ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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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)  
   Linda

2. Surname (Last Name)  
   Helenius

3. Date  
   09-April-2019

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

5. Manuscript Title  
   Back Pain and Quality of Life after Surgical Treatment for Adolescent Idiopathic Scoliosis at 5-year Follow-up. Comparison with Healthy Controls and Patients with Untreated Idiopathic Scoliosis

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-18-01370R1

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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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Dr. Helenius reports grants from Finska Läkaresällskapet, grants from Foundation for Pediatric research, grants from The Swedish Cultural Foundation in Finland, grants from Orion Research Foundation, grants from Medtronic International, grants from K2M, 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) Elias
2. Surname (Last Name) Diarbakerli
3. Date 11-February-2019
4. Are you the corresponding author? Yes ☑ No ☐
   Corresponding Author’s Name Linda Helenius
5. Manuscript Title
   "Back Pain and Quality of Life after Surgical Treatment for Adolescent Idiopathic Scoliosis at 5-year Follow-up. Comparison with Healthy Controls and Patients with Untreated Idiopathic Scoliosis"
6. Manuscript Identifying Number (if you know it) JBJS-D-18-01370R1

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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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Section 6. Disclosure Statement

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Dr. Diarbakerli has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Eliisa

2. Surname (Last Name)  
   Löyttyniemi

3. Date  
   12-February-2019

4. Are you the corresponding author?  
   [ ] Yes  [✓] No  
   Corresponding Author’s Name  
   Linda Helenius

5. Manuscript Title  
   Back Pain and Quality of Life after Surgical Treatment for Adolescent Idiopathic Scoliosis at 5-year Follow-up. Comparison with Healthy Controls and Patients with Untreated Idiopathic Scoliosis

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Dr. Löyttyniemi has nothing to disclose.

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## Section 1. Identifying Information

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

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

3. **Date**  
   11-February-2019  

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

   **Corresponding Author's Name**  
   Linda Helenius  

5. **Manuscript Title**  
   "Back Pain and Quality of Life after Surgical Treatment for Adolescent Idiopathic Scoliosis at 5-year Follow-up. Comparison with Healthy Controls and Patients with Untreated Idiopathic Scoliosis"  

6. **Manuscript Identifying Number (if you know it)**  
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1. Given Name (First Name)  
Anna

2. Surname (Last Name)  
Grauers

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11-February-2019

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Markus

2. Surname (Last Name)  
   Lastikka

3. Date  
   11-February-2019

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

   Corresponding Author’s Name  
   Linda Helenius

5. Manuscript Title  
   "Back Pain and Quality of Life after Surgical Treatment for Adolescent Idiopathic Scoliosis at 5-year Follow-up. Comparison with Healthy Controls and Patients with Untreated Idiopathic Scoliosis"

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   [x] No
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Dr. Lastikka has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Tuula

2. Surname (Last Name)  
   Manner

3. Date  
   11-February-2019

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Linda Helenius

5. Manuscript Title  
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Dr. Manner 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) Ilkka
2. Surname (Last Name) Helenius
3. Date 11-February-2019
4. Are you the corresponding author? Yes ☑ No

Corresponding Author’s Name Linda Helenius

5. Manuscript Title
Back Pain and Quality of Life after Surgical Treatment for Adolescent Idiopathic Scoliosis at 5-year Follow-up. Comparison with Healthy Controls and Patients with Untreated Idiopathic Scoliosis

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Are there any relevant conflicts of interest? Yes ☑ No

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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Dr. Helenius reports grants and personal fees from Medtronic International, grants and personal fees from K2M, grants and personal fees from Innosurge, outside the submitted work.

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<tbody>
<tr>
<td>Hanna</td>
<td>Oksanen</td>
<td>11-February-2019</td>
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4. Are you the corresponding author?  
☑ Yes  
☐ No

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Dr. Oksanen has nothing to disclose.

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### Section 1. Identifying Information

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

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

3. **Date**
   - 11-February-2019

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

5. **Manuscript Title**
   - "Back Pain and Quality of Life after Surgical Treatment for Adolescent Idiopathic Scoliosis at 5-year Follow-up. Comparison with Healthy Controls and Patients with Untreated Idiopathic Scoliosis"

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