
6. Manuscript Iden RP-PG-0613-2000	tifying Number (if you kno )1	ow it)		_			
Cartinus							
Section 2.	The Work Under C	onsiderati	on for Publ	ication			
any aspect of the s statistical analysis,	submitted work (including	g but not limit	ed to grants, o		-	nt, commercial, private foundation, et study design, manuscript preparation	
•	out the appropriate info be removed by pressing		•	e more than	one entit	y press the "ADD" button to add a	ow.
Name of Instituti	ion/Company	Giant	rsonal Non-l ees? S	inancial	Other?	Comments	
NIHR Health Technol	ogy Assessment grants	<b>V</b>					×
ravel expenses from organisations	professional				V	JB has received travel expenses for speaking at conferences from the professional organisations hosting the conferences	×
		-					ADD
Section 3.	Relevant financial	activities o	outside the	submitte	d work.		
of compensation	he appropriate boxes in ) with entities as descri	n the table to bed in the in	indicate whe structions. U	ether you ha	ive financ for each e	cial relationships (regardless of am ntity; add as many lines as you nee ne 36 months prior to publication.	ed by
_	evant conflicts of intere		. —	•	_		
							ADD
Section 4.	Intellectual Propert	y Patents	s & Copyr <u>ig</u>	hts			
Do you have any	patents, whether plans	ned, pending	or issued, br	oadly releva	ant to the	work? Yes V No	

Bruce 2



Castian F	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. The may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Bruce reports	s grants from NIHR

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Bruce 3



#### Instructi ins

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

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## Intellectual Property.

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

#### Relationships not covered above. 5.

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Royalties: Funds are coming in to you or your institution due to your patent

Noble 1



Section 1.	Identifying Inforn	nation		
1. Given Name (Fii Sian	rst Name)	2. Surname (Last Name) Noble		3. Date 27-April-2021
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Rachael Gooberman-	
<ol><li>Manuscript Title Better post-oper programme.</li></ol>		anagement of chronic pain	after total knee replacer	ment: the STAR research
6. Manuscript Ider	ntifying Number (if you kn	owit)	_	
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If yes, please fill o	out the appropriate info	ormation below. If you hav	e more than one entity p	ress the "ADD" button to add a row.
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Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the wo	ork? Yes 🗸 No

Noble 2



Continu F	
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	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
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	Disclosure Statement
Based on the abo	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Generate Disc	closure Statement
Dr. Noble reports	s grants from NIHR PGfAR, during the conduct of the study; .

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Peters 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fir Tim	rst Name)	2. Surname (Last Name) Peters		3. Date 21-April-2021	
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Autho		
<ol><li>Manuscript Title Better post-oper programme</li></ol>		anagement of chronic pain	after total knee replac	ement: the STAR research	
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Section 2.					
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Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the v	work? Yes V No	

Peters 2



Section 5.						
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member of the I	NIHR CTU Standing Advisory Committee 2008-15					
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.					
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below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box					
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	s grants from NIHR Programme Grant for Applied Research, during the conduct of the study; and member Standing Advisory Committee 2008-15.					

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patent

Wylde 1

ADD



# ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.						
occuon 1,	Identifying Infori	mation				
Given Name (First Name)  Vikki		2. Surname (Last Name) Wylde			3. Date 21-April-2021	
4. Are you the corresponding author?		Yes No Corresponding Author's I				
5. Manuscript Title Better post-oper programme.		anagement of chronic p	pain after total kn	nee replacemer	nt: the STAR research	
6. Manuscript Ider	ntifying Number (if you kr	now it)				
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	submitted work (includi	ive payment or services fr ng but not limited to grar				
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NIHR		V				×
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of compensation	n) with entities as desc	in the table to indicate cribed in the instruction eport relationships tha	s. Use one line fo	or each entity;	add as many lines as	you need by
Are there any rele	evant conflicts of inter	rest? 🗸 Yes 🗌 N	lo			
If yes, please fill o	out the appropriate inf	ormation below.				
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Wylde 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V
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?
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Dr. Wylde reports grants from NIHR, during the conduct of the study; grants from NIHR, outside the submitted work; .

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