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.

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

Matsumoto
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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<tr>
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<td>29-February-2020</td>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No

Corresponding Author’s Name  
Shiro Ikegawa and Kota Watanabe

5. Manuscript Title  
A multi-ethnic meta-analysis defined the association of rs12946942 with progression of adolescent idiopathic scoliosis

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  
- [x] No

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

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Are there any relevant conflicts of interest?  
- [ ] Yes  
- [x] No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- [ ] Yes  
- [ ] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Matsumoto has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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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)  
   Matthew

2. Surname (Last Name)  
   Abdel

3. Date  
   27-February-2020

4. Are you the corresponding author?  
   - Yes
   - No ✔

   Corresponding Author’s Name  
   Geoffrey F. Haft

5. Manuscript Title  
   2019 Scoliosis Research Society Meeting Abstracts

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.

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## 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?  
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   - No

If yes, please fill out the appropriate information below.

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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. Abdel reports grants from National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) of the National Institutes of Health (NIH), during the conduct of the study; personal fees from Stryker, outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Casper

2. Surname (Last Name)  
   Dragsted

3. Date  
   28-February-2020

4. Are you the corresponding author?  
   Yes ✔  No

   Corresponding Author’s Name  
   Lærke Ragborg Nielsen

5. Manuscript Title  
   Scheuermann’s Kyphosis – A 39-year follow-up from diagnosis in non-operated patients

6. Manuscript Identifying Number (if you know it)

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Yes ✔  No

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Dr. Dragsted reports grants from K2M, grants from Medtronic, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name) Stefan
2. Surname (Last Name) Parent
3. Date 28-February-2020
4. Are you the corresponding author? ☑ No
5. Manuscript Title 2019 Scoliosis Research Society Meeting Abstracts
6. Manuscript Identifying Number (if you know it)

5. Corresponding Author’s Name
   Noelle Larson, MD

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<td>Fellowship support, Speaker's bureau</td>
</tr>
</tbody>
</table>

**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 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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☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Parent reports personal fees from EOS-imaging, personal fees from Spinologics, personal fees from K2M, personal fees from EOS-imaging, personal fees from Medtronic, personal fees from DePuy Synthes Spine, other from Academic Research chair in spine deformities of the CHU Sainte-Justine (DePuy), grants from DePuy Synthes Spine, grants from Canadian Institutes of Health Research, grants from Pediatric Orthopaedic Society of North America, grants from Scoliosis Research Society, grants from Medtronic, grants from EOS imaging, grants from Canadian Foundation for Innovation, grants from Setting Scoliosis Straight Foundation, grants from Natural Sciences and Engineering Council of Canada, grants from Fonds de recherche Québec - Santé, grants and other from Orthopaedic Research and Education Foundation, other from DePuy Synthes, other from Medtronic, other from Orthopaediatrics, from null, 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)  
   Elisabet

2. Surname (Last Name)  
   Einarsdottir

3. Date  
   03-March-2020

4. Are you the corresponding author?  
   Yes  ☑ No

   Corresponding Author’s Name  
   Watanabe

5. Manuscript Title  
   SRS top abstracts 2019

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.)?

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Section 6. Disclosure Statement

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Dr. Einarzdottir has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Harsh

2. Surname (Last Name)  
Grewal

3. Date  
06-March-2020

4. Are you the corresponding author?  
☑ No  
Corresponding Author’s Name  
Samdani

5. Manuscript Title  
SRS top abstracts 2019

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.)?

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Dr. Grewal has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
todd

2. Surname (Last Name)  
milbrandt

3. Date  
27-February-2020

4. Are you the corresponding author?  
☐ Yes  
✔ No

Corresponding Author’s Name  
Geoffrey F. Haft

5. Manuscript Title  
SRS abstract

6. Manuscript Identifying Number (if you know it)

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Medtronic-consultant
Zimmer-Consultant
Viking Scientific-stockholder
POSNA board member

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Dr. milbrandt reports and Orthopediatrics-consultant
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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hirokazu</td>
<td>Shoji</td>
<td>07-March-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   ✔ Yes  ☐ No  

Corresponding Author’s Name  
Kei Watanabe

5. Manuscript Title  
Health related quality of life in non-operated patients with adolescent idiopathic scoliosis in the middle years: Mean 25 years follow-up study.

6. Manuscript Identifying Number (if you know it)

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Dr. Shoji has nothing to disclose.

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Section 1. Identifying Information
1. Given Name (First Name)  Kei
2. Surname (Last Name)  Watanabe
3. Date  07-March-2020
4. Are you the corresponding author?  ✔ Yes  ❌ No
5. Manuscript Title
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Dr. Watanabe has nothing to disclose.

