| Date:2021/09/21   |
|---|
| Your Name:Bilal TARABAY   |
| Manuscript Title: CT guided percutaneous vertebroplasty of C2 osteolytic lesion: A technical note |
| 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<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>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. | XNone  |   |
|   |   | Time frame: past   | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | XNone  |   |
| 3 | Royalties or licenses   | _XNone   |   |
| 4 | Consulting fees   | XNone  |   |

| 5   | Payment or honoraria for  | _XNone  |  |  |  |
|-----|---|---------|--|--|--|
|     | lectures, presentations,  |         |  |  |  |
|     | speakers bureaus,   |         |  |  |  |
|     | manuscript writing or educational events                              |         |  |  |  |
| 6   | Payment for expert  | X None  |  |  |  |
|     | testimony   |         |  |  |  |
|     | ,   |         |  |  |  |
| 7   | Support for attending meetings and/or travel                          | XNone   |  |  |  |
|     |   |         |  |  |  |
|     |   |         |  |  |  |
| 8   | Patents planned, issued or  | XNone   |  |  |  |
|     | pending   |         |  |  |  |
|     |   |         |  |  |  |
| 9   | Participation on a Data   | XNone   |  |  |  |
|     | Safety Monitoring Board or  |         |  |  |  |
| 10  | Advisory Board  Leadership or fiduciary role                          | X None  |  |  |  |
| 10  | in other board, society,  |         |  |  |  |
|     | committee or advocacy   |         |  |  |  |
|     | group, paid or unpaid   |         |  |  |  |
| 11  |   | XNone   |  |  |  |
|     |   |         |  |  |  |
|     |   |         |  |  |  |
| 12  | Receipt of equipment,   | XNone   |  |  |  |
|     | materials, drugs, medical   |         |  |  |  |
|     | writing, gifts or other services                                      |         |  |  |  |
| 13  | Other financial or non-   | XNone   |  |  |  |
|     | financial interests   |         |  |  |  |
|     |   |         |  |  |  |
|     |   |         |  |  |  |
| Ple | Please summarize the above conflict of interest in the following box: |         |  |  |  |
|     | Authors declare no conflict of in                                     | iterest |  |  |  |
|     |   |         |  |  |  |
|     |   |         |  |  |  |
|     |   |         |  |  |  |
|     |   |         |  |  |  |
|     |   |         |  |  |  |

| Date:2021/11/18   |
|---|
| Your Name:Veronique Freire  |
| Manuscript Title: CT guided percutaneous vertebroplasty of C2 osteolytic lesion: A technical note |
| Manuscript number (if known): JSS-21-97   |

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|---|---|---|---|
| 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. | XNone   |   |
|   |   | Time frame: past  | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | XNone   |   |
| 3 | Royalties or licenses   | _XNone  |   |
| 4 | Consulting fees   | XNone   |   |

| 5   | Payment or honoraria for lectures, presentations,                | _XNone  |  |  |
|---|--|---------|--|--|
|   | speakers bureaus,<br>manuscript writing or<br>educational events |         |  |  |
| 6   | Payment for expert   | XNone   |  |  |
|   | testimony  |         |  |  |
| _   | C  | Y. M.   |  |  |
| 7   | Support for attending meetings and/or travel                     | XNone   |  |  |
|   |  |         |  |  |
|   |  |         |  |  |
| 8   | Patents planned, issued or                                       | XNone   |  |  |
|   | pending  |         |  |  |
| -   | 5  | Y N     |  |  |
| 9   | Participation on a Data Safety Monitoring Board or               | XNone   |  |  |
|   | Advisory Board   |         |  |  |
| 10  | Leadership or fiduciary role in other board, society,            | _XNone  |  |  |
|   |  |         |  |  |
|   | committee or advocacy  |         |  |  |
| 11  | group, paid or unpaid  | V. None |  |  |
| 11  | Stock or stock options   | XNone   |  |  |
|   |  |         |  |  |
| 12  | Receipt of equipment,  | XNone   |  |  |
|   | materials, drugs, medical  |         |  |  |
|   | writing, gifts or other services                                 |         |  |  |
| 13  | Other financial or non-  | XNone   |  |  |
|   | financial interests  |         |  |  |
| Please summarize the above conflict of interest in the following box:  Author declare no conflict of interest |  |         |  |  |
|   | identify deciding the commet of the                              |         |  |  |

| Date:2021/11/18   |
|---|
| Your Name:Sung Joo Yuh  |
| Manuscript Title: CT guided percutaneous vertebroplasty of C2 osteolytic lesion: A technical note |
| Manuscript number (if known): JSS-21-97   |

