

ICMJE DISCLOSURE FORM

Date: June 27th, 2023

Your Name: Alessandro Cianfoni

Manuscript Title: Thoraco-lumbar Vertebral Fractures with Posterior Wall Retropulsion: Room and Importance for an Effective Minimally Invasive Treatment

Manuscript number (if known): _____ APM-23-398 _____

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 defined broadly. 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.	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

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

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:

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: June 27th, 2023

Your Name: Alice Venier

Manuscript Title: Thoraco-lumbar Vertebral Fractures with Posterior Wall Retropulsion: Room and Importance for an Effective Minimally Invasive Treatment

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4	Consulting fees	__X__ None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: June 27th, 2023

Your Name: Joshua A. Hirsch

Manuscript Title: Thoraco-lumbar Vertebral Fractures with Posterior Wall Retropulsion: Room and Importance for an Effective Minimally Invasive Treatment

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Neiman Health Policy Institute	Health Policy Grant
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	Medtronic	Spine
		Relievant	Spine
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Rapid Medical	Chair: DSMB
		BALT	Chair: DSMB
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	SNIS: Chair Health Policy Committee	Board Member: ASIPP
		Councilor to ACR and chair two committees	3 rd Past President ASNR
		Deputy Editor: JNIS	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

The author received a grant from Neiman Health Policy Institute, receives consulting fees from Medtronic and Relievant, participates on data safety monitoring board or advisory board of Rapid Medical and BALT, has a leadership in SNIS, ACR and JNIS.

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