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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)  
   Masayuki

2. Surname (Last Name)  
   Ohashi

3. Date  
   07-March-2020

4. Are you the corresponding author?  
   ☐ Yes   ☑ No  
   Corresponding Author's Name  
   Kei Watanabe

5. Manuscript Title  
   Health related quality of life in non-operated patients with adolescent idiopathic scoliosis in the middle years: Mean 25 years follow-up 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

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

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

Section 6.

Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Ohashi has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Naoto
2. Surname (Last Name)  
   Endo
3. Date  
   07-March-2020

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

5. Manuscript Title  
   Health related quality of life in non-operated patients with adolescent idiopathic scoliosis in the middle years: Mean 25 years follow-up study.
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Are there any relevant conflicts of interest?  

- Yes  
- No  

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Are there any relevant conflicts of interest?  

- Yes  
- No  

- No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- Yes  
- No  

- No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Endo has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Brian

2. Surname (Last Name)  
   Smith

3. Date  
   12-February-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Humerus Ossification and Cobb Angle Correlates with Progression to Surgery in Scoliosis Patients

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-01318

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.)?  
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   ✔ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Smith has nothing to disclose.

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Mizouchi
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
Tatsuki

2. Surname (Last Name)  
Mizouchi

3. Date  
07-March-2020

4. Are you the corresponding author?  
[ ] Yes  
[ ] No  

   Corresponding Author's Name  
Kei Watanabe

5. Manuscript Title  
Health related quality of life in non-operated patients with adolescent idiopathic scoliosis in the middle years: Mean 25 years follow-up study.

6. Manuscript Identifying Number (if you know it)

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[ ] 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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Mizouchi has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. **Given Name (First Name)**
   - Toru

2. **Surname (Last Name)**
   - Hirano

3. **Date**
   - 07-March-2020

4. **Are you the corresponding author?**
   - Yes

   **Corresponding Author’s Name**
   - Kei Watanabe

5. **Manuscript Title**
   - Health related quality of life in non-operated patients with adolescent idiopathic scoliosis in the middle years: Mean 25 years follow-up study.

6. **Manuscript Identifying Number (if you know it)**
   - N/A

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?

- Yes
- No

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- Yes
- No

**Section 4. Intellectual Property -- Patents & Copyrights**

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- Yes
- No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Hirano has nothing to disclose.

Evaluation and Feedback

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## Section 1. Identifying Information

1. Given Name (First Name)  
Geoffrey

2. Surname (Last Name)  
Haft

3. Date  
01-March-2020

4. Are you the corresponding author?  
☑ Yes  
☐ No

5. Manuscript Title  
Are Serum Ion Levels Elevated in Pediatric Patients with Spinal Implants versus Controls?  
(SRS Abstract from 2019 SRS Montreal meeting)

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
☑ Yes  
☐ No

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<td>Competitive research grant awarded for metallosis project</td>
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</table>

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Section 6. Disclosure Statement

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Dr. Haft reports grants from T. Denny Sanford Pediatric Collaborative Research Fund, during the conduct of the study.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Daniel

2. Surname (Last Name)  
   Cooperman

3. Date  
   23-February-2020

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Brian Smith

5. Manuscript Title  
   Using Humerus Ossification and Cobb Angle to Predict Progression to Surgery in Scoliosis Patients

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-01318R1

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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.)?

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Dr. Cooperman has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Jonathan

2. Surname (Last Name)  
Cui

3. Date  
26-February-2020

4. Are you the corresponding author?  
☑ No

3. Date  
26-February-2020

4. Corresponding Author's Name  
Brian Smith

5. Manuscript Title  
Using Humerus Ossification and Cobb Angle to Predict Progression to Surgery in Scoliosis Patients

6. Manuscript Identifying Number (if you know it)  
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Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Cui has nothing to disclose.

Evaluation and Feedback

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**Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  Don
2. Surname (Last Name)  Li
3. Date  24-February-2020
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
   Using Humerus Ossification and Cobb Angle to Predict Progression to Surgery in Scoliosis Patients
6. Manuscript Identifying Number (if you know it)  JBJS-D-19-01318R1

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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.

