ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Kenya

2. Surname (Last Name)  
   Nojiri

3. Date  
   06-October-2017

4. Are you the corresponding author?  
   Yes  
   No  
   ✔

Corresponding Author’s Name  
Kota Watanabe

5. Manuscript Title  
A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study

6. Manuscript Identifying Number (if you know it)

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Section 4. Intellectual Property -- Patents & Copyrights

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   Yes  
   No  
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Dr. Nojiri has nothing to disclose.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

1. Given Name (First Name)  
   **YUJI**

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

3. Date  
   **07-October-2017**

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

   Corresponding Author’s Name  
   **Kota Watanabe**

5. Manuscript Title  
   A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study

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?  
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Dr. NISHIWAKI has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Masahiko

2. Surname (Last Name)  
Watanabe

3. Date  
06-October-2017

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

Corresponding Author’s Name  
Kota Watanabe

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
   Takashi

2. Surname (Last Name)  
   Tsuji

3. Date  
   05-October-2017

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
   Kota Watanabe

5. Manuscript Title  
   A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study

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   Yes  ✔  No

If yes, please fill out the appropriate information below.

<table>
<thead>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>Lecture’s fee</td>
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<td>Showa Yakuhin Kako Co. Ltd., Janssen Pharma KK, Pfizer Japan, Eli Lilly Japan, Shionogi Pharma, Medtronic Inc,</td>
</tr>
</tbody>
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Dr. Tsuji reports personal fees from Lecture's fee, 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)**: Hirokazu  
2. **Surname (Last Name)**: Fujiwara  
3. **Date**: 05-October-2017  
4. **Are you the corresponding author?**  
   - [ ] Yes  
   - [x] No  
   
   **Corresponding Author’s Name**: Kota Watanabe  
5. **Manuscript Title**: A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross-sectional study  
6. **Manuscript Identifying Number (if you know it)**:

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Are there any relevant conflicts of interest?  
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Dr. Fujiwara has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hiroko
2. Surname (Last Name) Ishihama
3. Date 07-October-2017
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Kota Watanabe
5. Manuscript Title
   A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study
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? ☑ No

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Are there any relevant conflicts of interest? ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No
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. Ishihama has nothing to disclose.

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)  
   Nobuyuki

2. Surname (Last Name)  
   Fujita

3. Date  
   09-October-2017

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

   Corresponding Author’s Name  
   Kota Watanabe

5. Manuscript Title  
   A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study

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.

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<td>Joint Collaborative Research</td>
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Dr. Fujita reports grants from The General Insurance Association of Japan, 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)  Hiroyuki
2. Surname (Last Name)  Katoh
3. Date  09-October-2017
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title
   A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study
6. Manuscript Identifying Number (if you know it)

Corresponding Author’s Name
Kota Watanabe

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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Dr. Katoh has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Kentaro

2. Surname (Last Name)  
   Shimizu

3. Date  
   23-October-2017

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

   Corresponding Author’s Name  
   Kota Watanabe

5. Manuscript Title  
   A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Dr. Shimizu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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

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

3. **Date**
   - 07-October-2017

4. **Are you the corresponding author?**
   - Yes [ ]
   - No [X]

5. **Manuscript Title**
   - A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study

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<td>The general insurance association of Japan</td>
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<td>[ ]</td>
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Dr. Okada reports grants from The general insurance association of Japan, during the conduct of the study; .

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**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)  Kenshi
2. Surname (Last Name)  Daimon
3. Date  23-October-2017
4. Are you the corresponding author?  Yes  ✔  No

Corresponding Author’s Name  Kota Watanabe

5. Manuscript Title  A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study
6. Manuscript Identifying Number (if you know it)  JBJS-D-17-01347

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

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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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. Daimon reports grants from The general insurance association of Japan, 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)  
Kota

2. Surname (Last Name)  
Watanabe

3. Date  
25-November-2017

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

5. Manuscript Title  
A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study

6. Manuscript Identifying Number (if you know it)  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. **Identifying Information**

1. Given Name (First Name) Morio
2. Surname (Last Name) Matsumoto
3. Date 21-November-2017
4. Are you the corresponding author? ☑ No
5. Manuscript Title
   A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study
6. Manuscript Identifying Number (if you know it)
   D-17-01347

Section 2. **The Work Under Consideration for Publication**

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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)  
Masaya

2. Surname (Last Name)  
Nakamura

3. Date  
23-February-2018

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

Corresponding Author’s Name  
Kota Watanabe

5. Manuscript Title  
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