

#### **Instructions**

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## 4. Intellectual Property.

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

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earning royalties or not

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



Section 1.	Identifying Inforn	nation							
1. Given Name (Fi Christopher	rst Name)	2. Surname Ames	e (Last Name	)	3. Date 01-October-2014				
4. Are you the cor	responding author?	Yes	<b>√</b> No	-	Corresponding Author's Name Peter G. Passias				
	5. Manuscript Title Predictors of Revision Surgery in Adult Spinal Deformity and Impact on Patient-Reported Outcomes and Satisfaction – 2-								
6. Manuscript Ide	ntifying Number (if you kı	now it)							
Section 2.	The Work Under C	onsiderati	on for Puk	olication					
, ,	submitted work (including				_	ent, commercial, private foundation, etc.) udy design, manuscript preparation,	for		
=	evant conflicts of inter	est? ✓ Ye	es No	)					
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Name of Institut				lon-Financial Support	Other?	Comments			
SSGF, DepuySynthe	S	<b>✓</b>				\$1,380, 945			
Section 3.	Relevant financial	activities o	outside th	e submitted	work.				
of compensation	n) with entities as descr	ibed in the ii	nstructions.	Use one line fo	or each ei	cial relationships (regardless of amour ntity; add as many lines as you need b e <b>36 months prior to publication</b> .			
Are there any relevant conflicts of interest?    Yes    No									
If yes, please fill o	out the appropriate inf	ormation be	low.						
Name of Entity		Grant?	Personal N	lon-Financial Support?	Other?	Comments			
JCSF			<b>✓</b>			Employment			
DePuy			$\checkmark$			Consulting			
Medtronic			<b>✓</b>			Consulting			



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
Stryker		<b>✓</b>			Consulting		
Aesculap		$\checkmark$			Royalties		
Biomet Spine		$\checkmark$			Royalties		
Doctors Research Group		$\checkmark$			Stock/stock options		
Baxano Surgery		$\checkmark$			Stock/stock options		
	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 info Excess rows can be removed by pressin		•	u have more than	one enti	ty press the "ADD" button to add a rov	Ν.	
Patent? Pendi	ng <mark>?</mark> Issue	ed? Licens	ed?Royalties?	License	ce? Comments		
Fish & Richardson, P.C.	] ✓	<b>7</b>				_	
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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/c	ircumstan	ces that pre	esent a potential o	conflict o	finterest		
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. Disclo

#### **Disclosure Statement**

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Dr. Ames reports grants from ISSGF, DepuySynthes, during the conduct of the study; personal fees from UCSF, personal fees from DePuy, personal fees from Medtronic, personal fees from Stryker, personal fees from Aesculap, personal fees from Biomet Spine, personal fees from Doctors Research Group, personal fees from Baxano Surgery, outside the submitted work; In addition, Dr. Ames has a patent Fish & Richardson, P.C. issued.

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Name of Institut	, ·		Personal	Non-Financial	Other?	Comments			
SSGF, DepuySynthes	5	<b>✓</b>	Fees •	Support		\$1,380,945			
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of compensation	n) with entities as desci	ribed in the ir	nstruction	s. Use one line fo	or each ei	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication.			
_	evant conflicts of inter			No					
If yes, please fill o	out the appropriate inf	ormation be	low.						
Name of Entity		Grant? F	Personal Fees?	Non-Financial Support?	Other?	Comments			
Allosource			<b>√</b>			Board Membership, Consultancy			
K2 Medical			<b>√</b>			Consultancy, Lectures			
NuVasive			<b>✓</b>			Consultancy			



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
Medtronic		<b>✓</b>			Grants/Grants Pending		
Biomet		$\checkmark$			Lectures		
Pioneer		$\checkmark$			Royalties		
Section 4. Intellectual Property							
Intellectual Propert	y Pate	ents & Cop	oyrights				
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? ☐ Yes 🗸 No		
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Yes, the following relationships/cond	litions/cir	cumstance	s are present (exp	olain belo	w):		
No other relationships/conditions/cir							
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					•	ents.	
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Dr. Bess reports grants from ISSGF, Depu fees from K2 Medical, personal fees from from Pioneer, outside the submitted wo	NuVasiv						



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administrative support, etc.