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</tr>
</tbody>
</table>

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<tr>
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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>☐</td>
<td>☐</td>
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<td>F30 Fellowship Grant</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Benny
2. Surname (Last Name) Dahl
3. Date 01-March-2020
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Lærke C. Ragborg
5. Manuscript Title Scheuermann Kyphosis – 39 year follow up from diagnosis in non-operated patients
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Dahl reports personal fees from Stryker, 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)  Stephen
2. Surname (Last Name)  DeVries
3. Date  21-February-2020
4. Are you the corresponding author?  No  ✔
Corresponding Author’s Name  Brian Smith
5. Manuscript Title  Using Humerus Ossification and Cobb Angle to Predict Progression to Surgery in Scoliosis Patients
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Dr. DeVries has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Harsh

2. Surname (Last Name)  
   Grewal

3. Date  
   06-March-2020

4. Are you the corresponding author?  
   Yes ☐ No ☑

   Corresponding Author's Name  
   Samdani

5. Manuscript Title

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?  
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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 ☑
ICMJE Form for Disclosure of Potential Conflicts of Interest

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. Grewal has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Sumeet

2. Surname (Last Name)  
   Garg

3. Date  
   28-February-2020

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Noelle Larson, MD

5. Manuscript Title  
   2019 Scoliosis Research Society Meeting Abstracts

6. Manuscript Identifying Number (if you know it)

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   No

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Dr. Garg reports personal fees from Medtronic, personal fees from Nuvasive, personal fees from ACI Clinical, grants from Pediatric Orthopaedic Society of North America, grants from Scoliosis Research Society, grants from Children's Hospital Colorado, grants from University of Colorado Department of Orthopedics, outside the submitted work.

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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)  Robert
2. Surname (Last Name)  Ames
3. Date  03-March-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Amer F. Samdani
5. Manuscript Title
   Prospective Follow-Up of Anterior Vertebral Body Tethering for Idiopathic Scoliosis: Interim Results from an FDA IDE Study
6. Manuscript Identifying Number (if you know it)

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Dr. Ames reports grants from Zimmer Biomet, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)  
Randal

2. Surname (Last Name)  
Betz

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03-March-2020

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Son Randal Betz, Jr. is an employee of DePuy Synthes Spine

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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
Section 1.
Identifying Information

1. Given Name (First Name)  
   Steven

2. Surname (Last Name)  
   Hwang

3. Date  
   03-March-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

   Corresponding Author’s Name  
   Amer F. Samdani

5. Manuscript Title  
   Prospective Follow-Up of Anterior Vertebral Body Tethering for Idiopathic Scoliosis: Interim Results from an FDA IDE Study

6. Manuscript Identifying Number (if you know it)

Section 2.
The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

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Section 3.
Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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 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. Hwang reports grants from Zimmer Biomet, during the conduct of the study; personal fees from Zimmer Biomet, personal fees from NuVasive, personal fees and other from Auctus, 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) Ajoy Prasad
2. Surname (Last Name) Shetty
3. Date 07-March-2020
4. Are you the corresponding author? Yes  No

5. Manuscript Title
The Analgesic Effect of Dexmedetomidine in Posterior Spinal Fusion for Adolescent Idiopathic Scoliosis: A Double Blinded Prospective Randomized Study

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Charles

2. Surname (Last Name)  
   Crawford

3. Date  
   28-February-2020

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   2019 Scoliosis Research Society Meeting Abstracts

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Yes  ✔  No

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Dr. Crawford reports personal fees from Alphatec, personal fees from Depuy-Synthes, personal fees from Medtronic, personal fees from Nuvasive, grants from OREF, grants from ISSG, grants from Pfizer, grants from Intellirod, grants from TSRH, grants from Alan L. & Jacqueline B. Stuart Spine Research, grants from Cerapedics, Inc., grants from SRS, grants from Medtronic, grants from NIH, outside the submitted work.
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Rishi Mugesh

2. Surname (Last Name)  
   Kanna P

3. Date  
   07-March-2020

4. Are you the corresponding author?  
   Yes [ ]  
   No [ ]  
   Corresponding Author’s Name  
   Ajoy Prasad Shetty

5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Shanmuganathan

2. Surname (Last Name)
   Rajasekaran

3. Date
   07-March-2020

4. Are you the corresponding author?  
   Yes  ☑  No

Corresponding Author’s Name
   Ajoy Prasad Shetty

5. Manuscript Title
   The Analgesic Effect of Dexmedetomidine in Posterior Spinal Fusion for Adolescent Idiopathic Scoliosis: A Double Blinded Prospective Randomized Study

6. Manuscript Identifying Number (if you know it)
   Do Not know

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Dr. Shanmuganathan reports grants from GANGA ORTHOPAEDIC RESEARCH AND EDUCATION FOUNDATION, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  Kazuki
2. Surname (Last Name)  Takeda
3. Date  28-February-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name
   Shiro Ikegawa, and Kota Watanabe
5. Manuscript Title
   A multi-ethnic meta-analysis defined the association of rs12946942 with progression of adolescent idiopathic scoliosis
6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 
   Kota

2. Surname (Last Name) 
   Watanabe

3. Date 
   28-February-2020

4. Are you the corresponding author? 
   ☑ Yes  ☐ No

5. Manuscript Title 
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Are there any relevant conflicts of interest?  ☐ Yes  ☑ No

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Dr. Watanabe has nothing to disclose.

