

ICMJE DISCLOSURE FORM

Date: 04/08/2021

Your Name: James Onggo

Manuscript Title: The use of minimally invasive interspinous process devices for the treatment of lumbar canal stenosis: a narrative literature review

Manuscript number (if known): JSS-21-57-R1

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.

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		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)
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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: 04/08/2021

Your Name: Mithun Nambiar

Manuscript Title: The use of minimally invasive interspinous process devices for the treatment of lumbar canal stenosis: a narrative literature review

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Date: 04/08/2021

Your Name: Julian T Maingard

Manuscript Title: The use of minimally invasive interspinous process devices for the treatment of lumbar canal stenosis: a narrative literature review

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ICMJE DISCLOSURE FORM

Date: 04/08/2021

Your Name: Kevin Phan

Manuscript Title: The use of minimally invasive interspinous process devices for the treatment of lumbar canal stenosis: a narrative literature review

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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	Co-Editor in chief of Journal of Spine Surgery	Despite this role, Kevin was not involved in the peer review process at any point in time.
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:

Co-editor-in-chief of Journal of Spine Surgery.

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

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ICMJE DISCLOSURE FORM

Date: 04/08/2021

Your Name: Stefano Marcia

Manuscript Title: The use of minimally invasive interspinous process devices for the treatment of lumbar canal stenosis: a narrative literature review

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 04/08/2021

Your Name: Luigi Manfre

Manuscript Title: The use of minimally invasive interspinous process devices for the treatment of lumbar canal stenosis: a narrative literature review

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	Chairperson of Diagnostic and Interventional Spine – European Society of Neuroradiology. European Radiology Scientific Editorial Board. Director of Minimal Invasive Spine Therpay department – Mediterranean Insitute for Oncology I.O.M, Catania – Italy.
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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Your Name: Joshua A Hirsch

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	Recipient of the Neiman health Policy Institute grant
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	Consultant for Medtronic and persica

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	
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Consultant for Medtronic and Persica.
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ICMJE DISCLOSURE FORM

Date: 04/08/2021

Your Name: Ronil V Chandra

Manuscript Title: The use of minimally invasive interspinous process devices for the treatment of lumbar canal stenosis: a narrative literature review

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Date: 04/08/2021

Your Name: Aaron J Buckland

Manuscript Title: The use of minimally invasive interspinous process devices for the treatment of lumbar canal stenosis: a narrative literature review

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