Date:Feburary_25,	_2021	
Your Name:	Yuan Cao	
Manuscript Title: Dis	ruption of Human	Brain Connectivity Networks in Patients with Cervical Spondylotic Myelopathy
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.

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.

		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,	√None	
	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	

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

None.

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

Date:Feburary_25,_2021
Your Name:Yaru Zhan
Manuscript Title: Disruption of Human Brain Connectivity Networks in Patients with Cervical Spondylotic Myelopathy
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.

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.

		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,	√None	
	medical writing, article processing charges, etc.) No time limit for this item.		
		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 lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	√None	
7	Support for attending meetings and/or travel	√None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	√None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	√None	
11	Stock or stock options	√None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	√None	
13	Other financial or non- financial interests	_√None	

None.

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

Date:Feburary_25,_2021	
Your Name:Miao Du	
Manuscript Title: Disruption of Human Brain Connectivity Networks in Patients with Cervical Spondylotic Myelopat	:hy
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.

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.

		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,	√None	
	medical writing, article processing charges, etc.) No time limit for this item.		
		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 lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	√None	
7	Support for attending meetings and/or travel	√None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	√None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	√None	
11	Stock or stock options	√None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	√None	
13	Other financial or non- financial interests	_√None	

None.

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

Date:__Feburary_25,_2021_____ Your Name:_____Guoshu Zhao_____ Manuscript Title: Disruption of Human Brain Connectivity Networks in Patients with Cervical Spondylotic Myelopathy 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.

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.

	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
All support for the present manuscript (e.g., funding, provision of study materials,	√None	
medical writing, article processing charges, etc.) No time limit for this item.		
	Time frame: past	36 months
Grants or contracts from any entity (if not indicated in item #1 above).	√None	
Royalties or licenses	√None	
Consulting fees	None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) None No time limit for this item. None Grants or contracts from any entity (if not indicated in item #1 above). None Royalties or licenses None

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

None.

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

Date:Feburary_25,_2021
Your Name:Zhili Liu
Manuscript Title: Disruption of Human Brain Connectivity Networks in Patients with Cervical Spondylotic Myelopathy
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.

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.

		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,	√None		
	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		

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

None.

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

Date:__Feburary_25,_2021_____ Your Name:_____Fuqing Zhou_____ Manuscript Title: Disruption of Human Brain Connectivity Networks in Patients with Cervical Spondylotic Myelopathy 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.

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.

		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,	None		
	medical writing, article processing charges, etc.) No time limit for this item.			
		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 lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	√None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_√None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	√None	
11	Stock or stock options	√None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	√None	
13	Other financial or non- financial interests	_√None	

None.

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

Date:__Feburary_25,_2021_____ Your Name:_____Laichang He_____ Manuscript Title: Disruption of Human Brain Connectivity Networks in Patients with Cervical Spondylotic Myelopathy 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.

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.

		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,	None		
	medical writing, article processing charges, etc.) No time limit for this item.			
		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 lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	√None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_√None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	√None	
11	Stock or stock options	√None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	√None	
13	Other financial or non- financial interests	_√None	

None.

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