| Date: | 9/18/2023 | |
|-------------------------------|---|--|
| Your Name: | Professor David J Beard | |
| Manuscript Title: | Cost-effectiveness analysis of a pragmatic randomized trial evaluating surgical reconstruction versus rehabilitation in patients with long-standing anterior cruciate ligament injury | |
| Manuscript Number (if known): | BJJ-2023-0175.R1 | |

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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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 the work |
| 1 | All support for the present | | |
| | manuscript (e.g., funding, provision of study materials, medical writing, | The ACL SNNAP Trial funded by the NIHR Health Technology Assessment programme HTA Project Reference: 14/140/63. | |
| | article processing charges, etc.) No time limit for this item. | | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | IS |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | 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) |
|----|---|--|---|
| 3 | Royalties or licenses | ☑ None | |
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ⊠ None | |
| 6 | Payment for expert testimony | ⊠ None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 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, | □ None | |

| | | Name all entities with whom you have thisSpecifications/Comments (e.g., if payments wererelationship or indicate none (add rows as needed)made to you or to your institution) |
|------|---|---|
| | society, committee or advocacy group, paid or unpaid | DJB holds an NIHR Senior Investigator grant (Apr 2022- Apr 2026). |
| 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 | - | to the following statement to indicate your agreement: answered every question and have not altered the wording of any of the questions on this form. |

| Date: | 9/25/2023 | |
|-------------------------------|---|--|
| Your Name: | Jonathan Cook | |
| Manuscript Title: | Cost-effectiveness analysis of a pragmatic randomized trial evaluating surgical reconstruction versus rehabilitation in patients with long-standing anterior cruciate ligament injury | |
| Manuscript Number (if known): | BJJ-2023-0175.R1 | |

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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 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. | The ACL SNNAP study was funded by the National Institute for Health Research (NIHR) Health Technology Assessment (HTA) Programme (HTA 14/140/63). | This is stated in the paper. |
| | this item. | Time frame: past 36 mont | |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ⊠ 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) |
|----|---|--|---|
| 3 | Royalties or licenses | ☑ None | |
| 4 | Consulting fees | ☑ None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | ⊠ None | |
| 7 | Support for attending meetings and/or travel | ☑ None | |
| 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, | ⊠ None | |

| | | ame all entities with whom you have this Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed) made to you or to your institution) | |
|------|---|--|--|
| | society, committee or advocacy group, paid or unpaid | | |
| 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: | | |

| Date: | 9/18/2023 | |
|-------------------------------|---|--|
| Your Name: | Loretta Davies | |
| Manuscript Title: | Cost-effectiveness analysis of a pragmatic randomized trial evaluating surgical reconstruction versus rehabilitation in patients with long-standing anterior cruciate ligament injury | |
| Manuscript Number (if known): | BJJ-2023-0175.R1 | |

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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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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| | | | all entities with whom you have this onship 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 | | None | |
| | manuscript (e.g., funding, provision | The t | rial was funded by the NIHR HTA programme | Payments were made to the University of Oxford as the institution sponsoring the trial |
| | of study materials, medical writing, article processing charges, etc.) No time limit for this item. | | | Click the tab key to add additional rows. |
| | | | Time frame: past 36 month | IS |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | | None | |
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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) |
|----|---|--|---|
| 3 | Royalties or licenses | ☑ None | |
| 4 | Consulting fees | ☑ None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | ⊠ None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 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, | ⊠ None | |

| | | Name all entities with whom you have this elationship 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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| | society, committee or advocacy group, paid or unpaid | | |
| 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: | | |

| Date: | 9/19/2023 | |
|-------------------------------|---|--|
| Your Name: | Heidi Fletcher | |
| Manuscript Title: | Cost-effectiveness analysis of a pragmatic randomized trial evaluating surgical reconstruction versus rehabilitation in patients with long-standing anterior cruciate ligament injury | |
| Manuscript Number (if known): | BJJ-2023-0175.R1 | |

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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) |
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| | | | Time frame: Since the initial planning | of the work |
| 1 | All support for the present | | None | |
| | manuscript (e.g., funding, provision | The tri | ial was funded by the NIHR HTA programme | Payments were made to the University of Oxford as the institution sponsoring the trial |
| | of study materials, medical writing, article processing | | | Click the tab key to add additional rows. |
| | charges, etc.) No time limit for this item. | | | |
| | | | Time frame: past 36 month | S |
| 2 | Grants or contracts from | 🛛 No | one | |
| | any entity (if not indicated in item | | | |
| | #1 above). | | | |

| | | 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 | ☑ None | |
| 4 | Consulting fees | ☑ None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | ⊠ None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 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, | ⊠ None | |

| | | Iame all entities with whom you have thisSpecifications/Comments (e.g., if payments wereelationship or indicate none (add rows as needed)made to you or to your institution) |
|------|---|--|
| | society, committee or advocacy group, paid or unpaid | |
| 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: | |

| Date: | _9/25/2023 |
|-------------------------------|---|
| Your Name: | Jose Leal |
| Manuscript Title: | Cost-effectiveness analysis of a pragmatic randomized trial evaluating surgical reconstruction versus rehabilitation in patients with long-standing anterior cruciate ligament injury |
| Manuscript Number (if known): | BJJ-2023-0175.R1 |

