

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Patrick

2. Surname (Last Name)
Cahill

3. Date
14-August-2013

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

5. Manuscript Title
Youth and Experience: The Effect of Surgeon Experience on Outcomes in Surgery for AIS

6. Manuscript Identifying Number (if you know it)
JBJS-D-13-01265R2

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---|
| DePuy Synthes Spine | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Supported by a research grant to the Setting Scoliosis Straight Foundation for the Harms Study Group. Personal fees include travel reimbursement. |

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------|
| DePuy Synthes Spine | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting, speakers bureau |
| Medtronic | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting, speakers bureau |

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?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict 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. Cahill reports grants and personal fees from DePuy Synthes Spine, during the conduct of the study; grants and personal fees from DePuy Synthes Spine, personal fees from Medtronic, outside the submitted work; .

Evaluation and Feedback

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Section 1. Identifying Information

| | | |
|--|----------------------------------|---|
| 1. Given Name (First Name) Burt | 2. Surname (Last Name) Yaszay | 3. Date 16-August-2013 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Patrick J Cahill |
| 5. Manuscript Title Youth and Experience: The Effect of Surgeon Experience on Outcomes in Surgery for Adolescent Idiopathic Scoliosis | | |
| 6. Manuscript Identifying Number (if you know it) JBJS-D-13-01265R2 | | |

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

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| DePuy Synthes Spine | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant; speakers bureau |

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
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| K2M | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant; speakers bureau; royalties |
| Medtronic | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| Bonne Bridges | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Expert testimony |
| Orthopediatrics | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Royalties |

Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Harry | 2. Surname (Last Name) Shufflebarger | 3. Date 01-October-2013 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Patrick J Cahill |
| 5. Manuscript Title Youth and Experience: The Effect of Surgeon Experience on Outcomes in Surgery for AIS | | |
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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---|
| DePuy Synthes Spine | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Supported by a grant to the Setting Scoliosis Straight Foundation for the Harms Study Group. Personal fees include consulting, royalties, and travel reimbursement. |

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|---------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|
| DePuy Synthes Spine | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speakers bureau; royalties; payment for development of educational presentations; travel expenses unrelated to above |

Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 1. Identifying Information

| | | |
|--|--------------------------------|---|
| 1. Given Name (First Name) Suken | 2. Surname (Last Name) Shah | 3. Date 05-August-2013 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Patrick J Cahill |
| 5. Manuscript Title Youth and Experience: The Effect of Surgeon Experience on Outcomes in Surgery for AIS | | |
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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---|
| Setting Scoliosis Straight Foundation | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Supported by a research grant to the Setting Scoliosis Straight Foundation for the Harms Study Group. Personal fees include consulting fees and travel reimbursement. |

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| Setting Scoliosis Straight Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Board membership (no compensation) |

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| DePuy Synthes Spine | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant; speakers bureau; royalties; development of educational presentations |
| Globus Medical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stocks/options |

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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Dr. Shah reports grants and personal fees from Setting Scoliosis Straight Foundation, during the conduct of the study; grants and other from Setting Scoliosis Straight Foundation, personal fees from DePuy Synthes Spine, other from Globus Medical, outside the submitted work; .

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4. Intellectual Property.

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

5. Relationships not covered above.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|-----------------------------------|---|
| 1. Given Name (First Name) Amer | 2. Surname (Last Name) Samdani | 3. Date 14-August-2013 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Patrick J Cahill |
| 5. Manuscript Title Youth and Experience: The Effect of Surgeon Experience on Outcomes in Surgery for AIS | | |
| 6. Manuscript Identifying Number (if you know it) JBJS-D-13-01265R2 | | |

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---|
| DePuy Synthes Spine | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Supported by a research grant to the Setting Scoliosis Straight Foundation for the Harms Study Group. Personal fees include travel reimbursement. |

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

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|------------|
| DePuy Synthes Spine | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| Zimmer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|------------|
| Stryker | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |
| SpineGuard | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |

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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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 14-August-2013 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Patrick J Cahill |
| 5. Manuscript Title Youth and Experience: The Effect of Surgeon Experience on Outcomes in Surgery for AIS | | |
| 6. Manuscript Identifying Number (if you know it) JBJS-D-13-01265R2 | | |

