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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   LEAH

2. Surname (Last Name)  
   CARREON

3. Date  
   03-April-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

Corresponding Author’s Name  
Keith H. Bridwell, MD

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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

### Section 1. Identifying Information

1. Given Name (First Name)  
   STEVEN  
2. Surname (Last Name)  
   GLASSMAN  
3. Date  
   03-April-2018  
4. Are you the corresponding author?  
   Yes [✓]  
   No [ ]  
   Corresponding Author's Name  
   Keith H. Bridwell, MD  
5. Manuscript Title  
   Surgery versus Nonoperative Care for Adult Symptomatic Lumbar Scoliosis  
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Are there any relevant conflicts of interest?  
   Yes [✓]  
   No [ ]  

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Past President - Scoliosis Research Society

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
   Christine  

2. Surname (Last Name)  
   Baldus  

3. Date  
   09-April-2018  

4. Are you the corresponding author?  
   ☑ Yes  
   No  

   Corresponding Author’s Name  
   Keith H. Bridwell, MD  

5. Manuscript Title  
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Baldus
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4. Are you the corresponding author? Yes [ ] No [x]  

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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.

|---------|----------|---------|-----------|------------|-----------|----------|
| CAPRI   | ✔        |         |           |            | K2M, Inc  | Name: CAPRI (Spinal Fixation Device)  
Status: Pending in the US.  
Issued in Europe.  
Licensee: K2M, Inc. |

### 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. Buchowski reports grants from NIH, during the conduct of the study; personal fees from Globus Medical, personal fees from K2M, personal fees from Wolters Kluwer, personal fees from Globus, personal fees from Medtronic, personal fees from Stryker, personal fees from Broadwater/Vertical Health (Spine Surgery LIVE), other from OMeGA, other from AO North America, other from OREF, outside the submitted work; In addition, Dr. Buchowski has a patent CAPRI pending to K2M, Inc.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Charles
2. Surname (Last Name)  Edwards II
3. Date  04-April-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Keith H. Bridwell, MD
5. Manuscript Title  Surgery versus Nonoperative Care for Adult Symptomatic Lumbar Scoliosis

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.)?  Yes  No

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### Section 1. Identifying Information

1. Given Name (First Name)  
   OHENEBA

2. Surname (Last Name)  
   BOACHIE-ADJEI

3. Date  
   05-April-2018

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

   Corresponding Author’s Name  
   Keith H. Bridwell, MD

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   The Journal of Bone & Joint Surgery

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Are there any relevant conflicts of interest?  
   ☑ Yes  
   ☐ No

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   Bridwell

3. Date  
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4. Are you the corresponding author?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Thomas

2. Surname (Last Name)  
   Errico

3. Date  
   06-April-2018

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

   Corresponding Author’s Name  
   Keith H. Bridwell, MD

5. Manuscript Title  
   Surgery versus Nonoperative Care for Adult Symptomatic Lumbar Scoliosis

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)  
   Munish  

2. Surname (Last Name)  
   Gupta  

3. Date  
   03-April-2018  

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

   Corresponding Author’s Name  
   Keith H. Bridwell, MD  

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1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Kelly

3. Date  
   03-April-2018

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   Yes [ ]  
   No [x]

   Corresponding Author’s Name  
   Keith H. Bridwell, MD

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   Han Jo

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   Kim

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   04-April-2018

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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 ☑ No ☐

If yes, please fill out the appropriate information below.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

✔ No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Kim reports personal fees from K2M, personal fees from Zimmer Biomet, other from AO Spine, other from CSRS, other from ISSGF, 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) | Tyler |
| 2. Surname (Last Name) | Koski |
| 3. Date | 03-April-2018 |
| 4. Are you the corresponding author? | Yes ✔ |
| Corresponding Author’s Name | Keith Bridwell |
| 5. Manuscript Title | Surgery versus Nonoperative Care Adult Symptomatic Lumbar Scoliosis |
| 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  

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Are there any relevant conflicts of interest? ✔ Yes  

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Dr. Koski reports grants from NIH, during the conduct of the study; personal fees from Medtronic, personal fees from Nuvasive, personal fees from Spinewave, outside the submitted work.

