Date:	Dec. 12th, 2021
Your Nam	e:Rui Guo
Manuscri	ot Title: <u>Thoracolumbar kyphosis in postmenopausal osteoporosis patients without vertebral compressior</u>
<u>fractures</u>	
Manuscri	ot number (if known):ATM-21-6285-MS-9293

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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1	All support for the present manuscript (e.g., funding,	X_None	
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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X_None	
4	Consulting fees	X_None	
	_		

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
4.4	group, paid or unpaid	V 1	
11	Stock or stock options	X_None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	<u>X</u> None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
			,

None.			

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

Date:	Dec. 12th, 2021	
Your Na	ne: <u>Bo Li</u>	
Manusc	ipt Title:_ Thoracolumbar kyphosis in postmenopausal osteoporosis patients without vertebral com	pression
fracture		
Manusc	ipt number (if known): <u>ATM-21-6285-MS-9293</u>	

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	manuscript writing or		
	educational events		
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	testimony		
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	pending		
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	Advisory Board		
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	committee or advocacy		
4.4	group, paid or unpaid	V 1	
11	Stock or stock options	X_None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	<u>X</u> None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
			,

None.			

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

Date: Dec. 12th, 2021	
Your Name: Ziliang Zeng	
Manuscript Title: Thoracolumbar kyphosis in postmenopausal osteoporosis patients without vertebral com	pression
<u>fractures</u>	
Manuscript number (if known):ATM-21-6285-MS-9293	

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	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or	X_None	
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9	Participation on a Data	X_None	
	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	X_None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	<u>X</u> None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
			,

None.			

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

Date: Dec. 12th, 2021
Your Name: Xu Jiang
Manuscript Title: Thoracolumbar kyphosis in postmenopausal osteoporosis patients without vertebral compression
<u>fractures</u>
Manuscript number (if known):_ <u>ATM-21-6285-MS-9293</u>

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4	Consulting fees	X_None	

5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	X_None	
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	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X_None	
	in other board, society,		
	committee or advocacy		
4.4	group, paid or unpaid	V 1	
11	Stock or stock options	X_None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	<u>X</u> None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
			,

None.			

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

Date:	Dec. 12th, 2021			
Your Na	ame: <u>Di Zhang</u>			
Manus	cript Title:_ Thoracol	umbar kyphosis in postmenc	opausal osteoporosis patient	s without vertebral compression
fracture	<u>es</u>			
Manus	cript number (if knov	vn): <u> ATM-21-6285-MS-9293</u>	<u> </u>	

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11	Stock or stock options	X_None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	<u>X</u> None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
			,

None.			

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

Date: Dec. 12th, 2021	
Your Name: Tianyu Xie	
Manuscript Title: Thoracolumbar kyphosis in postmenopausal osteoporosis patients without vertebral compressi	on
<u>fractures</u>	
Manuscript number (if known): ATM-21-6285-MS-9293	

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	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or	X_None	
	pending		
9	Participation on a Data	X_None	
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11	Stock or stock options	X_None	
12	Receipt of equipment,	X None	
12	materials, drugs, medical	<u>X</u> None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
			,

None.			

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

Date: Dec. 12th, 2021
/our Name: <u>Xumin Hu</u>
Manuscript Title: <u>Thoracolumbar kyphosis in postmenopausal osteoporosis patients without vertebral compressio</u>
<u>ractures</u>
Manuscript number (if known):_ <u>ATM-21-6285-MS-9293</u>

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	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending	X_None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
0	pending	<u>X</u> IVOITE	
	benamb		
9	Participation on a Data	X None	
•	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	X None	
	•		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X_None	
	financial interests		

None.			

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

Date: Dec. 12th, 2021
Your Name: Liangbin Gao
Manuscript Title: Thoracolumbar kyphosis in postmenopausal osteoporosis patients without vertebral compression
<u>fractures</u>
Manuscript number (if known): ATM-21-6285-MS-9293

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