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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---|
| DePuy Synthes Spine | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Supported by a research grant to the Setting Scoliosis Straight Foundation for the Harms Study Group. Personal fees include travel reimbursement. |

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If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|------------|
| DePuy Synthes Spine | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant |

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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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) Peter | 2. Surname (Last Name) Newton | 3. Date 26-February-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Patrick J Cahill |
| 5. Manuscript Title Youth and Experience: The Effect of Surgeon Experience on Outcomes in Surgery for AIS | | |
| 6. Manuscript Identifying Number (if you know it) JBJS-D-13-01265R2 | | |

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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 ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| DePuy Synthes Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Supported by a research grant to the Setting Scoliosis Straight Foundation for the Harms Study Group. Includes reimbursement for travel. |

Section 3. Relevant financial activities outside the submitted work.

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|----------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|------------------------------------|
| POSNA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Board membership (no compensation) |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|---|
| Setting Scoliosis Straight Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Board membership (no compensation) |
| Rady Children's Specialists | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Board membership (no compensation) |
| DePuy Synthes Spine | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultant, speakers bureau, royalties, payment for development of educational programs |
| Norcal | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Expert testimony |
| Law firm of Carroll, Kelly, Trotter, Franzen & McKenna | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Expert testimony |
| Law firm of Smith, Haughey, Rice & Roegge | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Expert testimony |
| NIH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| OREF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| SRS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Biospace Med/EOS imaging | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Thieme Publishing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Royalties |
| NuVasive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stocks/options |
| Ethicon Endosurgery | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consultancy |
| Electocore | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stocks/options |
| Cubist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consultancy, unpaid |

Section 4. Intellectual Property -- Patents & Copyrights

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

| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments |
|---|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------|----------|
| Anchoring systems and methods for correcting spinal deformities (8540754) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DePuy Synthes Spine | |
| Low profile spinal tethering systems (8123749) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | DePuy Spine, Inc. | |
| Screw placement guide (7981117) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | DePuy Spine, Inc. | |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| Patent? | Pending? | Issued? | Licensed? | Royalties? | Licensee? | Comments |
|--|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------|----------|
| Compressor for use in minimally invasive surgery (7189244) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | DePuy Spine, Inc. | |

Section 5. Relationships not covered above

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Dr. Newton reports grants from DePuy Synthes Spine, during the conduct of the study; grants and other from POSNA, grants and other from Setting Scoliosis Straight Foundation, other from Rady Children's Specialists, grants and personal fees from DePuy Synthes Spine, personal fees from Norcal, personal fees from Law firm of Carroll, Kelly, Trotter, Franzen & McKenna, personal fees from Law firm of Smith, Haughey, Rice & Roegge, grants from NIH, grants from OREF, grants from SRS, grants from Biospace Med/EOS imaging, personal fees from Thieme Publishing, other from NuVasive, personal fees from Ethicon Endosurgery, other from Electocore, other from Cubist, outside the submitted work; In addition, Dr. Newton has a patent Anchoring systems and methods for correcting spinal deformities (8540754) with royalties paid to DePuy Synthes Spine, a patent Low profile spinal tethering systems (8123749) issued to DePuy Spine, Inc., a patent Screw placement guide (7981117) issued to DePuy Spine, Inc., and a patent Compressor for use in minimally invasive surgery (7189244) issued to DePuy Spine, Inc..

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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) Michelle | 2. Surname (Last Name) Marks | 3. Date 30-July-2013 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Patrick J Cahill |
| 5. Manuscript Title Youth and Experience: The Effect of Surgeon Experience on Outcomes in Surgery for AIS | | |
| 6. Manuscript Identifying Number (if you know it) JBJS-D-13-01265R2 | | |

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
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| DePuy Synthes Spine | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Supported by a research grant to the Setting Scoliosis Straight Foundation for the Harms Study Group. Personal fees include travel reimbursement. |

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| Setting Scoliosis Straight Foundation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Executive/Research Director and Secretary of Board |

ICMJE Form for Disclosure of Potential Conflicts of Interest

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| DePuy Synthes Spine | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Educational lectures provided on Harms Study Group research productivity |

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):
- ☒ 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. Marks reports grants and personal fees from DePuy Synthes Spine, during the conduct of the study; personal fees from Setting Scoliosis Straight Foundation, personal fees from DePuy Synthes Spine, outside the submitted work; .