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<td>4. Are you the corresponding author?</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Keith H. Bridwell, MD</td>
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## Intellectual Property -- Patents & Copyrights

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

- [ ] Yes  
- [x] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Lenke reports grants from NIH, during the conduct of the study; personal fees from Medtronic, grants and personal fees from DePuy-Synthes Spine, personal fees from K2M, non-financial support from Broadwater, non-financial support from Seattle Science Foundation, grants and non-financial support from Scoliosis Research Society, non-financial support from Stryker Spine, non-financial support from The Spinal Research Foundation, grants from EOS, grants from Setting Scoliosis Straight Foundation, personal fees from Fox Rothschild, LLC, personal fees from Quality Medical Publishing, other from Evans Family Donation, other from Fox Family Foundation, grants from AOSpine, 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)  
   Stephen

2. Surname (Last Name)  
   Lewis

3. Date  
   14-June-2018

4. Are you the corresponding author?  
   Yes ✔  No

Corresponding Author’s Name  
Keith H. Bridwell, MD

5. Manuscript Title  
   Surgery versus Nonoperative Care for Adult Symptomatic Lumbar Scoliosis

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Section 2. The Work Under Consideration for Publication

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Yes ✔  No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jon
2. Surname (Last Name)  Lurie
3. Date  03-April-2018
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Surgery versus Nonoperative Care for Adult Symptomatic Lumbar Scoliosis
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.

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</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

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Dr. Lurie reports grants from NIH, during the conduct of the study; personal fees from NewVert, 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)**
   - **Stefan**

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

3. **Date**
   - **13-June-2018**

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

5. **Manuscript Title**
   - **Surgery versus Nonoperative Care for Adult Symptomatic Lumbar Scoliosis**

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

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- **No**

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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  
03-April-2018

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

Corresponding Author’s Name  
Keith H. Bridwell, MD

5. Manuscript Title  
Surgery versus Nonoperative Care for Adult Symptomatic Lumbar Scoliosis

6. Manuscript Identifying Number (if you know it)

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<td>Board of Directors, Shareholder</td>
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   Christopher

2. Surname (Last Name)
   Shaffrey

3. Date
   04-April-2018

4. Are you the corresponding author?
   Yes ☑  No

   Corresponding Author’s Name
   Keith H. Bridwell, MD

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments
--- | --- | --- | --- | --- | ---
Department of Defense | ✔ | | | | 
Medtronic | | ✔ | | | 
NuVasive | | ✔ | | | 
Zimmer-Biomet | | ✔ | | | 

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.

|---|---|---|---|---|---|---|
EXPANDABLE IMPLANT, INSTRUMENT, AND METHOD | ✔ | | | ✔ | Medtronic | 
Modular interbody devices and methods of use | | ✔ | | | Medtronic | Patent number: 8465547 |
Intervertebral spacer and insertion tool | | ✔ | | | Medtronic | Patent number: 7901458 |

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. Shaffrey reports grants from NIH, during the conduct of the study; grants from International Spine Study Group, grants from AO Spine, grants from Neurosurgery Research and Education Foundation, grants from Department of Defense, personal fees from Medtronic, personal fees from NuVasive, personal fees from Zimmer-Biomet, outside the submitted work; In addition, Dr. Shaffrey has a patent EXPANDABLE IMPLANT, INSTRUMENT, AND METHOD with royalties paid to Medtronic, a patent Modular interbody devices and methods of use issued to Medtronic, and a patent Intervertebral spacer and insertion tool issued to Medtronic.

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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)  Justin
2. Surname (Last Name)  Smith
3. Date  04-April-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Keith H. Bridwell, MD
5. Manuscript Title  Surgery versus Nonoperative Care for Adult Symptomatic Lumbar Scoliosis
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
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>☐</td>
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<td>$2.5 million over the course of 7 years (2010-2017)</td>
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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. Smith reports grants from NIH, during the conduct of the study; personal fees from Zimmer Biomet, personal fees from Nuvasive, personal fees from K2M, personal fees from Cerapedics, personal fees from AlloSource, grants from DePuy Synthes/ISSG, grants from AOSpine, grants from NREF, 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)
   - Elizabeth

2. Surname (Last Name)
   - Yanik

3. Date
   - 03-April-2018

4. Are you the corresponding author?
   - Yes

5. Manuscript Title
   - Surgery versus Nonoperative Care for Adult Symptomatic Lumbar Scoliosis

6. Manuscript Identifying Number (if you know it)

**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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- Yes
- No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Lukas

2. Surname (Last Name)  
   Zebala

3. Date  
   23-February-2018

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   Surgery versus Nonoperative Care for Adult Symptomatic Lumbar Scoliosis

6. Manuscript Identifying Number (if you know it)  
   New England Journal of Medicine 17-13668

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