

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 3. Relevant financial activities outside the submitted work.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Pending:** The patent has been filed but not issued

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### Section 1. Identifying Information

1. Given Name (First Name)  
Branko

2. Surname (Last Name)  
Kopjar

3. Date  
08-March-2016

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Michael G. Fehlings

5. Manuscript Title  
Risk factors and clinical outcomes of dysphagia after anterior cervical surgery in patients with degenerative cervical myelopathy: Results from the AOSpine International and North America Studies

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant?                   | Personal Fees?           | Non-Financial Support?   | Other?                              | Comments   |
|-----------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--|
| AO Spine                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Financial support for the collection of the database |

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Kopjar reports other from AO Spine, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Hiroaki

2. Surname (Last Name) Nakashima

3. Date 08-March-2016

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name Michael G. Fehlings

5. Manuscript Title  
Risk factors and clinical outcomes of dysphagia after anterior cervical surgery in patients with degenerative cervical myelopathy: Results from the AOSpine International and North America Studies

6. Manuscript Identifying Number (if you know it)

\_\_\_\_\_

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Dr. Nakashima reports other from AO Spine, during the conduct of the study; .

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1. Given Name (First Name)  
Lindsay

2. Surname (Last Name)  
Tetreault

3. Date  
08-March-2016

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Michael G. Fehlings

5. Manuscript Title  
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1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Fehlings

3. Date  
08-March-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
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1. Given Name (First Name) \_\_\_\_\_  
Narihito

2. Surname (Last Name) \_\_\_\_\_  
Nagoshi

3. Date \_\_\_\_\_  
08-March-2016

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### Section 6. Disclosure Statement

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Dr. Nagoshi reports other from AO Spine, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report 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.

#### Definitions.

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**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

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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)  
Paul

2. Surname (Last Name)  
Arnold

3. Date  
08-March-2016

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Michael G. Fehlings

5. Manuscript Title  
Risk factors and clinical outcomes of dysphagia after anterior cervical surgery in patients with degenerative cervical myelopathy: Results from the AOSpine International and North America Studies

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.

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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  |
|----------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---|
| Evoke Medical  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Intellectual property rights and interest (Patents, copyrights, royalties, or license income), equity (stock, stock options, or other ownership interest), Position of responsibility |
| Z-Plasty       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equity(stock, stock options, or other ownership interest)   |

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| Name of Entity          | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments  |
|-------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|---|
| Medtronic Sofamor Danek | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Remuneration(Salary and any payment for services not otherwise identified as salary such as consulting, fees, honoraria, paid authorship, etc., or other payments for services)   |
| Stryker Spine           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sponsored or reimbursed travel (for yourself only)Remuneration(Salary and any payment for services not otherwise identified as salary such as consulting, fees, honoraria, paid authorship, etc., or other payments for services) |
| AO Spine North America  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sponsored or reimbursed travel (for yourself only)  |
| FzioMed                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sponsored or reimbursed travel (for yourself only)Remuneration(Salary and any payment for services not otherwise identified as salary such as consulting, fees, honoraria, paid authorship, etc., or other payments for services) |

### 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

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### Section 6. Disclosure Statement

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Dr. Arnold reports personal fees from Evoke Medical, personal fees from Z-Plasty, personal fees from Medtronic Sofamor Danek, personal fees from Stryker Spine, personal fees from AO Spine North America, personal fees from FzioMed, 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)

Giuseppe

2. Surname (Last Name)

Barbagallo

3. Date

10-March-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Michael G. Fehlings

5. Manuscript Title

Risk factors and clinical outcomes of dysphagia after anterior cervical surgery in patients with degenerative cervical myelopathy: Results from the AOSpine International and North America Studies

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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### Section 5. Relationships not covered above

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Dr. Barbagallo has nothing to disclose.

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