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Matsumoto

1
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1. Given Name (First Name)  
   Morio

2. Surname (Last Name)  
   Matsumoto

3. Date  
   29-February-2020

4. Are you the corresponding author?  
   [ ] Yes  
   ✔  No

   Corresponding Author’s Name  
   Shiro Ikegawa and Kota Watanabe

5. Manuscript Title  
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4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

5. Manuscript Title  
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Corresponding Author’s Name: Geoff Haft

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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 [x] No

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Are there any relevant conflicts of interest? [ ] Yes [x] No

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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 [x] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. van Wijnen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Laurel
2. Surname (Last Name) Blakemore
3. Date 02-March-2020
4. Are you the corresponding author? ☑ No
5. Manuscript Title Prospective Randomized Controlled Trial of Implant Density in AIS: Results of the Minimize Implants Maximize Outcomes Study
6. Manuscript Identifying Number (if you know it) paper #78

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☑ Yes ☑ No

If yes, please fill out the appropriate information below.

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<thead>
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<th>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
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Dr. Blakemore reports personal fees from Stryker Spine, from null, outside the submitted work; .

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**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)  
   Chris Yin Wei

2. Surname (Last Name)  
   Chan

3. Date  
   02-March-2020

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author’s Name
   Mohd Shahnaz Hasan

5. Manuscript Title  
   Tranexamic Acid In Pediatric Scoliosis Surgery (TRIPSS): A Prospective Randomized Trial Comparing High Dose And Low Dose Tranexamic Acid In Adolescent Idiopathic Scoliosis (AIS) Undergoing Posterior Spinal Fusion Surgery

6. Manuscript Identifying Number (if you know it)

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Dr. Chan has nothing to disclose.

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Ching Choe

2. **Surname (Last Name)**
   - Ng

3. **Date**
   - 02-March-2020

4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Chee Kidd

2. Surname (Last Name)  
   Chiu

3. Date  
   02-March-2020

4. Are you the corresponding author?  
   [ ] Yes  [✓] No

   Corresponding Author’s Name  
   Mohd Shahnaz Hasan

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - David

2. **Surname (Last Name)**
   - Polly

3. **Date**
   - 26-March-2020

4. **Are you the corresponding author?**
   - Yes  
   - No  
   - ✔

5. **Corresponding Author’s Name**
   - A. Noelle Larson

6. **Manuscript Title**
   - Minimize implants maximize outcomes

## Section 2. The Work Under Consideration for Publication

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- Yes  
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- ✔

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- Yes  
- No  
- ✔

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>✔</td>
<td>❌</td>
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</tr>
<tr>
<td>Medtronic</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>✔</td>
<td>Royalties to institution</td>
</tr>
</tbody>
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### ICMJE Form for Disclosure of Potential Conflicts of Interest

#### Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments
---|---|---|---|---|---
Globus | ☐ | ☐ | ☐ | ✓ | Royalties to institution
Springer | ☐ | ✓ | ☐ | ☐ | Textbook royalties
Medtronic | ✓ | ☐ | ☐ | ☐ | Research grant to institution
Mizuho OSI | ✓ | ☐ | ☐ | ☐ | Research grant to institution

### 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 that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Polly reports grants from OREF, grants from SRS, during the conduct of the study; personal fees from SI-Bone, other from Medtronic, other from Globus, personal fees from Springer, grants from Medtronic, grants from Mizuho OSI, outside the submitted work.
Evaluation and Feedback

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Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  Yunus Emre  
2. Surname (Last Name)  Akman  
3. Date  28-February-2020  
4. Are you the corresponding author?  Yes  ✔  No  
   Corresponding Author’s Name  Sinan Kahraman  
5. Manuscript Title  Clinical, Radiological and HRQoL Outcomes after Selective Thoracic Fusion with Minimum 15 Years Follow-up  
6. Manuscript Identifying Number (if you know it)  Paper #84  

**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  

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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  

Akman
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Akman has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Meric
2. Surname (Last Name)  Enercan
3. Date  28-February-2020
4. Are you the corresponding author?  ✔ No
5. Manuscript Title  Clinical, Radiological and HRQoL Outcomes after Selective Thoracic Fusion with Minimum 15 Years Follow-up
6. Manuscript Identifying Number (if you know it)  Paper #84

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.)?

