ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

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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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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)  Scott
2. Surname (Last Name)  Boden
3. Date  02-February-2015
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title  Specialty Update: What’s New in Spine Surgery
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.

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.

If yes, please fill out the appropriate information below.

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<thead>
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<th>Name of Entity</th>
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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.
### 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):
- [x] 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. Boden reports personal fees from Medtronic, outside the submitted work; In addition, Dr. Boden has a patent For BMP-2 delivery, DBM, licensed to Medtronic, and a patent For Small Molecules licensed to Emory.

### Evaluation and Feedback

Please visit [http://www.icmje.org/cgi-bin/feedback](http://www.icmje.org/cgi-bin/feedback) to provide feedback on your experience with completing this form.
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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)  
   Keith

2. Surname (Last Name)  
   Bridwell

3. Date  
   26-January-2015

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

5. Manuscript Title  
   Specialty Update: What’s New in Spine Surgery

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?  
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<td>$2.5 million over the course of 6 years (2010-2016)</td>
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Dr. Bridwell reports grants from NIH, personal fees from Wolters Kluwer, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Han Jo
2. Surname (Last Name)  Kim

3. Date  26-January-2015

4. Are you the corresponding author?  Yes  No  ✔

Corresponding Author's Name  Keith H. Bridwell, MD


6. Manuscript Identifying Number (if you know it)

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<td>Biomet, K2M, Medtronic, Depuy, Stryker</td>
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<td></td>
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Dr. Kim reports personal fees from Biomet, K2M, Medtronic, Depuy, Stryker, outside the submitted work; .

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Alexander

2. Surname (Last Name)  
   Vaccaro

3. Date  
   28-January-2015

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

   Corresponding Author’s Name  
   Keith H. Bridwell, MD

5. Manuscript Title  
   Specialty Update: What’s New in Spine Surgery

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### Intellectual Property -- Patents & Copyrights

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

**Section 4.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Section 6. Disclosure Statement

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Dr. Vaccaro reports other from AO Spine, other from Innovative Surgical Design, other from Association of Collaborative Spine Research, other from Spinicity, personal fees from Medtrons, personal fees from Stryker Spine, personal fees from Globus, personal fees from Stout Medical, personal fees from Gerson Lehrman Group, personal fees from Guidepoint Global, personal fees from Medacorp, personal fees from Innovative Surgical Design, personal fees from Expert Testimony, personal fees from Orthobullets, grants from Cerapedics, personal fees from DePuy, personal fees from Medtrons, personal fees from Stryker Spine, personal fees from Biomet Spine, personal fees from Globus, personal fees from Aesculap, personal fees from Thieme, personal fees from Jaypee, personal fees from Elsevier, personal fees from Taylor Francis, other from Replication Medica, other from Globus, other from Paradigm Spine, other from Stout Medical, other from Spine Medica, other from Computational Biodynamics, other from Progressive Spinal Technologies, other from Spinology, other from Small Bone Innovations, other from Cross Current, other from In Vivo, other from Flagship Surgical, other from Advanced Spinal Intellectual Properties, other from Cytonics, other from Bonovo Orthopaedics, other from Electrocore, other from Gamma Spine, other from Location Based Intelligence, other from FlowPharma, other from R.S.I., other from Rothman Institute and Related Properties, other from Innovative Surgical Design, outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jeffrey

2. Surname (Last Name)  
   Wang

3. Date  
   26-January-2015

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

   Corresponding Author’s Name  
   Keith H. Bridwell, MD

5. Manuscript Title  
   Specialty Update: What’s New in Spine Surgery

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 [x]

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

If yes, please fill out the appropriate information below.

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Wang
ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
---|---|---|---|---|---|
stocks or options: Fziomed, Promethean Spine, Paradigm spine, Benevenue,NexGen, Pioneer, Amedica, Vertiflex, electrocore, surgitech, Axiomed, VG Innovations, Corespine, expanding orthopaedics, Syndicom, Osprey, bone biologics, curative biosciences, pearldiver | ☐ | ☐ | ☐ | ✓ | no money paid, but options or personal investment |
AO Foundation spine fellowship funding to institution | ☐ | ☐ | ☐ | ✓ | spine fellowship funding to institution |

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Paul  

2. Surname (Last Name)  
   Anderson  

3. Date  
   26-January-2015  

4. Are you the corresponding author?  
   ☑ Yes  
   ☐ No  
   Corresponding Author's Name  
   Keith H. Bridwell, MD  

5. Manuscript Title  
   Specialty Update: What’s New in Spine Surgery  

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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   ☐ No  

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