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1. Given Name (First Name) Oheneba	2. Surname (Last Boachie-Adjei,		3. Date 01-October-2014						
4. Are you the corresponding author?	Yes ✓ ſ	•	Corresponding Author's Name Peter G. Passias						
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6. Manuscript Identifying Number (if you kno	ow it)								
Section 2. The Work Under Co	nsideration fo	r Publication							
Did you or your institution <b>at any time</b> received any aspect of the submitted work (including statistical analysis, etc.)?	e payment or serv	vices from a third party							
Are there any relevant conflicts of interes	st? ✓ Yes	No							
If yes, please fill out the appropriate info			n one entity press the "ADD" butto	n to add a row.					
Excess rows can be removed by pressing	the "X" button.								
Name of Institution/Company	Grant? Perso		Other? Comments						
SSGF, DepuySynthes	<b>√</b>		\$1,380, 945						
Section 3. Polovant financial a									
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Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should rep	oed in the instru	ctions. Use one line f	or each entity; add as many lines a	s you need by					
Are there any relevant conflicts of interes	st? 🗸 Yes	No							
If yes, please fill out the appropriate info	rmation below.								
Name of Entity	Grant? Perso		Other? Comments						
DePuy Synthes Spine			Consultancy						
K2M			Consultancy						
Trans1			Consultancy						

Boachie-Adjei, MD 2



Name of Entity

K2M

K2M

DePuy Synthes Spine

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

Grant?

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.								
Section 4. Intellectual Property Patents & Copyrights								
K2M					$\checkmark$	Research Support		
Trans1			<b>✓</b>			Travel		
K2M			✓			Travel		
OsteoTech			$\checkmark$			Payment for lectures		
K2M			<b>✓</b>			Payment for lectures		
DePuy Synthes Spine			<b>✓</b>			Payment for lectures		
OsteoTech		✓						
K2M		<b>√</b>						
DePuy Synthes Spine		✓						
DePuy Synthes Spine		✓				To Institution		
OsteoTech			✓			Consultancy		

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Personal Non-Financial

Support?

Fees?

Other?

**Comments** 

Boachie-Adjei, MD 3



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	wing relationships/conditions/circumstances are present (explain below): tionships/conditions/circumstances that present a potential conflict of interest
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Boniello 1



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Boniello 2



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



Section 1.	Identifying Inform	nation							
1. Given Name (Fi Douglas	rst Name)	2. Surname (La Burton	ıst Name)	3. Date 01-October-2014					
4. Are you the cor	responding author?	Yes ✓	s Name						
	5. Manuscript Title Predictors of Revision Surgery in Adult Spinal Deformity and Impact on Patient-Reported Outcomes and Satisfaction – 2-								
	ntifying Number (if you kr	now it)							
Section 2.	The Work Under C	onsideration <sup>•</sup>	for Publication						
	ubmitted work (including		•	, -	t, commercial, private foundation, etc.) y design, manuscript preparation,	) for			
	evant conflicts of inter	est? ✓ Yes	No						
	out the appropriate info be removed by pressin			nan one entity	press the "ADD" button to add a re	ow.			
Name of Institut		Grant? Pers	sonal Non-Financi es? Support?	al Other?	Comments				
SSGF, DepuySynthes	5	<b>√</b>		\$1	1,380, 945				
Section 3.	Relevant financial	activities out	side the submitte	ed work.					
of compensation	n) with entities as descr	ibed in the instr	uctions. Use one line	e for each enti	I relationships (regardless of amou ty; add as many lines as you need l 66 months prior to publication.				
Are there any relevant conflicts of interest?    Yes    No									
If yes, please fill o	out the appropriate info	ormation below							
Name of Entity		Grant	sonal Non-Financi	al Other?	Comments				
DePuy Spine				Ro	oyalties				
DePuy Spine				Co	onsulting				
DePuy Spine				<b>✓</b> Re	esearch support				



