Date: 2022-02-13

Your Name: _____Ting Li

Manuscript Title: <u>Efficacy and safety of anterior controllable antidisplacement and fusion surgical therapy for cervical</u> <u>ossification of the posterior longitudinal ligament: A systematic review and meta-analysis</u> Manuscript number (if known): JXYM-21-44-R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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2	Grants or contracts from	None	
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3	Royalties or licenses	None	
4	Consulting fees	None	

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
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6	Payment for expert	None	
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7	Current fer etter dir a	Nees	
/	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
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	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
11	Stock of Stock Options		
4.5			
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
1	services		
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Ting Li

Please place an "X" next to the following statement to indicate your agreement:

Date: 2022-02-13

Your Name: Jingxin Yan

Manuscript Title: <u>Efficacy and safety of anterior controllable antidisplacement and fusion surgical therapy for cervical</u> <u>ossification of the posterior longitudinal ligament: A systematic review and meta-analysis</u> Manuscript number (if known): JXYM-21-44-R1

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/	Support for attending	None	
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	Advisory Board		
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Jingxin Yan

Please place an "X" next to the following statement to indicate your agreement:

 Date:
 2022-02-13

 Your Name:
 Xilin Liu

 Manuscript Title:
 Efficacy and safety of anterior controllable antidisplacement and fusion surgical therapy for cervical ossification of the posterior longitudinal ligament: A systematic review and meta-analysis

 Manuscript number (if known):
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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
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6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
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	Advisory Board		
10	Leadership or fiduciary role	None	
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Xilin Liu

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 Date:
 2022-02-13

 Your Name:
 Fei Wang

 Manuscript Title:
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Fei Wang

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 Date:
 2022-02-13

 Your Name:
 Jiang Hu

 Manuscript Title:
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Jiang Hu

Please place an "X" next to the following statement to indicate your agreement:

Date:__2022-02-13_____

Your Name: ____Yingxing Guo

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	educational events	N	
6	Payment for expert	None	
	testimony		
7	Current fer ettending	Neree	
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Yingxing Guo

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 Date:
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 Your Name:
 Zhenwu Lei

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	educational events	N	
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7	Current fer ettending	Neree	
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12	Descipt of a public point	N	
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Zhenwu Lei

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