Date:	5/10/2022
Your Name:	Catherine Hewitt
Manuscript Title:	Surgical versus non-surgical management of lateral compression type-1 fracture in people 60 years and older: a randomised controlled trial (L1FE)
Manuscript Number (if known):	16-167-57
In the interest of transparency, w	e ask you to disclose all relationships/activities/interests listed below that are related to the

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 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.

		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	of the work
2	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. Grants or contracts from any entity (if not indicated in item #1 above).	NIHR HTA grant funding received Time frame: past 36 months None None	Payments made to University of York Click the tab key to add additional rows.
3	Royalties or licenses	None	
	licenses		

		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 None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None member of the NIHR HTA Commissioning Board (2015 to present) and Deputy Chair (2019 to present Chair role Cha

		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.		

Date:	5/25/2022
Your Name:	Catherine Hilton
Manuscript Title:	Surgical versus non-surgical management of lateral compression type-1 fracture in people 60 years and older: a randomised controlled trial (L1FE)
Manuscript Number (if known):	16-167-57

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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIHR PCAF Bridge 2021 - 2022	
3	Royalties or licenses	None 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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	

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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.		

Date:	5/23/2022
Your Name:	Camila Maturana
Manuscript Title:	Surgical versus non-surgical management of lateral compression type-1 fracture in people 60 years and older: a randomised controlled trial (L1FE)
Manuscript Number (if known):	16-167-57

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		Time frame: past 36 month	S
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3	Royalties or licenses	None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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.		

Date:			5/20/1967		
Your Name:			Catriona McDaid		
Manuscript Title:			Surgical versus non-surgical management of lateral compression type-1 fracture in people 60 years and older: a randomised controlled trial (L1FE)		
Ma	nuscript Number (if l	known):	16-167-57		
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		ript. "Rela of the man e in doubt os/activitions, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. ies/interests should be defined broadly. For example, if your manuscript pertains to the au should declare all relationships with manufacturers of antihypertensive medication, even if		
	t medication is not m		·		
	em #1 below, report ne for disclosure is th		·	vithout time limit. For all other items, the time	
			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)	
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1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing		Time frame: Since the initial planning	of the work University of York	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: Since the initial planning	of the work University of York	
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	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Finding	Time frame: Since the initial planning one from NIHR HTA Programme Time frame: past 36 month	of the work University of York 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 this item. Grants or contracts from	Finding	Time frame: Since the initial planning one from NIHR HTA Programme	of the work University of York 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	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	Member of HTA and EME Editorial Board (2017 to present) Member of NIHR Pre-doctoral Fellowship Selection Committee (2019 to present) Member of NIHR Programme Grants for Applied Research Sub-Committee B (2020 to present) Orthopaedic Research UK Scientific Advisory Committee (2021 to present)	University of York
Plea	•	t to the following statement to indicate your agreeme	

Date:	5/5/2022
Your Name:	Laura Doherty
Manuscript Title:	Surgical versus non-surgical management of lateral compression type-1 fracture in people 60 years and older: a randomised controlled trial (L1FE)
Manuscript Number (if known):	16-167-57

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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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 agreeme answered every question and have not altered the wo	

Date:	5/21/2022
Your Name:	Dhanupriya Sivapathasuntharam
Manuscript Title:	Surgical versus non-surgical management of lateral compression type-1 fracture in people 60 years and older: a randomised controlled trial (L1FE)
Manuscript Number (if known):	16-167-57

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2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None	
3	Royalties or licenses	None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
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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 agreeme answered every question and have not altered the wo	

