

#### **Instructions**

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



**Identifying Information** 

Section 1.

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

1. Given Name (First Name) Shay	2. Surname (L Bess	ast Name)		3. Date 23-March-2017	
4. Are you the corresponding author?	Yes ✓	No Correspo	nding Author's Nai Passias	me	
5. Manuscript Title Patient Profiling Can Identify Spondylo	listhesis Patien	ts at Risk for Conversic	on from Nonoper	ative to Surgical Treatment	
6. Manuscript Identifying Number (if you k	now it)				
Section 2. The Work Under C	onsideration	for Publication			
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)?					tc.) for
Are there any relevant conflicts of inter	est? Yes	<b>✓</b> No			
Section 3. Relevant financial	activities out	tside the submitted	l work		
Place a check in the appropriate boxes				ationships (rogardless of amo	ount
of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the inst	ructions. Use one line	for each entity; a	idd as many lines as you need	d by
Are there any relevant conflicts of inter		No			
If yes, please fill out the appropriate inf	ormation belov	V.			
Name of Entity	Grant•	sonal Non-Financia	Other? Con	nments	
llosource		ees? Support?			
2 Medical					]
Medtronic	<b>✓</b>				
tryker Spine	<b>✓</b>				
iomet	<b>√</b>				
luVasive	<b>√</b>				
nnovasis	<b>✓</b>				7



Section 4. Intellectua	I Down or the D	-11-0 6	-la-			
Intellectua	l Property Pa	atents & Copyri	ights			
Do you have any patents, when		-	•			
If yes, please fill out the approp Excess rows can be removed b			ve more tha	n one entity pres	s the "ADD" button to ac	dd a row.
			,	,		
Patent <sup>?</sup>	Pending   Iss	sued? Licensed?	Royalties	Licensee	Comments	
K2 Medical			<b>✓</b>			
Pioneer			<b>✓</b>			
Section 5. Relationsh	ips not covere	ed above				
Are there other relationships o	•		eive to have	influenced, or th	at give the appearance o	of
potentially influencing, what y		•			at 9.1.0 appearance (	
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✓ No other relationships/conditions/circumstances that present a potential conflict of interest						
At the time of manuscript acce						atements.
On occasion, journals may ask	authors to disclo	ose further informa	ation about r	eported relations	ships.	
Section 6. Disclosure	Statement					
Based on the above disclosure	s, this form will a	utomatically gene	erate a disclo	sure statement, v	which will appear in the	box
below.	•	, 3		,		
Dr. Bess reports personal fees	from Allosource.	grants and perso	nal fees from	n K2 Medical, grar	nts from Medtronic, gran	nts
from Stryker Spine, grants fror	n Biomet, grants	from NuVasive, g	rants from In	novasis, outside	the submitted work; In	
addition, Dr. Bess has a patent	K∠ Medical with	i royaities paid, an	a a patent P	ioneer with royal	ties paid.	



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Errico 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fii Thomas	, ,		ne (Last Nar	ne)		3. Date 09-March-2017	
4. Are you the cor	responding author?	Yes	✓ No	Correspond Peter Pass	_	or's Name	
5. Manuscript Title Patient Profiling Can Identify Spondylolisthesis Patients at Risk for Conversion from Nonoperative to Surgical Treatment							
6. Manuscript lder	ntifying Number (if you kn	ow it)					
Section 2.	The Work Under Co	onsidera	tion for P	ublication			
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	but not lim		its, data monitoring		ent, commercial, private foundation, udy design, manuscript preparation,	
Section 3. Relevant financial activities outside the submitted work.							
of compensation clicking the "Add Are there any rele	) with entities as descri	bed in the port relations est?	instruction onships tha Yes	ns. Use one line fo	or each er	cial relationships (regardless of ar ntity; add as many lines as you ne e <b>36 months prior to publicatio</b>	ed by
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
					<b>✓</b>		
Omega		<b>√</b>	$\checkmark$			fellowship support	
AOSpine NA		<b>✓</b>				fellowship support	
Harms Study Group				$\checkmark$		board member	
ISSGF		✓				clinical study support	
Pfizer		✓				grant to institution	
Medtronic		✓				grant to institution	

Errico 2



Soutien A
Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume
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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/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. Errico reports other from null, grants and personal fees from Omega, grants from AOSpine NA, non-financial support from Harms Study Group, grants from ISSGF, grants from Pfizer, grants from Medtronic, outside the submitted work; .

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Errico 3



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Passias 1



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4. Are you the corresponding author?    ✓ Yes    No								
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Did you or your institution <b>at any time</b> red any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inte	ng but not limited to grants,	, data monitoring board, st						
Section 3. Relevant financia	al activities outside th	e submitted work.						
Place a check in the appropriate boxe of compensation) with entities as desclicking the "Add +" box. You should r Are there any relevant conflicts of intelliptions, please fill out the appropriate in	cribed in the instructions. eport relationships that verest?	Use one line for each er were <b>present during the</b>	ntity; add as many lines as you need b					
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Comments					
Zimmer Biomet			Consultant					
Medicrea			Consultant					
pinewave			Consultant					
Cervical Spine Research Society								

Passias 2



Soutien A
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Dr. Passias reports personal fees from Zimmer Biomet, personal fees from Medicrea, personal fees from Spinewave, grants from Cervical Spine Research Society, outside the submitted work; .

