

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.

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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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| Section 1. | Identifying Infor | mation | | | |
|---------------------------|--------------------|-------------------|----------------|---|---------------------------------|
| 1. Given Name (Fi KOJI | rst Name) | 2. Surnar GOTO | me (Last Name) | | 3. Date 08-June-2018 |
| 4. Are you the cor | responding author? | Yes | ✓ No | Corresponding Author's Na YAICHIRO OKUZU | me |
| , | | | | , , | and hyperlordosis of the lumbar |

spine in patients with acetabular dysplasia. A retrospective study

6. Manuscript Identifying Number (if you know it)

JBJSOA-D-18-00025

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.)?

✓ No

Are there any relevant conflicts of interest? Yes

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No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees | Non-Financial Support? | Other? | Comments | |
|----------------|--------|------------------|---------------------------|--------------|--|--|
| | | | | \checkmark | My salary is paid by the research program sponsored by Kyocera Medical Corporation | |

Section 4.

Intellectual Property -- Patents & Copyrights

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

🖌 No



Section 5. Relationships not covered above

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My salary is paid by the research program sponsored by Kyocera Medical Corporation, and not by Kyoto University.

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| Section 1. | Identifying Inform | mation | | | |
|--------------------------------|---------------------------|---------------------|-------------|--|---------------------------------|
| 1. Given Name (Fi Toshiyuki | rst Name) | 2. Surname Kawai | (Last Name) | | 3. Date 08-June-2018 |
| 4. Are you the cor | responding author? | Yes | ✔ No | Corresponding Author's Nam Yaichiro Okuzu | ne |
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| 6. Manuscript Ide | ntifying Number (if you k | now it) | | | |

JBJSOA-D-18-00025

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🖌 No

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

| Are there any relevant conflicts of interest? | | Yes | ✓ | 1 |
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| \mathbf{v} | Do you have any patents, whether planned, pending or issued, broadly relevant to the work? $\; [$ | Yes | 🖌 No | |
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Dr. Kawai has nothing to disclose.

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| Section 1. Identifying Infor | mation | |
|--|----------------------------------|---|
| 1. Given Name (First Name) Yutaka | 2. Surname (Last Name) Kuroda | 3. Date 08-June-2018 |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Name Yaichiro Okuzu |
| 5. Manuscript Title Hip-spine syndrome: Acetabular ante spine in patients with acetabular dysp | 5 | with anteriorly tilted pelvis, and hyperlordosis of the lumbar y |

6. Manuscript Identifying Number (if you know it)

JBJSOA-D-18-00025

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🖌 No

| Are there any relevant conflicts of interest? | | Yes |
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Are there any relevant conflicts of interest? Yes 🗸 No

| Do you have any patents, whether planned, pending of issued, bloadly relevant to the work: res y no | ed, broadly relevant to the work? Yes 🗸 No | Do you have any patents, whether planned, pending or issued |
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Dr. Kuroda has nothing to disclose.

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| Section 1. Identifying l | nformation | |
|--|-----------------------------------|--|
| 1. Given Name (First Name) Shuichi | 2. Surname (Last Name) Matsuda | 3. Date 08-June-2018 |
| 4. Are you the corresponding author | ? Yes 🖌 No | Corresponding Author's Name Yaichiro Okuzu |
| 5. Manuscript Title Hip-spine syndrome: Acetabular spine in patients with acetabular | 5 | with anteriorly tilted pelvis, and hyperlordosis of the lumbar |

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No

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If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees | Non-Financial Support? | Other? | Comments | |
|------------------|--------------|------------------|---------------------------|--------|----------|--|
| Kyocera | \checkmark | \checkmark | | | | |
| Zimmer-Biomet | \checkmark | \checkmark | | | | |
| Smith and Nephew | \checkmark | \checkmark | | | | |

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Intellectual Property -- Patents & Copyrights

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🖌 No



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Dr. Matsuda reports grants and personal fees from Kyocera, grants and personal fees from Zimmer-Biomet, grants and personal fees from Smith and Nephew, outside the submitted work; .

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| mation | |
|-----------------------------------|--|
| 2. Surname (Last Name) Okutani | 3. Date 09-June-2018 |
| Yes 🖌 No | Corresponding Author's Name Yaichiro Okuzu |
| 5 | with anteriorly tilted pelvis, and hyperlordosis of the lumbar |
| | Okutani Yes 🖌 No |

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| Are there any relevant conflicts of interest? | | Yes |
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Dr. Okutani has nothing to disclose.

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Definitions.

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

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting , lectures, speakers bureaus, expert testimony, employment, or other affiliations

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



| Section 1. | Identifying Infor | mation | | |
|--------------------------------|--------------------|---------------------------------|-------------------------|--|
| 1. Given Name (Fir Yaichiro | rst Name) | 2. Surname (Last Name) Okuzu | 3. Date 09-June-2018 | |
| 4. Are you the corr | responding author? | ✓ Yes No | | |

5. Manuscript Title

Hip-spine syndrome: Acetabular anteversion angle is associated with anteriorly tilted pelvis, and hyperlordosis of the lumbar spine in patients with acetabular dysplasia. A retrospective study

6. Manuscript Identifying Number (if you know it)

JBJSOA-D-18-00025

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.)?

🖌 No

| Are there any relevant conflicts of interest? | Yes |
|---|-----|
|---|-----|

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**.

No

| Are there any relevant conflicts of interest? | | Yes | \checkmark | 1 |
|---|--|-----|--------------|---|
|---|--|-----|--------------|---|

| bo you have any patents, whether planned, pending of issued, broadily relevant to the work: res y no | 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

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. Okuzu has nothing to disclose.

Evaluation and Feedback