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Are there any relevant conflicts of interest?  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ✔ No
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Section 6. Disclosure Statement

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Dr. Enercan has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Azmi
2. Surname (Last Name) Hamzaoglu
3. Date 28-February-2020
4. Are you the corresponding author? No
   ✔
Corresponding Author’s Name Sinan Kahraman
5. Manuscript Title
Clinical, Radiological and HRQoL Outcomes after Selective Thoracic Fusion with Minimum 15 Years Follow-up
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1. Given Name (First Name)  
   Sinan

2. Surname (Last Name)  
   Kahraman

3. Date  
   28-February-2020

4. Are you the corresponding author?  
   ✔ Yes   No

5. Manuscript Title  
   Clinical, Radiological and HRQoL Outcomes after Selective Thoracic Fusion with Minimum 15 Years Follow-up

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Section 1. Identifying Information

1. Given Name (First Name)  
   Selhan

2. Surname (Last Name)  
   Karadereler

3. Date  
   28-February-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

5. Manuscript Title  
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   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 ☑
ICMJE Form for Disclosure of Potential Conflicts of Interest

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. Karadereler has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ayhan
2. Surname (Last Name) Mutlu
3. Date 28-February-2020
4. Are you the corresponding author? Yes ✔ No
   Corresponding Author’s Name Sinan Kahraman
5. Manuscript Title
   Clinical, Radiological and HRQoL Outcomes after Selective Thoracic Fusion with Minimum 15 Years Follow-up
6. Manuscript Identifying Number (if you know it)
   Paper #84

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Dr. Mutlu has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Huseyin

2. Surname (Last Name)  
   Ozturk

3. Date  
   28-February-2020

4. Are you the corresponding author?  
   Yes [✓] No

   Corresponding Author’s Name  
   Sinan Kahraman

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  
   Levent Onur

2. Surname (Last Name)  
   Ulusoy

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   28-February-2020

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   ☑ No

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   Sinan Kahraman

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<th>1. Given Name (First Name)</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Naduvanahalli Vivekanandaswamy</td>
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<tr>
<td>3. Date</td>
<td>07-March-2020</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>Corresponding Author's Name</td>
<td>Ajoy Prasad Shetty</td>
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1. Given Name (First Name)  
Mohd Shahnaz

2. Surname (Last Name)  
Hasan

3. Date  
02-March-2020

4. Are you the corresponding author?  
☑ Yes  
☐ No

5. Manuscript Title  
Tranexamic Acid In Pediatric Scoliosis Surgery (TRIPSS): A Prospective Randomized Trial Comparing High Dose And Low Dose Tranexamic Acid In Adolescent Idiopathic Scoliosis (AIS) Undergoing Posterior Spinal Fusion Surgery

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. **Given Name (First Name)**
   Kazuhiro

2. **Surname (Last Name)**
   Hasegawa

3. **Date**
   07-March-2020

4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No

   **Corresponding Author’s Name**
   Kei Watanabe

5. **Manuscript Title**
   Health related quality of life in non-operated patients with adolescent idiopathic scoliosis in the middle years: Mean 25 years follow-up 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
- [x] No

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- [ ] Yes
- [x] No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- [ ] Yes
- [x] No
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hasegawa has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Hubert

2. Surname (Last Name)  
   Labelle

3. Date  
   01-April-2020

4. Are you the corresponding author?  
   Yes  ✔  No

5. Manuscript Title  
   Prospective Randomized Controlled Trial of Implant Density in AIS: Results of the Minimize Implants Maximize Outcomes Trial

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.

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## 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.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>Spinologics Inc.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>✔</td>
<td>Stock ownership</td>
</tr>
</tbody>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Labelle reports grants from ORS, grants from SRS, during the conduct of the study; other from Spinologics Inc., outside the submitted work;

Evaluation and Feedback

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Sanders
Section 1. Identifying Information

1. Given Name (First Name)  
James

2. Surname (Last Name)  
Sanders

3. Date  
07-March-2019

4. Are you the corresponding author?  
☑ Yes  
No

5. Manuscript Title  
SRS Abstract

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.)?