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments			
niversity of Kansas Physicians, Inc-Board of Directors				<b>√</b>	No monies received			
International Spine Study Group-Board of Directors				<b>✓</b>	No monies received			
Section 4. Intellectual Propert	y Pate	ents & Co <sub>l</sub>	pyrights					
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? Yes No			
Section 5. Polationships not a								
Relationships not o	overed	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/cond	litions/cir	cumstance	es are present (exp	olain belo	ow):			
No other relationships/conditions/cir	cumstan	ces that pre	esent a potential o	conflict o	finterest			
	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 Stateme	nt							
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.								
Dr. Burton reports grants from ISSGF, Depersonal fees from DePuy Spine, other frother from International Spine Study Grants	rom DePu	ıy Spine, ot	her from niversity	of Kansa	as Physicians, Inc-Board of Directors	5,		



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Hamilton 1



Section 1. Identifying Inform	nation								
1. Given Name (First Name) D. Kojo	2. Surname (Last Name) Hamilton	3. Date 01-October-2014							
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Peter G. Passias							
5. Manuscript Title Predictors of Revision Surgery in Adult : Year Follow-Up	Predictors of Revision Surgery in Adult Spinal Deformity and Impact on Patient-Reported Outcomes and Satisfaction – 2-								
6. Manuscript Identifying Number (if you kr	now it)								
		_							
Section 2. The Work Under Co	onsideration for Public	cation							
			ent, commercial, private foundation, etc.) for						
any aspect of the submitted work (including statistical analysis, etc.)?									
Are there any relevant conflicts of interest	est? ✓ Yes No								
If yes, please fill out the appropriate info Excess rows can be removed by pressin		e more than one enti	ity press the "ADD" button to add a row.						
Name of Institution/Company	Grant? Personal Noi	n-Financial Other?	Comments						
SSGF, DepuySynthes	<b>V</b>		\$1,380,945						
Section 3. Relevant financial	activities outside the s	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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes V No									
Section 4. Intellectual Proper	rty Patents & Copyrig	nhts							
Do you have any patents, whether plan	ned, pending or issued, br	roadly relevant to the	work? Yes No						

Hamilton 2



Section 5. Polationships not sovered above
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
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Hamilton reports grants from ISSGF, DepuySynthes, during the conduct of the study; .

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Hamilton 3



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Section 1.	Identifying Inform	nation					
1. Given Name (Fir Robert	st Name)	2. Surnam Hart	e (Last Nam	e)		3. Date 01-October-2014	
4. Are you the corr	responding author?	Yes	✓ No	Correspond Peter G. P	_	or's Name	
5. Manuscript Title Predictors of Revision Surgery in Adult Spinal Deformity and Impact on Patient-Reported Outcomes and Satisfaction – 2- Year Follow-Up							
6. Manuscript Iden	ntifying Number (if you kr	now it)					
Cartier 2							
Section 2.	The Work Under C	onsiderati	on for Pu	blication			
	ubmitted work (including					ent, commercial, private foundation, etc.) foudy design, manuscript preparation,	r
•	evant conflicts of inter	est? 🗸 Y	es N	lo			
	out the appropriate info oe removed by pressin			have more than	n one enti	ty press the "ADD" button to add a row	٠.
				Non-Financial	7		
Name of Instituti	ion/Company	Grant?	Fees?	Support?	Other •	Comments	
SSGF, DepuySynthes		<b>✓</b>				\$1,380, 945	_
Section 3.	Relevant financial	activities	outside t	he submitted	work.		
of compensation	) with entities as descr	ibed in the i	nstruction	s. Use one line fo	or each er	cial relationships (regardless of amount ntity; add as many lines as you need by a <b>36 months prior to publication</b> .	
_	evant conflicts of inter		·	lo	•		
If yes, please fill o	out the appropriate info	ormation be	low.				
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
DepuySynthes			<b>✓</b>			Consultancy	
Globus			<b>✓</b>				
Medtronic			<b>✓</b>				



