Date:	2022	5 1 3
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Your Name: Yongpeng Lin

Manuscript Title: Percutaneous full endoscopic C1 laminectomy for developmental atlantal stenosis with myelopathy:

report of three cases and review of the literature

Manuscript number	(if known):
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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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (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,	the National Natural Science Foundation of China	No. 82004385 to YPL
	medical writing, article processing charges, etc.) No time limit for this item.	the Natural Science Foundation of Guangdong Province of China	No. 2019A1515011916 to YPL
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	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	
42	D : : : : :		
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

The author reports the funding from National Natural Science Foundation of China (No. 82004385 to YPL) and the Natural Science Foundation of Guangdong Province of China (No. 2019A1515011916 to YPL).

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

Date: 2	2022.5.13
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Your Name: Siyuan Rao

Manuscript Title: Percutaneous full endoscopic C1 laminectomy for developmental atlantal stenosis with myelopathy:

report of three cases and review of the literature

Manuscript number	(if known):	

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	pending		
9	Participation on a Data	None	
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	Advisory Board		
10	Leadership or fiduciary role	None	
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11	group, paid or unpaid	NI a a	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None			

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

Date:	2022.5	.13

Your Name: Bingxin Liu

Manuscript Title: Percutaneous full endoscopic C1 laminectomy for developmental atlantal stenosis with myelopathy:

report of three cases and review of the literature

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	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

None			

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

Date: 2022.5.13	
Your Name: Yueli Sui	n

Manuscript Title: Percutaneous full endoscopic C1 laminectomy for developmental atlantal stenosis with myelopathy:

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services 13 Other financial or non- None None				
13 Other financial or nonNone				
	13		None	
		financial interests		

None			

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

Date: 2	2022.5.13
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Your Name: Shuai Zhao

Manuscript Title: Percutaneous full endoscopic C1 laminectomy for developmental atlantal stenosis with myelopathy:

report of three cases and review of the literature

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writing, gifts or other services 13 Other financial or nonNoneNone	12		None	
services 13 Other financial or non- None None				
13 Other financial or nonNone				
	13		None	
		financial interests		

None			

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

Date: 2022.5.13	
Your Name: Guoyi Su	ı

Manuscript Title: Percutaneous full endoscopic C1 laminectomy for developmental atlantal stenosis with myelopathy:

report of three cases and review of the literature

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		financial interests		

None			

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

Date: 2022.5.13	Date:	2022	.5.13
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Your Name: Shudong Chen

Manuscript Title: Percutaneous full endoscopic C1 laminectomy for developmental atlantal stenosis with myelopathy:

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writing, gifts or other services 13 Other financial or nonNoneNone	12		None	
services 13 Other financial or non- None None				
13 Other financial or nonNone				
	13		None	
		financial interests		

None			

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

Date: 2022.5.13	
Your Name: Yongjin	Li

Manuscript Title: Percutaneous full endoscopic C1 laminectomy for developmental atlantal stenosis with myelopathy:

report of three cases and review of the literature

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 manuscript only</u>.

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		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)
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1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
_	in item #1 above).		
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		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	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	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non- financial interests	None	
			·

None			

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

Date:	2022.5.13
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Your Name: Bolai Chen

Manuscript Title: Percutaneous full endoscopic C1 laminectomy for developmental atlantal stenosis with myelopathy:

report of three cases and review of the literature

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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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 initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	the National Natural Science Foundation of China	No. 82174396 to BLC
	medical writing, article processing charges, etc.) No time limit for this item.	the Natural Science Foundation of Guangdong Province of China	No. 2021A1515011455 to BLC
		the Science and Technology Program of Guangzhou	No. 202102010012 to BLC
		the Special Research for Science and Technology of the Guangdong Provincial Hospital of Chinese Medicine	No. YN2019MJ08 to BLC
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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