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☑ Yes  
No

Section 4. Intellectual Property -- Patents & Copyrights

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<td>Shape memory spinal instrumentation</td>
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Dr. Sanders reports In addition, Dr. Sanders has a patent Shape memory spinal instrumentation issued.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mun Keong
2. Surname (Last Name) Kwan
3. Date 02-March-2020
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name
   Mohd Shahnaz Hasan
5. Manuscript Title
   Tranexamic Acid In Pediatric Scoliosis Surgery (TRIPSS): A Prospective Randomized Trial Comparing High Dose And Low Dose Tranexamic Acid In Adolescent Idiopathic Scoliosis (AIS) Undergoing Posterior Spinal Fusion Surgery
6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Glenn

2. Surname (Last Name)  
   Pelletier

3. Date  
   09-March-2020

4. Are you the corresponding author?  
   Yes [ ]  
   No [x]  

   Corresponding Author’s Name  
   Amer Samdani

5. Manuscript Title  
   Prospective Follow-Up of Anterior Vertebral Body Tethering for Idiopathic Scoliosis: Interim Results from an FDA IDE study

6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  
   Yes [ ]  
   No [x]

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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 [ ]  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Pelletier has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)  
   Amer

2. Surname (Last Name)  
   Samdani

3. Date  
   27-February-2020

4. Are you the corresponding author?  
   ✔ Yes  ☐ No

5. Manuscript Title  
   Prospective Follow-Up of Anterior Vertebral Body Tethering for Idiopathic Scoliosis: Interim Results from an FDA IDE 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.

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<td>Funded the FDA IDE study</td>
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Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

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<td>Shriners Hospitals for Children</td>
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Dr. Samdani reports grants from Zimmer Biomet, during the conduct of the study; other from Zimmer Biomet, other from Depuy Synthes, other from Stryker, other from NuVasive, other from Globus, outside the submitted work; In addition, Dr. Samdani has a patent Technique of vertebral body tethering licensed to Shriners Hospitals for Children.
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<th>3. Date</th>
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<tr>
<td>Suken</td>
<td>Shah</td>
<td>08-March-2020</td>
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</table>

4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name: Noelle Larson

5. Manuscript Title

Prospective Randomized Controlled Trial of Implant Density in AIS: Results of the Minimize Implants, Maximize Outcomes 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.)?  

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- Yes  
- No

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1. Given Name (First Name)  
   A. Noelle

2. Surname (Last Name)  
   Larson

3. Date  
   27-February-2020

4. Are you the corresponding author?  
   Yes ☑  No

Corresponding Author’s Name  
Geoffrey F. Haft

5. Manuscript Title  
   2019 Scoliosis Research Society Meeting Abstracts

6. Manuscript Identifying Number (if you know it)

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Yes ☑  No

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☐ Yes  

☑ No

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   ❏ No  

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<td>Medtronic, Zimmer, Globus</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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 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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Larson reports grants from SRS, OREF, during the conduct of the study; other from Medtronic, Zimmer, Globus, outside the submitted work; .

Evaluation and Feedback

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Instructions

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**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) Daniel
2. Surname (Last Name) Sucato
3. Date 06-March-2020
4. Are you the corresponding author? Yes
5. Manuscript Title 2019 Scoliosis Research Society Meeting Abstracts
6. Corresponding Author’s Name Noelle Larson

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

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Are there any relevant conflicts of interest? Yes

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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

 Sucato
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Sucato reports other from Globus, outside the submitted work;

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4. **Intellectual Property.**

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<tr>
<td>Tunay</td>
<td>Sanli</td>
<td>28-February-2020</td>
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</table>

4. Are you the corresponding author? [ ] Yes [ ] No  
   Corresponding Author’s Name: Sinan Kahraman

5. Manuscript Title  
   Clinical, Radiological and HRQoL Outcomes after Selective Thoracic Fusion with Minimum 15 Years Follow-up

6. Manuscript Identifying Number (if you know it)  
   Paper #84

## 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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [ ] Yes [ ] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Sanli has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Stuart

2. Surname (Last Name)  
   Weinstein

3. Date  
   25-March-2020

4. Are you the corresponding author?  
   Yes  ☑  No

Corresponding Author’s Name  
   dolan

5. Manuscript Title  
   SRS submission

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?  
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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
Weinstein

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Dr. Weinstein has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Siti Nadzrah

2. Surname (Last Name)  
   Yunus

3. Date  
   02-March-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Mohd Shahnaz Hasan

5. Manuscript Title  
   Tranexamic Acid In Pediatric Scoliosis Surgery (TRIPSS): A Prospective Randomized Trial Comparing High Dose And Low Dose Tranexamic Acid In Adolescent Idiopathic Scoliosis (AIS) Undergoing Posterior Spinal Fusion Surgery

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Are there any relevant conflicts of interest?  ✔ Yes  ✔ No

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Dr. Yunus has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Carl-Eric