	_	Personal	Non-Financial	-			
Name of Entity	Grant?	Fees?	Support?	Other •	Comments		
Medtronic	<b>√</b>		Баррогс				
ISSG	✓						
Seaspine		<b>✓</b>			Royalties		
DepuySynthes		<b>✓</b>			Roylaties		
DeputSynthes		<b>✓</b>			Honoraria		
Section 4. Intellectual Propert	tv	onts & Col	ovrights				
intellectual Propert	ly Pale	عاالة هر دن	pyrights				
Do you have any patents, whether plann	ied, pend	ing or issue	ed, broadly releva	nt to the	work? Yes 🗸 No		
Section 5. Relationships not o	covered	ahove					
				· a			
Are there other relationships or activities potentially influencing, what you wrote i				nfluence	d, or that give the appearance of		
. , , , , , , , , , , , , , , , , , , ,							
Yes, the following relationships/cond	ditions/cir	cumstance	es are present (exp	olain belo	w):		
✓ No other relationships/conditions/cir	rcumstan	ces that pre	esent a potential	conflict o	finterest		
At the time of manuscript acceptance, jo On occasion, journals may ask authors to						ents.	
on occasion, journals may ask additions to disclose farther information about reported relationships.							
Section 6. Disclosure Stateme	nt						
Based on the above disclosures, this forn	n will aut	omatically	generate a disclos	sure state	ment, which will appear in the box		
below.							
Dr. Hart reports grants from ISSGF, DepuySynthes, during the conduct of the study; personal fees from DepuySynthes,							
personal fees from Globus, personal fees from Medtronic, grants from Medtronic, grants from ISSG, personal fees from							
Seaspine, personal fees from DepuySynt	thes, pers	onal fees fr	om DeputSynthe	s, outsid	e the submitted work; .		



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1. Given Name (Fi Eric	rst Name)	2. Surname ( Klineberg	Last Name)			3. Date 01-October-2014	
4. Are you the cor	responding author?	Yes	<b>√</b> No	Correspond Peter G. Pa	-	or's Name	
5. Manuscript Title Predictors of Revision Surgery in Adult Spinal Deformity and Impact on Patient-Reported Outcomes and Satisfaction – 2- Year Follow-Up							
	ntifying Number (if you k	now it)					
	ı						
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	submitted work (includin					ent, commercial, private foundation, etc.) for udy design, manuscript preparation,	
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	out the appropriate inf be removed by pressir		•	ave more than	one enti	ty press the "ADD" button to add a row.	
Name of Institut	, ·	Grant? Pe	rsonal No	on-Financial Support	Other?	Comments	
SSGF, DepuySynthe	5	<b>✓</b>				\$1,380, 945	
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Are there any rel	evant conflicts of inter	est? ✓ Yes	No				
If yes, please fill o	out the appropriate inf	ormation belo	W.				
Name of Entity		Grant		on-Financial Support	Other?	Comments	
Depuy Synthes			<b>√</b>				
AO Spine			<b>√</b>				
Depuy Synthes		<b>✓</b>				Fellowship Grant	



Name of Entity	Grant? Persona Fees?	Non-Financial Support?	Other?	Comments			
DREF	<b>✓</b>			Fellowship Grant			
AO Spine	<b>✓</b>			Research Grant			
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Do you have any patents, whether plann	ed, pending or issu	ed, broadly releva	nt to the	work? Yes 🗸 No			
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Lafage 1



