

## ICMJE DISCLOSURE FORM

Date: 2022/7/29

Your Name: Weixing Xu

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

Manuscript number (if known): \_\_\_\_\_

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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**Please summarize the above conflict of interest in the following box:**

None.

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

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## ICMJE DISCLOSURE FORM

Date: 2022/7/29

Your Name: Weiguo Ding

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

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/7/29

Your Name: Xinwei Xu

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

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 2022/7/29

Your Name: Hongfeng Sheng

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

Manuscript number (if known): \_\_\_\_\_

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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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