2. Surname (Last Name)  
   Aubin

3. Date  
   06-March-2020

4. Are you the corresponding author?  
   [ ] Yes  [ ] No  
   Corresponding Author’s Name  
   Noelle Larson

5. Manuscript Title  
   2019 Scoliosis Research Society Meeting Abstracts

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Industrial Research Chair with Medtronic of Canada (outside the scope of the study)</td>
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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

Aubin
ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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Dr. Aubin reports grants from Natural Sciences and Engineering Research Council of Canada, 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)   Nicholas
2. Surname (Last Name)       Fletcher
3. Date                      28-February-2020
4. Are you the corresponding author?   ☑ Yes   ☐ No
5. Manuscript Title
   Prospective Randomized Controlled Trial of Implant Density in AIS: Results of the Minimize Implants Maximize Outcomes 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

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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. Fletcher reports personal fees from Orthopaedics, personal fees from Medtronic, personal fees from Nuvasive, personal fees from Zimmer/Biomet, grants from Harrison Foundation, 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)  
   Mark

2. Surname (Last Name)  
   Erickson

3. Date  
   11-March-2020

4. Are you the corresponding author?  
   ☑ Yes   ☐ No

   Corresponding Author’s Name
   Paul Sponseller, MD

5. Manuscript Title  
   Scoliosis Research Society Annual Meeting 2019 Abstracts

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

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Dr. Erickson reports other from Green Sun Medical, personal fees from Medtronic, personal fees from Nuvasive, other from POSNA, 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)  Anna
2. Surname (Last Name)  Grauers
3. Date  07-March-2020
4. Are you the corresponding author?  Yes ☑ No

Corresponding Author’s Name  Shiro Ikegawa and Kota Watanabe
5. Manuscript Title  A multi-ethnic meta-analysis defined the association of rs12946942 with progression of adolescent idiopathic scoliosis
6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Nao

2. Surname (Last Name)  
   Otomo

3. Date  
   29-February-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

Corresponding Author’s Name  
   Shiro Ikegawa and Kota Watanabe

5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Yoji

2. Surname (Last Name)  
   Ogura

3. Date  
   07-March-2020

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   A multi-ethnic meta-analysis defined the association of rs12946942 with progression of adolescent idiopathic scoliosis

6. Manuscript Identifying Number (if you know it)

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Dr. Ogura has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Gerdhem

3. Date  
   01-March-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Shiro Ikegawa and Kota Watanabe

5. Manuscript Title  
   A multi-ethnic meta-analysis defined the association of rs12946942 with progression of adolescent idiopathic scoliosis

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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.

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Dr. Gerdhem reports grants from Swedish Research Council, grants from Scoliosis Research Society, grants from Stockholm County Council, grants from Karolinska Institutet, during the conduct of the study; .

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Shiro

2. Surname (Last Name)  
Ikegawa

3. Date  
03-March-2020

4. Are you the corresponding author?  
☑ Yes    ☐ No

5. Manuscript Title  
A multi-ethnic meta-analysis defined the association of rs12946942 with progression of adolescent idiopathic scoliosis

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Dr. Ikegawa reports grants from Japan Agency for Medical Research and Development (AMED), during the conduct of the study.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Yan-Hui

2. Surname (Last Name)  
Fan

3. Date  
07-March-2020

4. Are you the corresponding author?  
[ ] Yes  ✔ No

Corresponding Author’s Name  
Shiro Ikegawa and Kota Watanabe

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1. Given Name (First Name)  
   Yong

2. Surname (Last Name)  
   Qiu

3. Date  
   24-January-1960

4. Are you the corresponding author?  
   ✔ Yes  
   No

   Corresponding Author’s Name  
   Shiro Ikegawa and Kota Watanabe

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**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) Yong
2. Surname (Last Name) Qiu
3. Date 24-January-1960

4. Are you the corresponding author? ☑ Yes

Corresponding Author’s Name
Shiro Ikegawa and Kota Watanabe

5. Manuscript Title
A multi-ethnic meta-analysis defined the association of rs12946942 with progression of adolescent idiopathic scoliosis

6. Manuscript Identifying Number (if you know it)

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Dr. Qiu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
You-Qiang Song

2. Surname (Last Name)  
Song

3. Date  
07-March-2020

4. Are you the corresponding author?  

Yes

No  ✔

5. Manuscript Title  
A multi-ethnic meta-analysis defined the association of rs12946942 with progression of adolescent idiopathic scoliosis

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.

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Yes  ☐

No  ✔

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Yes  ☐

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Dr. Song reports grants from Hong Kong Health and Medical Research Fund, during the conduct of the study; .

