ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)**
   Christopher

2. **Surname (Last Name)**
   Ames

3. **Date**
   01-October-2014

4. **Are you the corresponding author?**
   No

   **Corresponding Author’s Name**
   Peter G. Passias

5. **Manuscript Title**
   Predictors of Revision Surgery in Adult Spinal Deformity and Impact on Patient-Reported Outcomes and Satisfaction – 2-Year Follow-Up

6. **Manuscript Identifying Number (if you know it)**

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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. Are there any relevant conflicts of interest? Yes

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Section 4. Intellectual Property -- Patents & Copyrights

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

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Evaluation and Feedback

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1. **Given Name (First Name)**
   - Shay

2. **Surname (Last Name)**
   - Bess

3. **Date**
   - 01-October-2014

4. **Are you the corresponding author?**
   - Yes

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   - Predictors of Revision Surgery in Adult Spinal Deformity and Impact on Patient-Reported Outcomes and Satisfaction – 2-Year Follow-Up

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   - Oheneba

2. **Surname (Last Name)**
   - Boachie-Adjei, MD

3. **Date**
   - 01-October-2014

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   - No

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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?

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Dr. Boachie-Adjei, MD reports grants from ISSGF, DepuySynthes, during the conduct of the study; personal fees from DePuy Synthes Spine, personal fees from K2M, personal fees from Trans1, personal fees from OsteoTech, grants from DePuy Synthes Spine, grants from K2M, grants from OsteoTech, personal fees from DePuy Synthes Spine, personal fees from K2M, personal fees from OsteoTech, personal fees from K2M, personal fees from Trans1, other from K2M, outside the submitted work; In addition, Dr. Boachie-Adjei, MD has a patent K2M issued, a patent K2M with royalties paid, and a patent DePuy Synthes Spine with royalties paid.

Evaluation and Feedback

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**Section 1.** Identifying Information

1. Given Name (First Name)  
   Anthony

2. Surname (Last Name)  
   Boniello

3. Date  
   01-October-2014

4. Are you the corresponding author?  
   Yes ✔

5. Manuscript Title  
   Predictors of Revision Surgery in Adult Spinal Deformity and Impact on Patient-Reported Outcomes and Satisfaction – 2-Year Follow-Up

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Burton
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Douglas

2. Surname (Last Name)  
   Burton

3. Date  
   01-October-2014

4. Are you the corresponding author?  
   [ ] Yes  [x] No

   Corresponding Author’s Name
   Peter G. Passias

5. Manuscript Title  
   Predictors of Revision Surgery in Adult Spinal Deformity and Impact on Patient-Reported Outcomes and Satisfaction – 2-Year Follow-Up

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Are there any relevant conflicts of interest?  
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   [x] Yes  [ ] No

If yes, please fill out the appropriate information below.

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

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

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<td>2. Surname (Last Name)</td>
<td>Hamilton</td>
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<tr>
<td>3. Date</td>
<td>01-October-2014</td>
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<tr>
<td>4. Are you the corresponding author?</td>
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Hamilton
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2. Surname (Last Name)  Hart
3. Date  01-October-2014
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### 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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Dr. Hart reports grants from ISSGF, DepuySynthes, during the conduct of the study; personal fees from DepuySynthes, personal fees from Globus, personal fees from Medtronic, grants from Medtronic, grants from ISSG, personal fees from Seaspine, personal fees from DepuySynthes, personal fees from DeputSynthes, outside the submitted work; .
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Eric

2. Surname (Last Name)  
   Klineberg

3. Date  
   01-October-2014

4. Are you the corresponding author?  
   Yes ✔ No

5. Manuscript Title  
   Predictors of Revision Surgery in Adult Spinal Deformity and Impact on Patient-Reported Outcomes and Satisfaction – 2-Year Follow-Up

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Virginie

2. Surname (Last Name)  
   Lafage

3. Date  
   01-October-2014

4. Are you the corresponding author?  
   Yes ☑  No

   Corresponding Author’s Name  
   Peter G. Passias

5. Manuscript Title  
   Predictors of Revision Surgery in Adult Spinal Deformity and Impact on Patient-Reported Outcomes and Satisfaction – 2-Year Follow-Up

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Are there any relevant conflicts of interest?  
Yes ☑  No

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## Section 1. Identifying Information

1. Given Name (First Name)
   - Gregory

2. Surname (Last Name)
   - Mundis, Jr

3. Date
   - 10-October-2014

4. Are you the corresponding author?  
   - Yes  ✔  No

Corresponding Author’s Name
- Peter G. Passias

5. Manuscript Title
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Are there any relevant conflicts of interest? ☐ Yes ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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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?

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Dr. Passias reports grants being paid to the ISSGF, DepuySynthes, during the conduct of the study. Money is not being paid to Dr. Passias personally.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Frank

2. Surname (Last Name)
   Schwab

3. Date
   01-October-2014

4. Are you the corresponding author? ☑ Yes  ☐ No

   Corresponding Author’s Name
   Peter G. Passias

5. Manuscript Title
   Predictors of Revision Surgery in Adult Spinal Deformity and Impact on Patient-Reported Outcomes and Satisfaction – 2-Year Follow-Up

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- [x] No

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Dr. Schwab reports grants from ISSGF, DepuySynthes, during the conduct of the study; personal fees and non-financial support from MSD, personal fees and non-financial support from K2M, personal fees from Nemaris INC, grants and non-financial support from AO, MSD, DePuy, personal fees from NuVasive, Medicrea, outside the submitted work; .
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Sciubba
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Daniel

2. Surname (Last Name)  
   Sciubba

3. Date  
   02-October-2014

4. Are you the corresponding author?  
   Yes ✔ No

Corresponding Author’s Name  
Peter G. Passias

5. Manuscript Title  
   Predictors of Revision Surgery in Adult Spinal Deformity and Impact on Patient-Reported Outcomes and Satisfaction – 2-Year Follow-Up

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Are there any relevant conflicts of interest?  
Yes ✔ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Shaffrey

3. Date  
   26-January-2015

4. Are you the corresponding author?  
   ✔ Yes  
   ✔ No

   Corresponding Author’s Name  
   Peter G. Passias

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### Section 1. Identifying Information

1. Given Name (First Name)  
Justin

2. Surname (Last Name)  
Smith

3. Date  
01-October-2014

4. Are you the corresponding author?  
Yes [✔]  No

Corresponding Author’s Name  
Peter G. Passias

5. Manuscript Title  
Predictors of Revision Surgery in Adult Spinal Deformity and Impact on Patient-Reported Outcomes and Satisfaction – 2-Year Follow-Up

6. Manuscript Identifying Number (if you know it)

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<th>Name of Entity</th>
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</tr>
</tbody>
</table>

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

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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Dr. Smith reports grants from ISSGF, DepuySynthes, during the conduct of the study; personal fees and other from Biomet, grants and personal fees from DePuy, personal fees from Nuvasive, personal fees from Cerapedics, personal fees from Medtronic, personal fees from Globus, outside the submitted work; .
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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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4. **Intellectual Property.**

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

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<tr>
<td>Sun</td>
<td>Yang</td>
<td>10-October-2014</td>
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</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

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   ✔ No

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Dr. Yang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Alexandra

2. Surname (Last Name)  
   Soroceanu

3. Date  
   13-October-2014

4. Are you the corresponding author?  
   No ✔

   Corresponding Author’s Name  
   Peter G. Passias

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