

ICMJE DISCLOSURE FORM

Date: 11.2.21

Your Name: James Sanders

Manuscript Title: A Minimum 40-Year Follow up on Health-Related Quality of Life, Lowest Level of Instrumentation, and Re-Operation in Adolescent Idiopathic Scoliosis after Harrington Instrumentation

Manuscript number (if known): _____

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	POSNA	Collogen X Biomarker Grant/Shriners Hospital
		OREF	CVBT Study/subaward of PSSG study
3	Royalties or licenses		

4	Consulting fees	OrthoPediatrics	consultant
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	SRS meeting in Mexico	
8	Patents planned, issued or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	SRS	Board of Directors
		POSNA	Quality Safety Initiative – Spine
11	Stock or stock options	Greensun	Stock holder
		Tether implant corporation	Owner
		GE	Stock
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Abbott Labs	Stock
		Abbvie	Stock
		None	
13	Other financial or non-financial interests	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.

ICMJE DISCLOSURE FORM

Date: 11/28/2021

Your Name: Emmanuel N. Menga

Manuscript Title: A Minimum 40-Year Follow up on Health-Related Quality of Life, Lowest Level of Instrumentation, and Re-Operation in Adolescent Idiopathic Scoliosis after Harrington Instrumentation.

Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>_____</u>	Spine Division grant in support of our spine surgery fellowship from AO Spine and Globus
3	Royalties or licenses	<u>_____</u>	Evolution Spine

4	Consulting fees	_____	Evolution Spine
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____	Globus Medical
6	Payment for expert testimony	_____None	
7	Support for attending meetings and/or travel	_____None	
8	Patents planned, issued or pending	_____None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____None	
11	Stock or stock options	_____None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____None	
13	Other financial or non-financial interests	_____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.

ICMJE DISCLOSURE FORM

Date: 10/13/21

Your Name: Paul T. Rubery

Manuscript Title: A Minimum 40-Year Follow up on Health-Related Quality of Life, Lowest Level of Instrumentation, and Re-Operation in Adolescent Idiopathic Scoliosis after Harrington Instrumentation.

Manuscript number (if known): JBJS-D-21-00763

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	AOSpine	Fellowship Grant to institution
3	Royalties or licenses	<u>None</u>	

4	Consulting fees	____None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____None	
6	Payment for expert testimony	____None	
7	Support for attending meetings and/or travel	____None	
8	Patents planned, issued or pending	____None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	____None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	AAOS Board of Specialties	
		SRS Health Policy Committee	
11	Stock or stock options	____None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____None	
13	Other financial or non-financial interests	____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.

ICMJE DISCLOSURE FORM

Date: October 18, 2021

Your Name: Sarah T Lander

Manuscript Title: A Minimum 40-Year Follow up on Health-Related Quality of Life, Lowest Level of Instrumentation, and Re-Operation in Adolescent Idiopathic Scoliosis after Harrington Instrumentation

Manuscript number (if known): _____

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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	National Institute on Minority Health and Health Disparities, National Institute on Aging
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: October 18, 2021

Your Name: Caroline P. Thirukumaran

Manuscript Title: A Minimum 40-Year Follow up on Health-Related Quality of Life, Lowest Level of Instrumentation, and Re-Operation in Adolescent Idiopathic Scoliosis after Harrington Instrumentation

Manuscript number (if known): _____

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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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	National Institute on Minority Health and Health Disparities, National Institute on Aging
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 10/18/21
 Your Name: Addisu Mesfin
 Manuscript Title: A Minimum 40-Year Follow up on Health-Related Quality of Life, Lowest Level of Instrumentation, and Re-Operation in Adolescent Idiopathic Scoliosis after Harrington Instrumentation
 Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Globus	Fellowship Grants
		AO Spine	Fellowship Grants
		OMeGA	Fellowship Grants
3	Royalties or licenses	____None	

4	Consulting fees	____None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Medtronic	
		Depuy	
		Stryker	
6	Payment for expert testimony	____None	
7	Support for attending meetings and/or travel	____None	
8	Patents planned, issued or pending	____None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	____None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____SRS, LSRS, CSRS, NASS, AOA, AAOS, JRGOS	
11	Stock or stock options	____None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____None	
13	Other financial or non-financial interests	____None	

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ICMJE DISCLOSURE FORM

Date: November 15, 2021

Your Name: Krista Noble

Manuscript Title: A Minimum 40-Year Follow up on Health-Related Quality of Life, Lowest Level of Instrumentation, and Re-Operation in Adolescent Idiopathic Scoliosis after Harrington Instrumentation

Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	National Institute on Minority Health and Health Disparities, National Institute on Aging
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: October 12, 2021

Your Name: Ahmed Saleh

Manuscript Title: A Minimum 40-Year Follow up on Health-Related Quality of Life, Lowest Level of Instrumentation, and Re-Operation in Adolescent Idiopathic Scoliosis after Harrington Instrumentation.

Manuscript number (if known): JBJS-D-21-00763

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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