

## ICMJE DISCLOSURE FORM

Date: March 19,2020

Your Name: Hao Yan

Manuscript Title: Balloon kyphoplasty combined with posterior pedicle screw fixation for the treatment of osteoporotic thoracolumbar burst fractures

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 current manuscript only.

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
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		None	

	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	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	

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

None
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**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.**

## ICMJE DISCLOSURE FORM

Date: March 19,2020

Your Name: Ming Ni

Manuscript Title: Balloon kyphoplasty combined with posterior pedicle screw fixation for the treatment of osteoporotic thoracolumbar burst fractures

Manuscript number (if known):

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Funding	Project of Novel Interdisciplinary of Health System in Pudong New Area, Shanghai (PWXx2020-08)
<b>Time frame: past 36 months</b>			
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	None	
6	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	

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

Dr. Ni received funding of Project of Novel Interdisciplinary of Health System in Pudong New Area, Shanghai (PWXX2020-08) during the past 36 months. There are no other financial or personal relationships with other people or organizations that can inappropriately influence this work.

**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.**

## ICMJE DISCLOSURE FORM

Date: March 19,2020

Your Name: Weifeng Zhai

Manuscript Title: Balloon kyphoplasty combined with posterior pedicle screw fixation for the treatment of osteoporotic thoracolumbar burst fractures

Manuscript number (if known):

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## ICMJE DISCLOSURE FORM

Date: March 19,2020

Your Name: Ji Guo

Manuscript Title: Balloon kyphoplasty combined with posterior pedicle screw fixation for the treatment of osteoporotic thoracolumbar burst fractures

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.



## ICMJE DISCLOSURE FORM

Date: March 19,2020

Your Name: Zheng Huang

Manuscript Title: Balloon kyphoplasty combined with posterior pedicle screw fixation for the treatment of osteoporotic thoracolumbar burst fractures

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## ICMJE DISCLOSURE FORM

Date: March 19,2020

Your Name: Jianpo Zhang

Manuscript Title: Balloon kyphoplasty combined with posterior pedicle screw fixation for the treatment of osteoporotic thoracolumbar burst fractures

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## ICMJE DISCLOSURE FORM

Date: March 19,2020

Your Name: Licheng Wei

Manuscript Title: Balloon kyphoplasty combined with posterior pedicle screw fixation for the treatment of osteoporotic thoracolumbar burst fractures

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## ICMJE DISCLOSURE FORM

Date: March 19,2020

Your Name: Lang Jin

Manuscript Title: Balloon kyphoplasty combined with posterior pedicle screw fixation for the treatment of osteoporotic thoracolumbar burst fractures

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## ICMJE DISCLOSURE FORM

Date: March 19,2020

Your Name: Yongwei Jia

Manuscript Title: Balloon kyphoplasty combined with posterior pedicle screw fixation for the treatment of osteoporotic thoracolumbar burst fractures

Manuscript number (if known):

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Funding	The general project of Shanghai Municipal Health Bureau (201840361) and key project of Changning Science & Technology Association (CNKW 2017Z05)
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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Dr. Jia received funding of the general project of Shanghai Municipal Health Bureau (201840361) and key project of Changning Science & Technology Association (CNKW 2017Z05). There are no other financial or personal relationships with other people or organizations that can inappropriately influence this work.

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