Date:2022/7/29

Your Name: Weixing Xu

	anuscript Title: Analysis of anuscript number (if known)		linical treatments of Kümmell disease	
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitments. If you are in doubt about whether to list a lo so.	
	e following questions apply anuscript only.	to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>	
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declar cation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript perta e all relationships with manufacturers of antihypertensi the manuscript. ed in this manuscript without time limit. For all other it	ive
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		needed)		
		Time frame: Since the initi	al planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone		
		Time frame: pas	at 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone		
3	Royalties or licenses	XNone		
4	Consulting fees	XNone		

X\_\_None

Payment or honoraria for

	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
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7	Support for attending meetings and/or travel	XNone			
0		V N			
8	Patents planned, issued or pending	XNone			
9	Participation on a Data	X None			
9	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	X None			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
13	services Other financial or non-	X None			
15	financial interests				
	manda meesis				
Ple	Please summarize the above conflict of interest in the following box:				
	None.				

Manuscript Title: Analysis of strategy and efficacy clinical treatments of Kümmell disease

Date:2022/7/29

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Consulting fees

Payment or honoraria for

Your Name: Weiguo Ding

Ma	anuscript number (if known)	):	
rel pa to	ated to the content of your rties whose interests may b	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	e following questions apply anuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
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		Name all entities with	Specifications/Comments
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3	Royalties or licenses	XNone	

None

X\_\_None

	lectures, presentations,				
	speakers bureaus,				
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	educational events				
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7	Support for attending meetings and/or travel	XNone			
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11	Stock or stock options	XNone			
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
13	services Other financial or non-	X None			
15	financial interests	XNotie			
	manda meesis				
Ple	Please summarize the above conflict of interest in the following box:				
	None.				

Date:2022/7/29				
Your Name: Xinwei Xu Manuscript Title: Analysis of strategy and efficacy clinical treatments of Kümmell disease				
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.				
The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u> .				
The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.				

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	l planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: pas	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	

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	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
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7	Support for attending meetings and/or travel	XNone			
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8	Patents planned, issued or pending	XNone			
9	Participation on a Data	X None			
9	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	X None			
	in other board, society,				
	committee or advocacy				
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11	Stock or stock options	XNone			
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
13	services Other financial or non-	X None			
15	financial interests				
	manda meesis				
Ple	Please summarize the above conflict of interest in the following box:				
	None.				

Manuscript Title: Analysis of strategy and efficacy clinical treatments of Kümmell disease

Date:2022/7/29

Your Name: Hongfeng Sheng

any entity (if not indicated

Payment or honoraria for

X\_None

X None

X None

in item #1 above).

Consulting fees

Royalties or licenses

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Ma	anuscript number (if known)	:				
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	e time frame for disclosure i	• •	ed in this mandscript without time innit. For an other items,			
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8	Patents planned, issued or pending	XNone			
9	Participation on a Data	X None			
9	Safety Monitoring Board or				
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11	Stock or stock options	XNone			
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other				
13	services Other financial or non-	X None			
15	financial interests	XNotie			
	manda meesis				
Ple	Please summarize the above conflict of interest in the following box:				
	None.				

Date:2022/7/29
Your Name: Jiafu Zhu
Manuscript Title: Analysis of strategy and efficacy clinical treatments of Kümmell disease
Manuscript number (if known):

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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	educational events				
6	Payment for expert	XNone			
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7	Support for attending meetings and/or travel	XNone			
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9	Participation on a Data	X None			
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13	services Other financial or non-	X None			
15	financial interests	XNotie			
	manda meesis				
Ple	Please summarize the above conflict of interest in the following box:				
	None.				

Date:2022/7/29
Your Name: Long Xin
Manuscript Title: Analysis of strategy and efficacy clinical treatments of Kümmell disease
Manuscript number (if known):

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6	Payment for expert	XNone		
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7	Support for attending meetings and/or travel	XNone		
0	Detects along a discount of	V. Nana		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data	X None		
9	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	X None		
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12	Receipt of equipment,	XNone		
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13	services Other financial or non-	X None		
15	financial interests	XNotie		
	manda meesis			
Ple	Please summarize the above conflict of interest in the following box:			
	None.			

Date:2022/7/29
Your Name: Bin Xu
Manuscript Title: Analysis of strategy and efficacy clinical treatments of Kümmell disease
Manuscript number (if known):

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	manda meesis			
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	None.			