ICMJE Form for Disclosure of Potential Conflicts of Interest

Evaluation and Feedback

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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) Baron | 2. Surname (Last Name) Lonner | 3. Date 23-July-2013 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Patrick J Cahill |
| 5. Manuscript Title Youth and Experience: The Effect of Surgeon Experience on Outcomes in Surgery for AIS | | |
| 6. Manuscript Identifying Number (if you know it) JBJS-D-13-01265R2 | | |

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

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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---|
| DePuy Synthes Spine | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Supported by a research grant to the Setting Scoliosis Straight Foundation for the Harms Study Group. Personal fees include travel reimbursement. |

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

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|---|
| Spine Search | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Board membership (no value), stocks/options |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|---|
| DePuy Spine | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Board membership (no value), consultant, speakers bureau, royalties |
| AO Spine | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| John and Marcella Fox Fund | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| OREF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| K2M | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Speakers bureau |
| Paradigm Spine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stocks/options, private investment |

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. Lonner reports grants and personal fees from DePuy Synthes Spine, during the conduct of the study; other from Spine Search, grants, personal fees and other from DePuy Spine, grants from AO Spine, grants from John and Marcella Fox Fund, grants from OREF, personal fees from K2M, other from Paradigm Spine, 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) Randal | 2. Surname (Last Name) Betz | 3. Date 25-February-2014 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Patrick J Cahill MD |
| 5. Manuscript Title Youth and Experience: The Effect of Surgeon Experience on Outcomes in Surgery for AIS | | |
| 6. Manuscript Identifying Number (if you know it) JBJS-D-13-01265R2 | | |

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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 ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---|
| DePuy Synthes Spine | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Supported by a research grant to the Setting Scoliosis Straight Foundation for the Harms Study Group. Personal fees include travel reimbursement. |

Section 3. Relevant financial activities outside the submitted work.

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| DePuy Synthes Spine | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting, speakers bureau, royalties |

ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|----------------------------|
| Medtronic | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting, royalties |
| Orthocon | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consulting, stocks/options |
| SpineGuard | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Consulting, stocks/options |
| Orthobond | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stocks/options |
| Zimmer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting |
| Advanced Vertebral Solutions | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consulting, stocks/options |
| MiMedx | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stocks/options |
| Spine Z | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stocks/options |

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. Betz reports grants and personal fees from DePuy Synthes Spine, during the conduct of the study; personal fees from DePuy Synthes Spine, personal fees from Medtronic, personal fees and other from Orthocon, personal fees and other from SpineGuard, other from Orthobond, personal fees from Zimmer, personal fees from Advanced Vertebral Solutions, personal fees from MiMedx, personal fees from Spine Z, 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) Tracey | 2. Surname (Last Name) Bastrom | 3. Date 29-July-2013 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Patrick J Cahill MD |
| 5. Manuscript Title Youth and Experience: The Effect of Surgeon Experience on Outcomes in Surgery for AIS | | |
| 6. Manuscript Identifying Number (if you know it) JBJS-D-13-01265R2 | | |

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

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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---|
| DePuy Synthes Spine | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Supported by a research grant to the Setting Scoliosis Straight Foundation for the Harms Study Group. Personal fees include travel reimbursement. |

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|----------------------------------|--|
| 1. Given Name (First Name) Jahangir | 2. Surname (Last Name) Asghar | 3. Date 05-December-2013 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Patrick J. Cahill, MD |
| 5. Manuscript Title Youth and Experience: The Effect of Surgeon Experience on Outcomes in Surgery for AIS | | |
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|-----------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|
| DePuy Synthes Spine | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The work is supported by a research grant from DePuy Synthes Spine to the Setting Scoliosis Straight Foundation for the Harms Study Group. Consultant for DePuy. |

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