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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| | | 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 | None | |
| | manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | The ACL SNNAP study was funded by the National Institute for Health Research (NIHR) Health Technology Assessment (HTA) Programme (HTA 14/140/63). | Payment made to my institution Click the tab key to add additional rows. |
| | No time limit for this item. | | |
| | | Time frame: past 36 month | IS |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☑ 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) |
|----|---|--|---|
| 3 | Royalties or licenses | ☑ None | |
| 4 | Consulting fees | ☑ None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | ⊠ None | |
| 7 | Support for attending meetings and/or travel | ☑ None | |
| 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, | ⊠ None | |

| | | ame all entities with whom you have this Specifications/Comments (e.g., if payments were elationship or indicate none (add rows as needed) made to you or to your institution) | |
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| | society, committee or advocacy group, paid or unpaid | | |
| 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: | | |

| Date: | 9/25/2023 |
|-------------------------------|---|
| Your Name: | Burhan Mirza |
| Manuscript Title: | Cost-effectiveness analysis of a pragmatic randomized trial evaluating surgical reconstruction versus rehabilitation in patients with long-standing anterior cruciate ligament injury |
| Manuscript Number (if known): | BJJ-2023-0175.R1 |

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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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| | | 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 plannir | g of the work |
| 1 | All support for the present | | |
| | manuscript (e.g., funding, provision of study materials, | The trial was funded by the NIHR HTA programme | Payments were made to the University of Oxford as the institution sponsoring the trial |
| | medical writing, article processing charges, etc.) No time limit for this item. | | Click the tab key to add additional rows. |
| | | Time frame: past 36 mon | ths |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ⊠ 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) |
|----|---|--|---|
| 3 | Royalties or licenses | ☑ None | |
| 4 | Consulting fees | ☑ None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | ⊠ None | |
| 7 | Support for attending meetings and/or travel | ☑ None | |
| 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, | ⊠ None | |

| | | Name all entities with whom you have thisSpecifications/Comments (e.g., if payments wereelationship or indicate none (add rows as needed)made to you or to your institution) |
|------|---|--|
| | society, committee or advocacy group, paid or unpaid | |
| 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: | |

| Date: | 9/29/2023 |
|-------------------------------|---|
| Your Name: | Andrew Price |
| Manuscript Title: | Cost-effectiveness analysis of a pragmatic randomized trial evaluating surgical reconstruction versus rehabilitation in patients with long-standing anterior cruciate ligament injury |
| Manuscript Number (if known): | Click or tap here to enter text. |

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 o | 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). | □ □ □ □ | Click the tab key to add additional rows. |
| 3 | Royalties or licenses | None Zimmer Biomet | |

| | | 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 Zimmer Biomet Medacta | |
| 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 | None | |
| Please place an "X" next to the following statement to indicate your agreement: | | | |

| Date: | 10/2/2023 | |
|-------------------------------|---|--|
| Your Name: | Jamie Stokes | |
| Manuscript Title: | Cost-effectiveness analysis of a pragmatic randomized trial evaluating surgical reconstruction versus rehabilitation in patients with long-standing anterior cruciate ligament injury | |
| Manuscript Number (if known): | BJJ-2023-0175.R1 | |

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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 need | Specifications/Comments (e.g., if payments were ed) made to you or to your institution) |
|---|--|---|--|
| | | Time frame: Since the initial plan | ning of the work |
| 1 | All support for the present | | |
| | manuscript (e.g., funding, provision | Trial funded by the NIHR HTA Programme | Payments were made to the University of Oxford as the trial sponsor |
| | of study materials, medical writing, article processing charges, etc.) No time limit for this item. | | Click the tab key to add additional rows. |
| | | Time frame: past 36 m | onths |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ⊠ 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) |
|----|---|--|---|
| 3 | Royalties or licenses | ☑ None | |
| 4 | Consulting fees | ☑ None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | ⊠ None | |
| 7 | Support for attending meetings and/or travel | ⊠ None | |
| 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, | ⊠ None | |

| | | ame all entities with whom you have thisSpecifications/Comments (e.g., if payments wereelationship or indicate none (add rows as needed)made to you or to your institution) | |
|------|---|---|--|
| | society, committee or advocacy group, paid or unpaid | | |
| 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: | | |