Section 1.	Identifying Inforn	nation					
1. Given Name (Fi Virginie	rst Name)	2. Surname Lafage	(Last Name)	)		3. Date 01-October-2014	
4. Are you the cor	esponding author? Yes No Corresponding Author's Name Peter G. Passias					or's Name	
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<del>-</del>	evant conflicts of inter	est? 🗸 Yes	s No	)			
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Name of Institut		Grant? Pe		lon-Financial Support?	Other?	Comments	
SSGF, DepuySynthe	5	<b>✓</b>				\$1,380, 945	
Section 3.	Relevant financial	activities o	utside th	e submitted	work.		
of compensation	n) with entities as descr	ibed in the in:	structions.	Use one line fo	or each ei	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication.	
•	evant conflicts of inter			)			
If yes, please fill o	out the appropriate inf	ormation belo	)W.				
Name of Entity		Grant•	ersonal N Fees?	lon-Financial Support?	Other?	Comments	
DePuy, SRS, ISSG, NIF	1	<b>√</b>					
K2M, NuVasive, Nem	aris INC, Medicrea		<b>✓</b>			Speaking/Teaching	
Nemaris INC			<b>√</b>			Stock Options	

Lafage 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume
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. Lafage reports grants from ISSGF, DepuySynthes, during the conduct of the study; grants from DePuy, SRS, ISSG, NIH, personal fees from K2M, NuVasive, Nemaris INC, Medicrea, personal fees from Nemaris INC, outside the submitted work; .

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Lafage 3



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

Mundis, Jr 1



Section 1. Identifying Inform						
Identifying Inform	ation					
Given Name (First Name)     Gregory	2. Surname (Last Name) Mundis, Jr		3. Date 10-October-2014			
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's N Peter G. Passias	lame			
5. Manuscript Title Predictors of Revision Surgery in Adult S Year Follow-Up	Spinal Deformity and Impa	act on Patient-Reported O	outcomes and Satisfaction – 2-			
6. Manuscript Identifying Number (if you kn	ow it)					
		_				
Section 2. The Work Under Co	onsideration for Public					
The work officer Co						
Did you or your institution <b>at any time</b> recei any aspect of the submitted work (including statistical analysis, etc.)?		. , .	•			
Are there any relevant conflicts of interest?  Ves  No						
If yes, please fill out the appropriate info Excess rows can be removed by pressing		e more than one entity p	ress the "ADD" button to add a row.			
	Down and No.	n-Financial				
Name of Institution/Company	Grant	upport?	omments			
SSGF, DepuySynthes	<b>✓</b>		880, 945			
Section 3. Belovant financial	activities outside the s	whmitted work				
Relevant illiancial	activities outside the s	domitted work.				
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Us	se one line for each entity;	; add as many lines as you need by			
Are there any relevant conflicts of intere		- p				
If yes, please fill out the appropriate info						
Name of Entity	Grant•	n-Financial other? Co	omments			
Nuvasive	<b>✓ ✓</b>	✓ roya	alties			
<b>K2M</b>		<b>√</b> roya	alties			

Mundis, Jr 2



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Mundis, Jr



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Passias 1



Section 1. Identifying Inform	nation		
Given Name (First Name)  Peter	2. Surname (Last Name) Passias		3. Date 10-October-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author	or's Name
5. Manuscript Title Predictors of Revision Surgery in Adult S Year Follow-Up	Spinal Deformity and Impa	act on Patient-Report	ed Outcomes and Satisfaction – 2-
6. Manuscript Identifying Number (if you kr	now it)		
		_	
Section 2. The Work Under Co			
The Work Under Co	onsideration for Public	cation	
any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Are there any relevant conflicts of interest			ity press the "ADD" button to add a row.
Excess rows can be removed by pressing	•	ve more than one ent	button to add a row.
Name of Institution/Company	Grant'	n-Financial other?	Comments
SSGF, DepuySynthes	<b>✓</b>		\$1,380,945
Section 3. Relevant financial	activities outside the s	submitted work	
Place a check in the appropriate boxes i of compensation) with entities as descriclicking the "Add +" box. You should rep	ibed in the instructions. Us	se one line for each e	ntity; add as many lines as you need by
Are there any relevant conflicts of interest	est? Yes ✓ No		
Section 4. Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? ☐ Yes ✓ No

Passias 2



Section 5. Polationships not severed above
Relationships not covered above
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Dr. Passias reports grants being paid to the ISSGF, DepuySynthes, during the conduct of the study. Money is not being paid to Dr. Passias personally.