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Lafage 1



Section 1. Identifying Inform				
Identifying Inform	ation			
Given Name (First Name)  Virginie	2. Surname (Last N Lafage	lame)	3. Date 22-March-2017	
4. Are you the corresponding author?	Yes ✓ No	Correspond	ding Author's Name assias	
5. Manuscript Title Patient Profiling Can Identify Spondylol	listhesis Patients at	Risk for Conversior	n from Nonoperative to Surgical Treat	ment
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Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instruct	ions. Use one line fo	or each entity; add as many lines as yo	ou need by
Are there any relevant conflicts of interest	est? ✓ Yes	No		
If yes, please fill out the appropriate info	ormation below.			
Name of Entity	Grant? Person	al Non-Financial	Other? Comments	
DePuy	<b>V</b>		Grant and speaking/teaching arrangements	
Nuvasive	<b>✓</b>		Grant and speaking/teaching arrangements	
K2M	<b>✓</b>		Grant, speaking/teaching arrangements, and consulting	J.
SRS	<b>✓</b>		Grant	
Stryker	<b>✓</b>		Grant paid through ISSGF	
MSD			speaking/teaching arrangeme	ent

Lafage 2



Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Commen	its
NeMaris			Shareholder	r and Board of Directors
Section 4. Intellectual Propert	y Patents & Cop	yrights		
Do you have any patents, whether plann	ed, pending or issue	d, broadly releva	nt to the work?	Yes 🗸 No
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Yes, the following relationships/cond	itions/circumstance:	s are present (exp	lain below):	
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Dr. Lafage reports grants and personal for from K2M, grants from SRS, grants from submitted work; .			-	-

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Lurie 1



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1. Given Name (Fii Jon	rst Name)	2. Surname (Last Name) Lurie	3. Date 07-March-2017
4. Are you the cor	responding author?	Yes   ✓ No	Corresponding Author's Name Peter passias
5. Manuscript Title Patient Profiling		listhesis Patients at Risk f	or Conversion from Nonoperative to Surgical Treatment
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Section 2.	The Work Under C	onsideration for Publ	lication
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of compensation clicking the "Add	) with entities as descr +" box. You should re	ibed in the instructions. Uport relations hips that we	hether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by ere <b>present during the 36 months prior to publication</b> .
	evant conflicts of interout the appropriate info		
Name of Entity		Grant	on-Financial Other? Comments
New Vert		Fees	Support   stock Options
zioMed			
Section 4.	Intellectual Prope	rty Patents & Copyr	ights
Do you have any	patents, whether plan	ned, pending or issued, k	oroadly relevant to the work? Yes Vo

Lurie 2



Section 5.	
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	lationships or activities that readers could perceive to have influenced, or that give the appearance of acing, what you wrote in the submitted work?
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✓ No other relati	ionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the above below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Lurie reports o	other from New Vert, personal fees from FzioMed, outside the submitted work; .

## **Evaluation and Feedback**

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Lurie 3



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

Morgan 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Morgan	3. Date 07-March-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Peter Passias
5. Manuscript Title Patient Profiling		listhesis Patients at Risk fo	r Conversion from Nonoperative to Surgical Treatment
6. Manuscript Ider	ntifying Number (if you kr	now it)	
			-
Section 2.	The Work Under C	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	submitted work.
of compensation clicking the "Add	) with entities as descri	ibed 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 the present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts
Do you have any			oadly relevant to the work? Yes V No

Morgan 2



Section 5. Relationships not covered above
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Section 6. Disclosure Statement
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Dr. Morgan has nothing to disclose.

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

Zhao 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Wenyan	2. Surname (Last Name) Zhao		3. Date 07-March-2017	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name	
5. Manuscript Title Patient Profiling Can Identify Spondylol	listhesis Patients at Risk fo	r Conversion from No	noperative to Surgical Treatment	
6. Manuscript Identifying Number (if you kn	now it)			
		_		
Section 2. The Work Under Co	onsideration for Public	cation		
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 intered If yes, please fill out the appropriate info	y but not limited to grants, da est? Yes No ormation below. If you hav	ata monitoring board, stu	udy design, manuscript preparation,	
Excess rows can be removed by pressing  Name of Institution/Company	Grant? Personal Nor	n-Financial Other	Comments	
NIH	Fees S	upport!		
Section 3. Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	ibed in the instructions. Us port relationships that wer	se one line for each en	ntity; add as many lines as you need by	
Section 4. Intellectual Proper	rty Patents & Copyric	ghts		
Do you have any patents, whether plans	ned, pending or issued, br	oadly relevant to the	work? Yes No	

Zhao 2



Section 5. Relationships not covered above			
Relationships not covered above			
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Dr. Zhao reports grants from NIH, during the conduct of the study; .			

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Gerling 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Michael	rst Name)	2. Surname (Last Name) Gerling	3. Date 09-March-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Peter Passias
5. Manuscript Title Patient Profiling		listhesis Patients at Risk fo	r Conversion from Nonoperative to Surgical Treatment
6. Manuscript Ider	ntifying Number (if you kr	now it)	
			_
Section 2.	The Work Under C	onsideration for Publi	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, do	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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Section 4.	Intellectual Proper	rty Patents & Copyri	ghts
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

Gerling 2



Section 5. Relationships not covered 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?			
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Horn 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Horn	3. Date 09-March-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Peter Passias
5. Manuscript Title Patient Profiling		listhesis Patients at Risk fo	r Conversion from Nonoperative to Surgical Treatment
6. Manuscript Ider	ntifying Number (if you kr	now it)	
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Horn 2



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Ms. Horn has nothing to disclose.			

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Poorman 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fii Gregory	rst Name)	2. Surname (Last Name) Poorman	3. Date 09-March-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Peter Passias
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Poorman 2



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