ICMJE DISCLOSURE FORM

Date:____22 august 2022

Consulting fees

_X__None

Mar lum	r Name:Pravesh Gadjrad nuscript Title: Letter to bar spinal stenosis with deg nuscript number (if known):	the editor regarding "dec enerative spondylolisthesi	
rela part to ti	ted to the content of your miles whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment if you are in doubt about whether to list a so.
	following questions apply to uscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to th		nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,
		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 initial	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: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests		
	iniancial interests		

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:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date:____22 august 2022

Consulting fees

_X__None

	r Name:Fabian Sommer					
Manuscript Title: Letter to the editor regarding "decompression alone versus decompression plus fusion for						
lumbar spinal stenosis with degenerative spondylolisthesis"						
Manuscript number (if known): ATM-22-3732						
relate part to tr	ted to the content of your nies whose interests may be	nanuscript. "Related" mear affected by the content of ecessarily indicate a bias. I	elationships/activities/interests listed below that are as any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.			
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to th		nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.			
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,			
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		Name all entities with	Specifications/Comments			
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your			
		Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)			
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your			
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)			
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)			
1	All support for the present manuscript (e.g., funding, provision of study materials,	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding, provision of study materials, medical writing, article	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)			
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	(e.g., if payments were made to you or to your institution)			
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1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone	(e.g., if payments were made to you or to your institution) planning of the work			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial _X_None Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work			
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial XNone	(e.g., if payments were made to you or to your institution) planning of the work			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial _X_None Time frame: past	(e.g., if payments were made to you or to your institution) planning of the work			
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
Dlos	asa summariza tha abaya sa	nflict of interest in the f	allowing hove

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:

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date:____22 august 2022

Consulting fees

_X__None

You	r Name: Rodrigo Navarro	o-Ramirez	
Mai	nuscript Title: Letter t	o the editor regarding "de	compression alone versus decompression plus fusion for
	bar spinal stenosis with deg		
Mai	nuscript number (if known):	ATM-22-3732	
rela pari to t	ited to the content of your n ties whose interests may be	nanuscript. "Related" mea affected by the content or ecessarily indicate a bias.	relationships/activities/interests listed below that are ns any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t nuscript only.	o the author's relationship	os/activities/interests as they relate to the current
to t		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.
	tem #1 below, report all sup time frame for disclosure is	-	d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	, and the second
		needed)	
		Time frame: Since the initia	l planning of the work
1	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
	Grants or contracts from	XNone	
2	any entity (if not indicated		
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	in item #1 above).		
2	in item #1 above). Royalties or licenses	XNone	
	·	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
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	educational events		
6	Payment for expert	X None	
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7	Support for attending meetings and/or travel	XNone	
	g ,		
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	materials, drugs, medical		
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	services		
13	Other financial or non-	X None	
13	financial interests		
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