

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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.

1. 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".

3. 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.

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4. Intellectual Property.

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

5. 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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____ Hany
 2. Surname (Last Name) _____ Bedair
 3. Date _____ 15-December-2018

4. Are you the corresponding author? Yes No
 Corresponding Author's Name _____
 Karen Sepucha

5. Manuscript Title
 Less is more: comparative effectiveness trial of decision support strategies for hip and knee osteoarthritis (DECIDE-OA study)

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. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Patient Centered Outcomes Research Institute (PCORI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funds to institution

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 publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conformis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Bedair reports grants from Patient Centered Outcomes Research Institute (PCORI), during the conduct of the study; personal fees from Smith & Nephew, personal fees from Conformis, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Janet 2. Surname (Last Name) Dorwachter 3. Date 13-December-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Karen Sepucha

5. Manuscript Title
Less is more: comparative effectiveness trial of decision support strategies for hip and knee osteoarthritis (DECIDE-OA study)

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Ms. Dorrwachter reports grants from Patient -Centered Outcomes Research Institute (PCORI), during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Maureen

2. Surname (Last Name)
Dwyer

3. Date
27-December-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Karen Sepucha

5. Manuscript Title
Less is more: comparative effectiveness trial of decision support strategies for hip and knee osteoarthritis (DECIDE-OA study)

6. Manuscript Identifying Number (if you know it)

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Dr. Dwyer reports grants from Patient Centered Outcomes Research Institute, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrew

2. Surname (Last Name) Freiberg

3. Date 30-November-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name Karen Sepucha

5. Manuscript Title Less is more: comparative effectiveness trial of decision support strategies for hip and knee osteoarthritis (DECIDE-OA study)

6. Manuscript Identifying Number (if you know it) _____

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Patient Centered Outcomes Research Institute (PCORI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funds to institution

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalty, Consultant
ArthroSurface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shares / Ownership
Orthopaedic Technology Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Owner

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
CeramTec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	other

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Freiberg reports grants from PCORI, during the conduct of the study; other from Zimmer Biomet, other from ArthroSurface, other from Orthopaedic Technology Group, other from CeramTec, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Karen

2. Surname (Last Name)
Sepucha

3. Date
20-December-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Less is more: comparative effectiveness trial of decision support strategies for hip and knee osteoarthritis (DECIDE-OA study)

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Informed Medical Decisions Foundation, part of Healthwise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Sepucha reports grants from Patient Centered Outcomes Research Institute (PCORI), during the conduct of the study; grants from Informed Medical Decisions Foundation, part of Healthwise, outside the submitted work; .

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4. Intellectual Property.

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

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Section 1. Identifying Information

1. Given Name (First Name)
Carl

2. Surname (Last Name)
Talmo

3. Date
27-December-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Karen Sepucha

5. Manuscript Title
Less is more: comparative effectiveness trial of decision support strategies for hip and knee osteoarthritis (DECIDE-OA study)

6. Manuscript Identifying Number (if you know it)

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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. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Patient Centered Outcomes Research Institute (PCORI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funds to institution

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 1. Identifying Information

1. Given Name (First Name)
Ha _____

2. Surname (Last Name)
Vo _____

3. Date
20-December-2018 _____

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Karen Sepucha _____

5. Manuscript Title
Less is more: comparative effectiveness trial of decision support strategies for hip and knee osteoarthritis (DECIDE-OA study) _____

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1. Given Name (First Name)
Liyang

2. Surname (Last Name)
Yu

3. Date
19-December-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Karen R. Sepucha

5. Manuscript Title
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