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|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| 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. | XNone   |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | Time frame: pastXNone   | 36 months   |
| 3 | Royalties or licenses   | _XNone  |   |
| 4 | Consulting fees   | XNone   |   |

| 5   | Payment or honoraria for lectures, presentations,                | _XNone  |  |  |
|---|--|---------|--|--|
|   | speakers bureaus,<br>manuscript writing or<br>educational events |         |  |  |
| 6   | Payment for expert   | XNone   |  |  |
|   | testimony  |         |  |  |
| _   | C  | Y. M.   |  |  |
| 7   | Support for attending meetings and/or travel                     | XNone   |  |  |
|   |  |         |  |  |
|   |  |         |  |  |
| 8   | Patents planned, issued or                                       | XNone   |  |  |
|   | pending  |         |  |  |
| -   | 5  | Y N     |  |  |
| 9   | Participation on a Data Safety Monitoring Board or               | XNone   |  |  |
|   | Advisory Board   |         |  |  |
| 10  | Leadership or fiduciary role in other board, society,            | _XNone  |  |  |
|   |  |         |  |  |
|   | committee or advocacy  |         |  |  |
| 11  | group, paid or unpaid  | V. None |  |  |
| 11  | Stock or stock options   | XNone   |  |  |
|   |  |         |  |  |
| 12  | Receipt of equipment,  | XNone   |  |  |
|   | materials, drugs, medical  |         |  |  |
|   | writing, gifts or other services                                 |         |  |  |
| 13  | Other financial or non-  | XNone   |  |  |
|   | financial interests  |         |  |  |
| Please summarize the above conflict of interest in the following box:  Author declare no conflict of interest |  |         |  |  |
|   | identify deciding the commet of the                              |         |  |  |

| Date:2021/11/18   |
|---|
| Your Name:Antoine Gennari   |
| Manuscript Title: CT guided percutaneous vertebroplasty of C2 osteolytic lesion: A technical note |
| Manuscript number (if known): JSS-21-97   |

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|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
| 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. | XNone   |   |
|   |   | Time frame: past  | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | XNone   |   |
| 3 | Royalties or licenses   | _XNone  |   |
| 4 | Consulting fees   | XNone   |   |

| 5   | Payment or honoraria for lectures, presentations,                | _XNone  |  |  |
|---|--|---------|--|--|
|   | speakers bureaus,<br>manuscript writing or<br>educational events |         |  |  |
| 6   | Payment for expert   | XNone   |  |  |
|   | testimony  |         |  |  |
| _   | C  | Y. M.   |  |  |
| 7   | Support for attending meetings and/or travel                     | XNone   |  |  |
|   |  |         |  |  |
|   |  |         |  |  |
| 8   | Patents planned, issued or                                       | XNone   |  |  |
|   | pending  |         |  |  |
| -   | 5  | Y N     |  |  |
| 9   | Participation on a Data Safety Monitoring Board or               | XNone   |  |  |
|   | Advisory Board   |         |  |  |
| 10  | Leadership or fiduciary role in other board, society,            | _XNone  |  |  |
|   |  |         |  |  |
|   | committee or advocacy  |         |  |  |
| 11  | group, paid or unpaid  | V. None |  |  |
| 11  | Stock or stock options   | XNone   |  |  |
|   |  |         |  |  |
| 12  | Receipt of equipment,  | XNone   |  |  |
|   | materials, drugs, medical  |         |  |  |
|   | writing, gifts or other services                                 |         |  |  |
| 13  | Other financial or non-  | XNone   |  |  |
|   | financial interests  |         |  |  |
| Please summarize the above conflict of interest in the following box:  Author declare no conflict of interest |  |         |  |  |
|   | identify deciding the commet of the                              |         |  |  |

| Date:2021/11/18   |
|---|
| Your Name:Daniel Shedid   |
| Manuscript Title: CT guided percutaneous vertebroplasty of C2 osteolytic lesion: A technical note |
| Manuscript number (if known): JSS-21-97   |

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|---|---|---|---|
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | Time frame: pastXNone   | 36 months   |
| 3 | Royalties or licenses   | _XNone  |   |
| 4 | Consulting fees   | XNone   |   |