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<tr>
<td>Yohei</td>
<td>Takahashi</td>
<td>02-March-2020</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? Yes  ✔  No

Corresponding Author’s Name
Shiro Ikegawa and Kota Watanabe

5. Manuscript Title
A multi-ethnic meta-analysis defined the association of rs12946942 with progression of adolescent idiopathic scoliosis

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Dr. Takahashi has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Ann
2. Surname (Last Name)  Brearley
3. Date  27-February-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  A. Noelle Larson
5. Manuscript Title
   Prospective Randomized Controlled Trial of Implant Density in AIS: Results of the Minimize Implants Maximize Outcomes Trial
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Brearley has nothing to disclose.

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<tr>
<td>Juha</td>
<td>Kere</td>
<td>08-March-2020</td>
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4. Are you the corresponding author?  
   - Yes  
   - ✔ No

5. Manuscript Title  
   A multi-ethnic meta-analysis defined the association of rs12946942 with progression of adolescent idiopathic scoliosis

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Dr. Kere has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Joseph</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Kahan</td>
</tr>
<tr>
<td>3. Date</td>
<td>20-February-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
</tr>
<tr>
<td>Corresponding Author's Name</td>
<td>Brian Smith</td>
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<td>5. Manuscript Title</td>
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## 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

## 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

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Kahan has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Martin

2. Surname (Last Name)  
   Gehrchen

3. Date  
   28-February-2020

4. Are you the corresponding author?  
   ☑ Yes  ☐ No
   Corresponding Author’s Name  
   Lærke Ragborg

5. Manuscript Title  
   Scheuermann’s Kyphosis – A 39-year follow-up from diagnosis in non-operated patients

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.)?  
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<th>Non-Financial Support?</th>
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Dr. Gehrchen reports grants from Medtronic, grants from K2M, 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) Matthew
2. Surname (Last Name) Oetgen
3. Date 27-February-2020
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Noelle Larson
5. Manuscript Title
6. Manuscript Identifying Number (if you know it)

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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.)?

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Dr. Oetgen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Joshua

2. Surname (Last Name)  
   Pahys

3. Date  
   27-February-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author's Name  
   Amer Samdani

5. Manuscript Title  
   Prospective follow-up of anterior vertebral body tethering (AVBT) for idiopathic scoliosis: interim results from an FDA IDE 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.

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Dr. Pahys reports grants from Zimmer Biomet, during the conduct of the study; personal fees from NuVasive, personal fees from DePuy Synthes, personal fees from Zimmer Biomet, 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)  Logan
2. Surname (Last Name)  Petit
3. Date  26-February-2020
4. Are you the corresponding author?  ✔ No
5. Manuscript Title
   Using Humerus Ossification and Cobb Angle to Predict Progression to Surgery in Scoliosis Patients
6. Manuscript Identifying Number (if you know it)
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Dr. Petit has nothing to disclose.

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

5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Benjamin Stephens
2. Surname (Last Name) Richards
3. Date 09-March-2020
4. Are you the corresponding author? Yes No
   Corresponding Author’s Name Noelle Larson
5. Manuscript Title
   2019 Scoliosis Research Society Abstracts MIMO
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.

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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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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

☑ No other relationships/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 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Richards reports grants from SRS, grants from OREF, during the conduct of the study.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Identifying information.

2. The work under consideration for publication.

3. Relevant financial activities outside the submitted work.


5. Relationships not covered above.

Definitions.

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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)  
   Paul

2. Surname (Last Name)  
   Sponseller

3. Date  
   25-March-2020

4. Are you the corresponding author?  
   ✔ Yes  ☐ No

5. Manuscript Title  
   SRS Abstracts

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

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Are there any relevant conflicts of interest?  
   ✔ Yes  ☐ No

If yes, please fill out the appropriate information below.

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<td>Deputy Editor for The Journal of Bone &amp; Joint Surgery</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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 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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Sponseller reports grants and personal fees from Johnson and Johnson, personal fees from Globus, personal fees from Orthopediatrics, other from Deputy Editor for The Journal of Bone & Joint Surgery, outside the submitted work;

Evaluation and Feedback

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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.**

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- **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) Ronan
2. Surname (Last Name) Talty
3. Date 20-February-2020
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Brian Smith
5. Manuscript Title
   Using Humerus Ossification and Cobb Angle to Predict Progression to Surgery in Scoliosis Patients
6. Manuscript Identifying Number (if you know it)
   JBJS-D-19-01318R1

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

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Dr. Talty has nothing to disclose.

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