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Section 1. Identifying Info	ormation		
1. Given Name (First Name) Frank	2. Surname (Last Nam Schwab	ne)	3. Date 01-October-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Aut Peter G. Passias	hor's Name
5. Manuscript Title Predictors of Revision Surgery in Ad Year Follow-Up	ult Spinal Deformity and I	mpact on Patient-Repo	rted Outcomes and Satisfaction – 2-
6. Manuscript Identifying Number (if yo	u know it)		
Section 2. The Work Unde	r Consideration for Pu	ıblication	
any aspect of the submitted work (include statistical analysis, etc.)?  Are there any relevant conflicts of in lf yes, please fill out the appropriate	ding but not limited to grant terest? Yes N information below. If you	ts, data monitoring board, No	ment, commercial, private foundation, etc.) fo study design, manuscript preparation, ntity press the "ADD" button to add a row
Excess rows can be removed by pres		Non Financial	
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Other Support	Comments
SSGF, DepuySynthes	<b>✓</b>		\$1,380, 945
Section 3. Relevant finance	ial activities outside t	he submitted work.	
of compensation) with entities as de	escribed in the instruction	s. Use one line for each	ncial relationships (regardless of amount entity; add as many lines as you need by he 36 months prior to publication.
Are there any relevant conflicts of in		lo	
If yes, please fill out the appropriate	information below.		
Name of Entity	Grant? Personal Fees?	Non-Financial Other	? Comments
1SD		<b>/</b>	Royalties, Consulting, Speaking/ Teaching, Research Support
2M		<b>✓</b>	Royalties, Consulting, Speaking/ Teaching, Research Supp[ort



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
Nemaris INC		<b>√</b>			Stock Ownership, Board of Directors, Speaking/Teaching
AO, MSD, DePuy	<b>✓</b>		<b>√</b>		Grant
NuVasive, Medicrea		<b>✓</b>			Consulting, Speaking/Teaching
Section 4. Intellectual Propert	y Pato	ents & Co <sub>l</sub>	pyrights		
Section 5. Relationships not c	·		ed, broadly releva	nt to the	work? ☐ Yes ✓ No
Are there other relationships or activities potentially influencing, what you wrote i	that read	ders could <sub>l</sub>		nfluence	d, or that give the appearance of
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Sciubba 1



Section 1.	Identifying Inform	mation			
1. Given Name (F Daniel	irst Name)	2. Surname (Last Nam Sciubba	e)	3. Date 02-October-2014	
4. Are you the co	rresponding author?	Yes ✓ No	Corresponding Aut Peter G. Passias	hor's Name	
Year Follow-Up		•	mpact on Patient-Repo	rted Outcomes and Satisfaction –	2-
Section 2.	The Work Under (	Consideration for Pu	blication		
any aspect of the s statistical analysis Are there any re	submitted work (includin , etc.)? levant conflicts of inte	ng but not limited to grant rest? Yes N	s, data monitoring board, lo	ment, commercial, private foundation study design, manuscript preparation title press the "ADD" button to ad	n,
	be removed by pressi	•	nave more than one er	titly press the ADD button to au	u a row.
Name of Institu	tion/Company	Grant? Personal Fees?	Non-Financial Support?	? Comments	
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of compensation clicking the "Add Are there any re	n) with entities as desc	ribed in the instructions eport relationships that rest?	s. Use one line for each were <b>present during t</b>	ncial relationships (regardless of a entity; add as many lines as you n he 36 months prior to publication	eed by
Name of Entity		Fees	Non-Financial Other	? Comments	
Medtronic, Depuy-Sy	ynthes, Stryker, Nuvasive				

