Date:July. 4 <sup>th</sup> , 2023	
Your Name:Yanjie Xu	
Manuscript Title: Cosmetic evaluation in Type	II congenital scoliosis with long-spanned curve: a case-matched
comparison with adolescent idiopathic scoliosis	_
Manuscript number (if known):	QIMS-23-116

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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	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	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
3	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	V Nove	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	от о		
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
		•	
Plea	ise summarize the above co	nflict of interest in the	following hox:
N	lone.		
Plea	se 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.

You Ma cas	:July. 5 <sup>th</sup> , 2023 Name: Changwei Liu uscript Title: Cosmetic evaluation in Type II congenital scoliosis with long-spanned curve: a -matched comparison with adolescent idiopathic scoliosis uscript number (if known): QIMS-23-116
tha	e interest of transparency, we ask you to disclose all relationships/activities/interests listed below are ed to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit
-	es whose interests may be affected by the content of the manuscript. Disclosure represents a mitment
to t	ansparency and does not necessarily indicate a bias. If you are in doubt about whether to list a ionship/activity/interest, it is preferable that you do so.
<u>cur</u>	following questions apply to the author's relationships/activities/interests as they relate to the ent ent of the uscript only.
	author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript
to t	e epidemiology of hypertension, you should declare all relationships with manufacturers of hypertensive medication, even if that medication is not mentioned in the manuscript.
oth	em #1 below, report all support for the work reported in this manuscript without time limit. For all ritems, ime frame for disclosure is the past 36 months.
	Name all entities with whom you have this (e.g., if payments were made to you or to your
	relationship or indicate institution) none (add rows as needed)
	Time frame: Since the initial planning of the work

Time frame: past 36 months

All support for the

charges, etc.)

item.

present manuscript (e.g., funding, provision of study materials, medical writing, article processing

No time limit for this

Grants or contracts from

\_\_X\_None

	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	X_None	
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	

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 t questions on this form.	

Date:July. 4 <sup>th</sup> , 2023 Your Name: Dongyue Li Manuscript Title: Cos case-matched comparison Manuscript number (if known	metic evaluation in Typ with adolescent idiopa	e II congenital scoliosis with long-spanned curve thic scoliosis QIMS-23-116	e: a
that are		lose all relationships/activities/interests listed be	
third	our manuscript. "Relate	d" means any relation with for-profit or not-for-pr	ront
	y be affected by the co	ntent of the manuscript. Disclosure represents a	
to transparency and does relationship/activity/interes	_	a bias. If you are in doubt about whether to list a ou do so.	a
The following questions ap current manuscript only.	ply to the author's rela	tionships/activities/interests as they relate to the	
The author's relationships/pertains	activities/interests sho	uld be <u>defined broadly</u> . For example, if your manu	ıscript
to the epidemiology of hyp		eclare all relationships with manufacturers of on is not mentioned in the manuscript.	
In item #1 below, report all other items, the time frame for disclosu		eported in this manuscript without time limit. For	all
	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)	

All support for the

charges, etc.)

item.

present manuscript (e.g., funding, provision of study materials, medical writing, article processing

No time limit for this

Grants or contracts from

\_X\_\_None

X\_None

Time frame: past 36 months

	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	X_None	
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	

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 t questions on this form.	

Yo	e:July. 4 <sup>th</sup> , 2023 r Name: Yinqi Cai nuscript Title: Cosmetic evaluation in Type II congenital scoliosis with long-spanned curve: a				
	e-matched comparison with adolescent idiopathic scoliosis				
	Manuscript number (if known): QIMS-23-116				
IVIC	asonpt number (ii known)				
	ne interest of transparency, we ask you to disclose all relationships/activities/interests listed below are				
rela thi	ted to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit				
-	ies whose interests may be affected by the content of the manuscript. Disclosure represents a mitment				
	ransparency and does not necessarily indicate a bias. If you are in doubt about whether to list a tionship/activity/interest, it is preferable that you do so.				
<u>cui</u>	following questions apply to the author's relationships/activities/interests as they relate to the rent nuscript only.				
	author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript				
to t	ne epidemiology of hypertension, you should declare all relationships with manufacturers of hypertensive medication, even if that medication is not mentioned in the manuscript.				
oth	em #1 below, report all support for the work reported in this manuscript without time limit. For all er items, time frame for disclosure is the past 36 months.				
	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				
	needed)				
	Time frame: Since the initial planning of the work				

Time frame: past 36 months

All support for the

charges, etc.)

item.

present manuscript (e.g., funding, provision of study materials, medical writing, article processing

No time limit for this

Grants or contracts from

\_\_X\_None

	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	X_None	
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	

None.			

Please place an "X" next to the following statement to indica	te 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.		

	te:July. 5 <sup>th</sup> , 2023				
	ur Name: Zongshan Hu				
	nuscript Title: Cosmetic evaluation in Type II congenital scoliosis with long-spanned curve: a				
	se-matched comparison with adolescent idiopathic scoliosis				
Ma	nuscript number (if known): QIMS-23-116				
tha	he interest of transparency, we ask you to disclose all relationships/activities/interests listed below t are				
rel thi	ated to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit rd				
-	parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment				
	ransparency and does not necessarily indicate a bias. If you are in doubt about whether to list a ationship/activity/interest, it is preferable that you do so.				
<u>cu</u>	e following questions apply to the author's relationships/activities/interests as they relate to the rent nuscript only.				
	e author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript tains				
to	the epidemiology of hypertension, you should declare all relationships with manufacturers of ihypertensive medication, even if that medication is not mentioned in the manuscript.				
oth	tem #1 below, report all support for the work reported in this manuscript without time limit. For all er items, time frame for disclosure is the past 36 months.				
	Name all antiking with One if it (O				
	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				
	needed)				
	Time frame: Since the initial planning of the work				

Time frame: past 36 months

All support for the

charges, etc.)

item.

present manuscript (e.g., funding, provision of study materials, medical writing, article processing

No time limit for this

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	
E	Doumant or handraria for	V None	
5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	XNONC	
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	X_None	
	role 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		
10		V None	
13	Other financial or non-	XNone	
	financial interests		

None.			

