

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 3. Relevant financial activities outside the submitted work.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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#### Definitions.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Anmol	2. Surname (Last Name) Gupta	3. Date 24-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stuart Hershman
5. Manuscript Title Osteoporosis is Underrecognized and Undertreated in Adult Spinal Deformity Patients		
6. Manuscript Identifying Number (if you know it) JSS-20-668-R2		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Gupta has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Thomas      2. Surname (Last Name) Cha      3. Date 24-December-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Stuart Hershman

5. Manuscript Title  
Osteoporosis is Underrecognized and Undertreated in Adult Spinal Deformity Patients

6. Manuscript Identifying Number (if you know it)  
JSS-20-668-R2

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Are there any relevant conflicts of interest?     Yes     No

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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bio2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Nuvasive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
K2M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
National Institute of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant
Donoghue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant
Nuvasive	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship Support
K2M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship Support
Omega	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship Support

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Dr. Cha reports personal fees from Bio2, personal fees from Nuvasive, personal fees from K2M, grants from National Institute of Health, grants from Donoghue, grants from Nuvasive, grants from K2M, grants from Omega, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Joseph

2. Surname (Last Name)  
Schwab

3. Date  
24-December-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Stuart Hershman

5. Manuscript Title  
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Dr. Schwab has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Harold	2. Surname (Last Name) Fogel	3. Date 24-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stuart Hershman
5. Manuscript Title Osteoporosis is Underrecognized and Undertreated in Adult Spinal Deformity Patients		
6. Manuscript Identifying Number (if you know it) JSS-20-668-R2		

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### Section 1. Identifying Information

1. Given Name (First Name) Daniel	2. Surname (Last Name) Tobert	3. Date 24-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stuart Hershman
5. Manuscript Title Osteoporosis is Underrecognized and Undertreated in Adult Spinal Deformity Patients		
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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Afshin	2. Surname (Last Name) Razi	3. Date 24-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stuart Hershman
5. Manuscript Title Osteoporosis is Underrecognized and Undertreated in Adult Spinal Deformity Patients		
6. Manuscript Identifying Number (if you know it) JSS-20-668-R2		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Razi has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Carl

2. Surname (Last Name)  
Paulino

3. Date  
24-December-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Stuart Hershman

5. Manuscript Title  
Osteoporosis is Underrecognized and Undertreated in Adult Spinal Deformity Patients

6. Manuscript Identifying Number (if you know it)  
JSS-20-668-R2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Johnson & Johnson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Paulino reports personal fees from Johnson & Johnson, outside the submitted work; .

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Other:** Anything not covered under the previous three boxes

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**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Andrew      2. Surname (Last Name) Hecht      3. Date 24-December-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Stuart Hershman

5. Manuscript Title  
Osteoporosis is Underrecognized and Undertreated in Adult Spinal Deformity Patients

6. Manuscript Identifying Number (if you know it)  
JSS-20-668-R2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?     Yes     No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties
Atlas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Atlas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hecht reports grants from Zimmer, grants from Atlas, personal fees from Medtronic, personal fees from Zimmer, personal fees from Atlas, outside the submitted work; .

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Chris

2. Surname (Last Name)  
Bono

3. Date  
24-December-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Stuart Hershman

5. Manuscript Title  
Osteoporosis is Underrecognized and Undertreated in Adult Spinal Deformity Patients

6. Manuscript Identifying Number (if you know it)  
JSS-20-668-R2

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Wolters Kluwer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties
Elsevier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties
United Healthcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Bono reports personal fees from Wolters Kluwer, personal fees from Elsevier, personal fees from United Healthcare, outside the submitted work; .

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Stuart      2. Surname (Last Name) Hershman      3. Date 24-December-2020

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Osteoporosis is Underrecognized and Undertreated in Adult Spinal Deformity Patients

6. Manuscript Identifying Number (if you know it)  
JSS-20-668-R2

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?     Yes     No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Depuy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Nuvasive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Nuvasive	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship Support
K2M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship Support
OMEGA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fellowship Support

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

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Dr. Hershman reports personal fees from Depuy, personal fees from Nuvasive, grants from Nuvasive, grants from K2M, grants from OMEGA, outside the submitted work; .

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