Sciubba 2



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

Shaffrey 1



Section 1. Identifyi	ng Information		
Given Name (First Name)     Christopher	2. Surname (Last Na Shaffrey	me)	3. Date 26-January-2015
4. Are you the corresponding a	uthor? Yes V No	Corresponding Auth Peter G. Passias	or's Name
5. Manuscript Title Predictors of Revision Surge Follow-Up	ry in Adult Spinal Deformity and	d Impact on Patient-Report	ed Outcomes and Satisfaction - 2-Year
6. Manuscript Identifying Num	ber (if you know it)		
Section 2. The Worl	<b>CUnder Consideration for I</b>	ublication	
			ent, commercial, private foundation, etc.) for cudy design, manuscript preparation,
Are there any relevant confli	cts of interest?  Yes	No	
If yes, please fill out the appr Excess rows can be removed	•	ou have more than one ent	ity press the "ADD" button to add a row.
	Porsona	Non-Financial 7	
Name of Institution/Compa	ony Grant Persona Fees?	Support? Other	Comments
SSGF, DepuySynthes	<b>V</b>		\$1,380,945
Section 3. Relevant	financial activities outside	the submitted work.	
of compensation) with entit	es as described in the instruction	ons. Use one line for each e	cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication.
Are there any relevant confli	cts of interest? 🗸 Yes	No	
If yes, please fill out the app	opriate information below.		
Name of Entity	Grant? Persona	Non-Financial Other?	Comments
Medtronic			Royalties; 350,000
Biomet			Royalties; 75,000

Shaffrey 2



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
Nuvasive				<b>✓</b>	Stock Ownership; 250,000
Biomet		$\checkmark$			Consulting; 20,000
Globus		$\checkmark$			Consulting; 20,000
Medtronic		$\checkmark$			Consulting; 30,000
Nuvasive		$\checkmark$			Consulting; 15,000
Stryker		$\checkmark$			Consulting; 10,000
NIH	<b>√</b>				40,000
Department of Defense	<b>√</b>				200,000
AO	<b>√</b>				75,000
NREF	$\checkmark$				75,000
NACTN	<b>√</b>				150,000
NREF				✓	Fellowship Support; 75,000
AO				✓	Fellowship Support; 75,000
University of Virginia				<b>√</b>	Fellowship Support; 75,000
Section 4. Intellectual Proper  Do you have any patents, whether plant  Section 5. Relationships not	ned, pendi	ing or issue		nt to the	work? Yes V No
Are there other relationships or activitie potentially influencing, what you wrote  Yes, the following relationships/cond	s that reac in the sub	ders could point ted	rk?		
No other relationships/conditions/ci	rcumstan	ces that pre	esent a potential o	conflict o	finterest

Shaffrey 3

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. Shaffrey reports grants from ISSGF, DepuySynthes, from null, during the conduct of the study; personal fees from Medtronic, personal fees from Biomet, other from Nuvasive, personal fees from Biomet, personal fees from Globus, personal fees from Medtronic, personal fees from Nuvasive, personal fees from Stryker, grants from NIH, grants from Department of Defense, grants from AO, grants from NREF, grants from NACTN, other from NREF, other from AO, other from University of Virginia, outside the submitted work;

#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Shaffrey 4



#### **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.

## 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.

## 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

Smith 1



Section 1. Identifying Information	ation		
Given Name (First Name)  Justin	2. Surname (Last Name) Smith		3. Date 01-October-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author Peter G. Passias	or's Name
5. Manuscript Title Predictors of Revision Surgery in Adult S Year Follow-Up	pinal Deformity and Impa	act on Patient-Report	ed Outcomes and Satisfaction – 2-
6. Manuscript Identifying Number (if you know	ow it)		
Section 2. The Work Under Co	nsideration for Publi	cation	
Did you or your institution <b>at any time</b> received any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interest of the submitted work (including statistical analysis, etc.)?	but not limited to grants, da st?  Yes  No rmation below. If you hav	ata monitoring board, st	udy design, manuscript preparation,
Excess rows can be removed by pressing  Name of Institution/Company	Grant? Personal No	n-Financial Other?	Comments
SSGF, DepuySynthes	<b>✓</b>		\$1,380, 945
Section 3. Polovant financial a			
Relevant financial a	activities outside the	submitted work.	
Place a check in the appropriate boxes ir of compensation) with entities as described clicking the "Add +" box. You should rep	oed in the instructions. U	se one line for each e	ntity; add as many lines as you need by
Are there any relevant conflicts of interes			
If yes, please fill out the appropriate info	rmation below.		
Name of Entity	Grant•	n-Financial Other?	Comments
Biomet			consultant, honorarium for lectures, royalties
DePuy	<b>✓</b>		consultant, study group support, honorarium for lectures

