

ICMJE DISCLOSURE FORM

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, 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.

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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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: 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

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.

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ICMJE DISCLOSURE 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 (LIFE)

Manuscript Number (if known): 16-167-57

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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ICMJE DISCLOSURE 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)

Manuscript Number (if known): 16-167-57

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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Member of HTA and EME Editorial Board (2017 to present)	University of York
		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)	

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ICMJE DISCLOSURE FORM

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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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: 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

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.

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ICMJE DISCLOSURE FORM

Date: 5/5/2022

Your 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)

Manuscript Number (if known): 16-167-57

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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ICMJE DISCLOSURE 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

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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ICMJE DISCLOSURE 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 (LIFE)

Manuscript Number (if known): 16-167-57

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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: 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

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
Time frame: Since the initial planning of the work										
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.		
	Click the tab key to add additional rows.									
Time frame: past 36 months										
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">Educational contract with Stryker</td> <td style="width: 50%;">I teach on courses for Stryker with payment at industry rates</td> </tr> <tr> <td>Educational contract with Depuy Synthes</td> <td>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</td> </tr> <tr> <td>Co-founder Orthohub, an online educational website</td> <td>We make educational content for the orthopaedic and wider community. Not profit-making</td> </tr> <tr> <td>Design surgeon for pelvic plating system 'Phoenix' by ITS (discussed below)</td> <td>Discussed below</td> </tr> </table>	Educational contract with Stryker	I teach on courses for Stryker with payment at industry rates	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 profit-making	Design surgeon for pelvic plating system 'Phoenix' by ITS (discussed below)	Discussed below
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Design surgeon for pelvic plating system 'Phoenix' by ITS (discussed below)	Discussed below									

		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)
3	Royalties or licenses	<input type="checkbox"/> 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	As design surgeon I receive a royalty on plates sold. The plates and screws are not clinically related to the subject matter of this manuscript
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Depuy Synthes nailing symposium (RSM London)	
		5/6/2019 – Zimmer Biomet event at EFFORT	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
		13/14 October 2019 – Stryker Amsterdam	Paid to teach on cadaveric Stryker nailing course
28/29 December 2019 – Stryker revalidation	Paid faculty on Stryker consultant revalidation course		
6	Payment for expert testimony	<input type="checkbox"/> None	
		I am a medical expert, writing clinical negligence and condition/[prognosis reports for private clients (solicitors). I have not received payment for testimony in court though	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Edinburgh trauma symposium (ETS) 2019 /2022	Travel and hotel fees paid by ETS
		ITS education event 19/20 October 2019	Travel and hotel fees paid by ITS
		OTA in Denver 2019	Travel and hotel fees paid by QMUL
		Nottingham fracture forum (NFF) 2019 / 2021	Travel and hotel fees paid by NFF
		East of England Trainees Club 2019	Travel and hotel fees paid by Coc Club
DCOTS @ Brighton 16/17 March 2022	Travel and hotel paid by Royal College Surg		
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety	<input checked="" type="checkbox"/> 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)
	Monitoring Board or Advisory Board	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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