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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4. **Intellectual Property.**

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Daniel
2. Surname (Last Name) Sturgeon
3. Date 17-March-2017
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title The Volume-Outcome Relationship in Surgical Interventions for Spinal Metastases
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

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<td>Paid to institution</td>
</tr>
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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Sturgeon reports grants from Department of Defense, outside the submitted work;

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**Section 1. Identifying Information**

1. Given Name (First Name)
   Andrew

2. Surname (Last Name)
   Schoenfeld

3. Date
   17-March-2017

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

5. Manuscript Title
   The Volume-Outcome Relationship in Surgical Interventions for Spinal Metastases

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

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   [✓] Yes  [ ] No

If yes, please fill out the appropriate information below.

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Deputy Editor - Journal of Bone and Joint Surgery

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Dr. Schoenfeld reports grants from Robert Wood Johnson Foundation, grants from Department of Defense, non-financial support from Center for Medicare and Medicaid Services, personal fees from Arbometrix LLC, other from Wolters Kluwer, other from Springer, outside the submitted work; and Deputy Editor - Journal of Bone and Joint Surgery.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Marco

2. Surname (Last Name)  
   Ferrone

3. Date  
   17-March-2017

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

   Corresponding Author’s Name  
   Andrew J. Schoenfeld, MD MSc

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Dr. Ferrone has nothing to disclose.

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   Mitchel
2. **Surname (Last Name)**
   Harris
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