Smith 2

consultant, honorarium for lectures

Nuvasive



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
Cerapedics		<b>✓</b>			consultant		
Medtronic		<b>✓</b>			consultant, honorarium for lectures		
Globus		<b>✓</b>			consultant, honorarium for lectures		
Section 4.							
Intellectual Propert	ty Pate	ents & Cop	oyrights				
Do you have any patents, whether planr	ied, pend	ing or issue	ed, broadly releva	nt to the	work? Yes No		
Section 5. Relationships not o	overed	above					
Are there other relationships or activities potentially influencing, what you wrote				nfluence	d, or that give the appearance of		
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, jo On occasion, journals may ask authors to					•	5.	
Section 6. Disclosure Stateme	nt						
Based on the above disclosures, this form below.		omatically (	generate a disclos	sure state	ement, which will appear in the box		
Dr. Smith reports grants from ISSGF, Degrants and personal fees from DePuy, po Medtronic, personal fees from Globus, of	ersonal fe	es from Nu	vasive, personal f				

Smith 3



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Smith 4



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

Yang 1



Section 1.	Identifying Inform	aation	
	identifying inform		
1. Given Name (Fi Sun	rst Name)	2. Surname (Last Name) Yang	3. Date 10-October-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Peter G. Passias
5. Manuscript Title Predictors of Rev Year Follow-Up		Spinal Deformity and Impa	act on Patient-Reported Outcomes and Satisfaction – 2-
6. Manuscript Ide	ntifying Number (if you kr	now it)	
			_
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	n) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Continue			
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Yang 2



Section 5.									
	Relationships not covered above								
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?								
Yes, the follow	Yes, the following relationships/conditions/circumstances are present (explain below):								
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest								
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.								
Cartinu C									
Section 6.	Disclosure Statement								
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box								
Dr. Yang has not	ching to disclose.								

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Yang 3



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

Soroceanu 1



Section 1. Identi	fying Information						
1. Given Name (First Name) Alexandra	2. Surna	2. Surname (Last Name) Soroceanu		3. Date 13-October-2014			
4. Are you the corresponding	g author? Yes	Yes 🗸 No		Corresponding Author's Name Peter G. Passias			
5. Manuscript Title Predictors of Revision Surgery in Adult Spinal Deformity and Impact on Patient-Reported Outcomes and Satisfaction – 2- Year Follow-Up						Satisfaction – 2-	
6. Manuscript Identifying No	ımber (if you know it)						
			_				
Section 2. The Wo	ork Under Considera	tion for Public	cation				
Did you or your institution <b>at any time</b> 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.							
Name of Institution/Com		Personal No	n-Financial upport	Other? Co	omments		
SSGF, DepuySynthes	<b>✓</b>			\$1,3	880, 945		
Section 3. Polova							
Releva	nt financial activitie	s outside the s	submitted v	vork.			
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 <b>present during the 36 months prior to publication</b> .							
Are there any relevant co	nflicts of interest?	Yes ✓ No					
Section 4. Intelle	ctual Property Pat	ents & Copyri	ghts				
Do you have any patents,	whether planned, pend	ling or issued, br	oadly relevar	nt to the wor	k? Yes	<b>√</b> No	

Soroceanu 2



Section 5. Relationships not sovered above			
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			
Disclosure statement			
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Dr. Soroceanu reports grants from ISSGF, DepuySynthes, during the conduct of the study; .			

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Soroceanu 3