Dat	e:		5/5/2022	
You	r Name:		David Torgerson	
Manuscript Title:			Surgical versus non-surgical management of lateral compression type-1 fracture in people 60 years and older: a randomised controlled trial (L1FE)	
Maı	nuscript Number (if k	(nown):	16-167-57	
con affe indi The epic	tent of your manuscrected by the content of cate a bias. If you are author's relationship	ipt. "Rela of the ma e in doub os/activiti nsion, yo	ated" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity/ es/interests should be defined broadly. For e u should declare all relationships with manufa	interest, it is preferable that you do so.
In it		all suppo	ort for the work reported in this manuscript wi	thout time limit. For all other items, the time
			ll 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 of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	[N	one	
	charges, etc.) No time limit for this item.			Click the tab key to add additional rows.
	charges, etc.) No time limit for		Time frame: past 36 months	
2	charges, etc.) No time limit for	□ No	Time frame: past 36 months	

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8	Patents planned, issued or pending	□ None	
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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.		

Date:	5/9/2022
Your Name:	Elizabeth Cook
Manuscript Title:	Surgical versus non-surgical management of lateral compression type-1 fracture in people 60 years and older: a randomised controlled trial (L1FE)
Manuscript Number (if known):	16-167-57

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		Time frame: past 36 month	S
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3	Royalties or licenses	None	

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4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	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.		

Date:	5/19/2022
Your Name:	Joanne Laycock
Manuscript Title:	Surgical versus non-surgical management of lateral compression type-1 fracture in people 60 years and older: a randomised controlled trial (L1FE)
Manuscript Number (if known):	16-167-57

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6	Payment for expert testimony	None	
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8	Patents planned, issued or pending	⊠ 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.		

Date:	5/8/2022
Your Name:	Peter David Bates
Manuscript Title:	Surgical versus non-surgical management of lateral compression type-1 fracture in people 60 years and older: a randomised controlled trial (L1FE)
Manuscript Number (if known):	16-167-57

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		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item	None Educational contract with Stryker	I teach on courses for Stryker with payment at industry rates
	#1 above).	Educational contract with Depuy Synthes	I teach on courses and give feedback on implants. This has no relevance to LC-1 fractures or pelvic implants. I teach on courses with payment at industry rates
		Co-founder Orthohub, an online educational website	We make educational content for the orthopaedic and wider community. Not profitmaking
		Design surgeon for pelvic plating system 'Phoenix' by ITS (discussed below)	Discussed below

None Design surgeon for pelvic plating system 'Phoenix' by ITS (an Austrian trauma implant company). The plating system is used for treating acetabular fractures, not LC-1 fractures None Payment or honoraria for lectures, presentations, speakers bureaus, transuscript writing or educational events 14/06/2019 – Professorial grand rounds at HSS 13/14 October 2019 – Stryker Amsterdam Paid to teach on adaveric Stryker nailing course Payment for expert testimory None Payment for expert testimory None Payment for expert testimory None Implementation Imple			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)	
by ITS (an Austrian trauma implant company). The plating system is used for treating acetabular fractures, not LC-1 fractures Solid. The plates and screws are not clinically related to the subject matter of this manuscript related to the subject matter of this manuscript related to the subject matter of this manuscript with moraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Solid. The plates and screws are not clinically related to the subject matter of this manuscript writing or educational events Depuy Synthes nailing symposium (RSM London) I was a paid speaker for ZB – topic was periprosthetic femur fractures 14/06/2019 – Professorial grand rounds at HSS I received honorarium from the Hospital for Special Services, for speaking at their grand rounds teaching event 28/29 December 2019 – Stryker Amsterdam Paid to teach on cadaveric Stryker nailing course 28/29 December 2019 – Stryker revalidation Paid faculty on Stryker consultant revalidation Paid faculty on Stryker consultant revalidation Course I man a medical expert, writing clinical negligence and condition/[prognosis reports for private clients (solicitors). I have not received payment for testimony in court though I man a medical expert, writing clinical negligence and condition/[prognosis reports for private clients (solicitors). I have not received payment for testimony in court though I man and the fees paid by ETS I may be an an antical expert I may be an antical	3		□ None		
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			cations/Comments (e.g., if payments were to you or to your institution)	
	Monitoring Board or Advisory Board			
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 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.				