Please place an "X" next to the following statement to indica	te 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.		

Date: July. 5 <sup>th</sup> , 2023			
Your Name: Zezhang Zh	— 		
		a II congenitel coeliesis with long enemned ou	m/01 0
•		e II congenital scoliosis with long-spanned cu	rve: a
case-matched comparison			
Manuscript number (if known	wn):	QIMS-23-116	
In the interest of transpare that are	ncy, we ask you to disc	lose all relationships/activities/interests listed	below
related to the content of yo	our manuscript. "Relate	d" means any relation with for-profit or not-for	r-profit
parties whose interests ma	y be affected by the co	ntent of the manuscript. Disclosure represents	s a
	_	a bias. If you are in doubt about whether to li	st a
The following questions ap current manuscript only.	ply to the author's relat	tionships/activities/interests as they relate to t	he
pertains		uld be <u>defined broadly</u> . For example, if your ma	anuscript
	· •	leclare all relationships with manufacturers of on is not mentioned in the manuscript.	
In item #1 below, report all other items, the time frame for disclosu		eported in this manuscript without time limit. F	For all
	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		
	needed)		
Ti	me frame: Since the initial	planning of the work	

Time frame: past 36 months

All support for the

charges, etc.)

item.

present manuscript (e.g., funding, provision of study materials, medical writing, article processing

No time limit for this

Grants or contracts from

\_\_X\_None

	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	X_None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	X_None	
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	

None.			

Please place an "X" next to the following statement to indica	te 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.		

Date:July. 3 <sup>rd</sup> , 2023	
Your Name: Yong Qiu	
Manuscript Title: Cosmetic evaluation in Type II c	ongenital scoliosis with long-spanned curve: a
case-matched comparison with adolescent idiopathic s	scoliosis
Manuscript number (if known):	QIMS-23-116
•	

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 current manuscript only.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

the time frame for disclosure is the past 36 months.

		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.	Jiangsu Provincial Medical Innovation Center of Orthopedic Surgery (CXZX202214)	Research support through institution.

Time frame: past 36 months			
2	Grants or contracts from		
	any entity (if not indicated		
	in item #1 above).	XNone	
3	Royalties or licenses		
		X None	
4	Consulting fees	X_None	-
.	Sonouning 1999		
		XNone	
5	Payment or honoraria for		
	lectures, presentations,		
	speakers bureaus,	XNone	
	manuscript writing or educational events		
6	Payment for expert		
	testimony		
	-	XNone	
7	Support for attending meetings and/or travel		
	meetings and/or traver		
		XNone	
_			
8	Patents planned, issued		
	or pending	XNone	
9	Participation on a Data		
	Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary		-+
'0	role in other board,		$\overline{}$
	society, committee or	XNone	
	advocacy group, paid or		
11	unpaid Stock or stock options		
' '	Stock of Stock options		
		X_None	
12	Receipt of equipment,		$\dashv$
	materials, drugs, medical		$\neg$
	writing, gifts or other	XNone	
	services		
13	Other financial or non-		
	financial interests		

QY received the research support from Jiangsu Provincial Medical Innovation Center of Orthopedic Surgery (CXZX202214) through institution.

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.		

Date:July. 3 <sup>rd</sup> , 2023		
Your Name: Zhen Liu		
Manuscript Title: Cosmetic evaluation in	n Type II congenital scoliosis with long-spanned curve: a	
case-matched comparison with adolescent idiopathic scoliosis		
Manuscript number (if known):	QIMS-23-116	

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 current manuscript only.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

the time frame for disclosure is the past 36 months.

		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.	National Natural Science Foundation of China (NSFC) (No. 82072518) fundings for Clinical Trials from the Affiliated Drum Tower Hospital, Medical School of Nanjing University (2022-LCYJ-MS-22)	Research support through institution.  Research support through institution.

	Г	Γ	T
		Time frame: past	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
	-		
4	Consulting fees	XNone	
5	Payment or honoraria for	X_None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
6	testimony	XNone	
	lestimony		
7	Support for attending	X None	
'	meetings and/or travel	XNone	
	in the same of the		
8	Datanta planned issued	XNone	
0	Patents planned, issued or pending	XINOTIE	
	or pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board		
4.0	or Advisory Board	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	X_None	
	Stock of Stock options	X	
12	Receipt of equipment,	X_None	
'-	materials, drugs, medical	//	
	writing, gifts or other		
	services		
10		V Name	
13	Other financial or non- financial interests	X_None	
	manda meresis		

LZ received the National Natural Science Foundation of China (NSFC) (No. 82072518), fundings for Clinical Trials from the Affiliated Drum Tower Hospital, Medical School of Nanjing University (2022-LCYJ-MS-22).

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.