|  |
| --- |
| ICMJE DISCLOSURE FORM |
| **Date:** | 8/1/2022 |
| **Your Name:** | Ronald W. Lindsey |
| **Manuscript Title:** | Risk factors for adjacent segment disease following anterior cervical discectomy andfusion with plating: a systematic review and meta-analysis |
| **Manuscript Number (if known):** | Click or tap here to enter text. |
| In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months. |

|  | **Name all entities with whom you have this relationship or indicate none (add rows as needed)** | **Specifications/Comments (e.g., if payments were made to you or to your institution)** |
| --- | --- | --- |
| **Time frame: Since the initial planning of the work** |
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** |

|  |
| --- |
|[x]  **None** |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  | Click the tab key to add additional rows. |

 |
| **Time frame: past 36 months** |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). |

|  |
| --- |
|[x]  **None** |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

 |
| **3** | Royalties or licenses |

|  |
| --- |
|[x]  **None** |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

 |
| **4** | Consulting fees |

|  |
| --- |
|[x]  **None** |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

 |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events |

|  |
| --- |
|[x]  **None** |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

 |
| **6** | Payment for expert testimony |

|  |
| --- |
|[x]  **None** |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

 |
| **7** | Support for attending meetings and/or travel |

|  |
| --- |
|[x]  **None** |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

 |
| **8** | Patents planned, issued or pending |

|  |
| --- |
|[ ]  **None** |

|  |  |
| --- | --- |
| Issued – Tissue Integration Design for Seamless Implant Fixation |  |
| Issued – Mesh Bone Screw |  |
| Pending – Treatment of Subjects Undergoing Orthopaedic Surgery and Local Radiation Using Thrombin Derived Peptides |  |

 |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board |

|  |
| --- |
|[x]  **None** |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

 |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid |

|  |
| --- |
|[ ]  **None** |

|  |  |
| --- | --- |
| Co-Editor, Texas Orthopaedic Journal |  |
| Co-Editor, Journal of Bone and Joint Surgery (JBJS) Case Connector |  |
| Member of the Advisory Board for the Max Biedermann Institute for Biomechanics at the at the University of Miami and the Mount Sinai Medical Center in Miami Beach, Florida |  |

 |
| **11** | Stock or stock options |

|  |
| --- |
|[x]  **None** |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

 |
| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services |

|  |
| --- |
|[x]  **None** |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

 |
| **13** | Other financial or non-financial interests |

|  |
| --- |
|[x]  **None** |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

 |
|  |  |  |
| **Please place an “X” next to the following statement to indicate your agreement:** |
|[x]  I certify that I have answered every question and have not altered the wording of any of the questions on this form. |