ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

5. Relationships not covered above.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Anderson

3. Date  
   23-April-2019

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Ilkka Helenius

5. Manuscript Title  
   Os odontoideum in children: treatment outcomes and neurologic risk factors

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?  
   ✔ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Advocacy committee member for the Pediatric Orthopaedic Society of North America

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Dr. Anderson reports and Advocacy committee member for the Pediatric Orthopaedic Society of North America.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jennifer
2. Surname (Last Name) Bauer
3. Date 23-April-2019
4. Are you the corresponding author? ✔ Yes  No
   Corresponding Author’s Name Ilka Helenius
5. Manuscript Title Os odontoideum in children: treatment outcomes and neurologic risk factors
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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Are there any relevant conflicts of interest? ✔ Yes  No
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Dr. Bauer reports personal fees from Depuy Orthopaedics, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Patrick J.
2. Surname (Last Name)  Cahill
3. Date  25-April-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Ilkka Helenius
5. Manuscript Title
   Os Odontoideum in Children: Treatment Outcomes and Neurologic Risk Factors
6. Manuscript Identifying Number (if you know it)
   JBJS-D-19-00314

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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</tr>
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<td>Setting Scoliosis Straight Foundation</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Research grants from SSSF received in support of Harms Study Group research</td>
</tr>
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<td>Children's Spine Study Group</td>
<td>✔</td>
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<td></td>
<td></td>
<td>Grant in support of research with the Children's Spine Study Group</td>
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☐ Yes  ☑ No

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AAOS: Board or committee member  
Journal of Bone and Joint Surgery - American: Editorial or governing board  
Pediatric Orthopaedic Society of North America: Board or committee member  
Scoliosis Research Society: Board or committee member  
Spine Deformity: Editorial or governing board

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Dr. Cahill reports personal fees from Biogen, Inc., personal fees from NuVasiv, Inc., grants from Setting Scoliosis Straight Foundation, grants from Children’s Spine Study Group, outside the submitted work; and AAOS: Board or committee member  
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Section 1. Identifying Information

1. Given Name (First Name) Daniel
2. Surname (Last Name) Hedequist
3. Date 23-April-2019

4. Are you the corresponding author?  Yes No

Corresponding Author’s Name Ilkka Helenius

5. Manuscript Title Os odontoideum in children: treatment outcomes and neurologic risk factors

6. Manuscript Identifying Number (if you know it) JBJS-D-19-00314R1

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Dr. Hedequist has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Ilkka  

2. Surname (Last Name)  
   Helenius  

3. Date  
   24-April-2019  

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

5. Manuscript Title  
   Os Odontoideum in Children: Treatment Outcomes and Neurologic Risk Factors  

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00314  

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

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</tbody>
</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

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. Helenius reports grants from Medtronic, grants from K2M via Innosurge As, during the conduct of the study; personal fees from Medtronic, personal fees from K2M via Innosurge, outside the submitted work.

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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)  
   Walter  

2. Surname (Last Name)  
   Krengel  

3. Date  
   24-April-2019  

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

   Corresponding Author’s Name  
   Ilkka Helenius  

5. Manuscript Title  
   Os odontoideum in children: treatment outcomes and neurologic risk factors  

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.  

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

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   [ ] Yes  
   ✔ No

Krengel  

2
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Krengel 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)  A Noelle
2. Surname (Last Name)  Larson
3. Date  24-April-2019
4. Are you the corresponding author?  Yes  No
    Corresponding Author’s Name  Ilkka Helenius
5. Manuscript Title  Os odontoideum in children: treatment outcomes and neurologic risk factors
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Dr. Larson reports personal fees from Medtronic, 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)  Joshua
2. Surname (Last Name)  Pahys
3. Date  23-April-2019
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Ilkka Helenius
5. Manuscript Title  Os odontoideum in children: treatment outcomes and neurologic risk factors
6. Manuscript Identifying Number (if you know it)  JBJS-D-19-00314R1

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jonathan
2. Surname (Last Name)  Phillips
3. Date  23-April-2019
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Ilkka helenius

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Dr. Phillips reports other from OrthoPediatrics, other from OrthoPediatrics, other from OrthoPediatrics, other from OrthoPediatrics, other from Biomet, other from Biomet, other from Springer, outside the submitted work.

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**Other:** Anything not covered under the previous three boxes

**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) paul
2. Surname (Last Name) sponseller
3. Date 23-April-2019
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Ilkka Helenius
5. Manuscript Title os odontoideum
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00314R1

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. Are there any relevant conflicts of interest? ☑ Yes ☐ No
If yes, please fill out the appropriate information below.

<table>
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<tr>
<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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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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. sponseller reports personal fees from JBJS, personal fees from Johnson and Johnson, personal fees from Globus, outside the submitted work.

Evaluation and Feedback

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Instructions

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Bram

2. Surname (Last Name)  
   Verhofste

3. Date  
   23-April-2019

4. Are you the corresponding author?  
   Yes  
   ✔  
   No

   Corresponding Author’s Name  
   Ikka Helenius

5. Manuscript Title  
   Os odontoideum in children: treatment outcomes and neurologic risk factors

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00314

## 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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   ✔  
   No

## Section 4. Intellectual Property -- Patents & Copyrights

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

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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Burt

2. Surname (Last Name)  
   Yaszay

3. Date  
   23-April-2019

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

5. Manuscript Title  
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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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Are there any relevant conflicts of interest?  
   ☑ Yes ☐ No

If yes, please fill out the appropriate information below.

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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. Yaszay reports grants and personal fees from Depuy Synthes Spine, grants and personal fees from Nuvasive, grants and personal fees from K2M/Stryker, personal fees from Biogen, personal fees from Orthopediatrics, personal fees from Globus, outside the submitted work; In addition, Dr. Yaszay has a patent K2M with royalties paid.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jeffrey

2. Surname (Last Name)  
   Martus

3. Date  
   23-April-2019

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Ilka Helenius

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