

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.

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3. Relevant financial activities 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 06-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael P. Glotzbecker, MD
5. Manuscript Title Outcomes of Growth-Friendly Instrumentation in Children with Arthrogryposis Multiplex Congenita and Early-Onset Scoliosis: A Matched Cohort Study of Patients with 2 to 22-Year Follow-Up		
6. Manuscript Identifying Number (if you know it) 		

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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

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"/>	Paid consultant
Ethicon	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
Globus Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
NuVasive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties, paid consultant
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
Zimmer Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties, paid consultant

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Setting Scoliosis Straight Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research support to the Harms Study Group from DePuy Synthes Spine, EOS Imaging, K2M, Medtronic, NuVasive, and Zimmer Biomet

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

Member of Executive Committee, Setting Scoliosis Straight Foundation; member of Executive Committee, Pediatric Spine Study Group

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Section 6. Disclosure Statement

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Dr. Samdani reports personal fees from DePuy Synthes Spine, personal fees from Ethicon, personal fees from Globus Medical, personal fees from NuVasive, personal fees from Stryker, personal fees from Zimmer Biomet, grants from Setting Scoliosis Straight Foundation, outside the submitted work; and Member of Executive Committee, Setting Scoliosis Straight Foundation; member of Executive Committee, Pediatric Spine Study Group.

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Section 1. Identifying Information

1. Given Name (First Name)
Bram

2. Surname (Last Name)
Verhofste

3. Date
17-March-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Michael Glotzbecker, MD

5. Manuscript Title
Outcomes of Growth-Friendly Instrumentation in Children with Arthrogryposis Multiplex Congenita and Early-Onset Scoliosis: A Matched Cohort Study of Patients with 2 to 22-Year Follow-Up

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Dr. Verhofste has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Emans	3. Date 16-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael Glotzbecker, MD
5. Manuscript Title Outcomes of Growth-Friendly Instrumentation in Children with Arthrogryposis Multiplex Congenita and Early-Onset Scoliosis: A Matched Cohort Study of Patients with 2 to 22-Year Follow-Up		
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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Synthes/Depuy/Johnson and Johnson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties for VEPTR II
Zimmer Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Emans reports personal fees from Synthes/Depuy/Johnson and Johnson, 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)
Patricia

2. Surname (Last Name)
Miller

3. Date
06-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Michael Glotzbecker, MD

5. Manuscript Title
Outcomes of Growth-Friendly Instrumentation in Children with Arthrogryposis Multiplex Congenita and Early-Onset Scoliosis: A Matched Cohort Study of Patients with 2 to 22-Year Follow-Up

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Dr. Miller has nothing to disclose.

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Craig

2. Surname (Last Name)
Birch

3. Date
06-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Michael Glotzbecker, MD

5. Manuscript Title
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Dr. Birch has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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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) George	2. Surname (Last Name) Thompson	3. Date 06-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael Glotzbecker, MD
5. Manuscript Title Outcomes of Growth-Friendly Instrumentation in Children with Arthrogryposis Multiplex Congenita and Early-Onset Scoliosis: A Matched Cohort Study of Patients with 2 to 22-Year Follow-Up		
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.

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
Shriners Hospitals for Children	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salary support as Interim Chief Medical Officer
Wolters Kluwer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salary support as Executive Editor, Journal of Pediatric Orthopaedics
OrthoPediatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting fees, stock, royalties
Broadwater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Course stipend
Scoliosis Research Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel expenses as Historian
NuVasive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel expenses

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. Thompson reports personal fees from Shriners Hospitals for Children, personal fees from Wolters Kluwer, other from OrthoPediatrics, personal fees from Broadwater, other from Scoliosis Research Society, other from NuVasive, 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)
Francisco

2. Surname (Last Name)
Sanchez Perez-Grueso

3. Date
06-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Michael Glotzbecker, MD

5. Manuscript Title

Outcomes of Growth-Friendly Instrumentation in Children with Arthrogryposis Multiplex Congenita and Early-Onset Scoliosis: A Matched Cohort Study of Patients with 2 to 22-Year Follow-Up

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Dr. Sanchez Perez-Grueso 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)
Anna

2. Surname (Last Name)
McClung

3. Date
17-March-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Michael Glotzbecker, MD

5. Manuscript Title

Outcomes of Growth-Friendly Instrumentation in Children with Arthrogryposis Multiplex Congenita and Early-Onset Scoliosis: A Matched Cohort Study of Patients with 2 to 22-Year Follow-Up

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Dr. McClung 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)
Michael

2. Surname (Last Name)
Glotzbecker

3. Date
06-April-2020

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

5. Manuscript Title
Outcomes of Growth-Friendly Instrumentation in Children with Arthrogryposis Multiplex Congenita and Early-Onset Scoliosis: A Matched Cohort Study of Patients with 2 to 22-Year Follow-Up

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Orthobullets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant
Nuvasive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant, Teaching
Depuy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Teaching
Zimmer Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Teaching
medtronic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Teaching
GSSG, CSSG, HSG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research member

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Dr. Glotzbecker reports other from Orthobullets, other from Nuvasive, other from Depuy, other from Zimmer Biomet, other from medtronic , other from GSSG, CSSG, HSG, outside the submitted work; .

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