| 5   | Payment or honoraria for lectures, presentations,                | _XNone  |  |  |
|---|--|---------|--|--|
|   | speakers bureaus,<br>manuscript writing or<br>educational events |         |  |  |
| 6   | Payment for expert   | XNone   |  |  |
|   | testimony  |         |  |  |
| _   | C  | Y. M.   |  |  |
| 7   | Support for attending meetings and/or travel                     | XNone   |  |  |
|   |  |         |  |  |
|   |  |         |  |  |
| 8   | Patents planned, issued or                                       | XNone   |  |  |
|   | pending  |         |  |  |
| -   | 5  | Y N     |  |  |
| 9   | Participation on a Data Safety Monitoring Board or               | XNone   |  |  |
|   | Advisory Board   |         |  |  |
| 10  | Leadership or fiduciary role in other board, society,            | _XNone  |  |  |
|   |  |         |  |  |
|   | committee or advocacy  |         |  |  |
| 11  | group, paid or unpaid  | V. None |  |  |
| 11  | Stock or stock options   | XNone   |  |  |
|   |  |         |  |  |
| 12  | Receipt of equipment,  | XNone   |  |  |
|   | materials, drugs, medical  |         |  |  |
|   | writing, gifts or other services                                 |         |  |  |
| 13  | Other financial or non-  | XNone   |  |  |
|   | financial interests  |         |  |  |
| Please summarize the above conflict of interest in the following box:  Author declare no conflict of interest |  |         |  |  |
|   | identify deciding the commet of the                              |         |  |  |

| Date:2021/11/18   |
|---|
| Your Name:Ghassan Boubez  |
| Manuscript Title: CT guided percutaneous vertebroplasty of C2 osteolytic lesion: A technical note |
| Manuscript number (if known): JSS-21-97   |

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|---|---|---|---|
| 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. | XNone   |   |
|   |   | Time frame: past  | 36 months   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | XNone   |   |
| 3 | Royalties or licenses   | _XNone  |   |
| 4 | Consulting fees   | XNone   |   |

| 5   | Payment or honoraria for lectures, presentations,                | _XNone  |  |  |
|---|--|---------|--|--|
|   | speakers bureaus,<br>manuscript writing or<br>educational events |         |  |  |
| 6   | Payment for expert   | XNone   |  |  |
|   | testimony  |         |  |  |
| _   | C  | Y. M.   |  |  |
| 7   | Support for attending meetings and/or travel                     | XNone   |  |  |
|   |  |         |  |  |
|   |  |         |  |  |
| 8   | Patents planned, issued or                                       | XNone   |  |  |
|   | pending  |         |  |  |
| -   | 5  | Y N     |  |  |
| 9   | Participation on a Data Safety Monitoring Board or               | XNone   |  |  |
|   | Advisory Board   |         |  |  |
| 10  | Leadership or fiduciary role in other board, society,            | _XNone  |  |  |
|   |  |         |  |  |
|   | committee or advocacy  |         |  |  |
| 11  | group, paid or unpaid  | V. None |  |  |
| 11  | Stock or stock options   | XNone   |  |  |
|   |  |         |  |  |
| 12  | Receipt of equipment,  | XNone   |  |  |
|   | materials, drugs, medical  |         |  |  |
|   | writing, gifts or other services                                 |         |  |  |
| 13  | Other financial or non-  | XNone   |  |  |
|   | financial interests  |         |  |  |
| Please summarize the above conflict of interest in the following box:  Author declare no conflict of interest |  |         |  |  |
|   | identify deciding the commet of the                              |         |  |  |

| Date:2021/11/18   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Your Name:Zhi Wang  |  |  |  |  |  |  |  |
| Manuscript Title: CT guided percutaneous vertebroplasty of C2 osteolytic lesion: A technical note |  |  |  |  |  |  |  |
| Manuscript number (if known): JSS-21-97   |  |  |  |  |  |  |  |

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|---|---|---|---|
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | Time frame: pastXNone   | 36 months   |
| 3 | Royalties or licenses   | _XNone  |   |
| 4 | Consulting fees   | XNone   |   |

| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _XNone  |  |  |  |  |  |
|---|--|---------|--|--|--|--|--|
|   |  |         |  |  |  |  |  |
| 6   | Payment for expert   | XNone   |  |  |  |  |  |
|   | testimony  |         |  |  |  |  |  |
| _   | C 1 C 11 P   | Y. N.   |  |  |  |  |  |
| 7   | Support for attending meetings and/or travel   | XNone   |  |  |  |  |  |
|   |  |         |  |  |  |  |  |
|   |  |         |  |  |  |  |  |
| 8   | Patents planned, issued or pending   | XNone   |  |  |  |  |  |
|   |  |         |  |  |  |  |  |
| -   | 2 2  | Y. N    |  |  |  |  |  |
| 9   | Participation on a Data Safety Monitoring Board or Advisory Board  | XNone   |  |  |  |  |  |
|   |  |         |  |  |  |  |  |
| 10  | Leadership or fiduciary role in other board, society,  | _XNone  |  |  |  |  |  |
|   |  |         |  |  |  |  |  |
|   | committee or advocacy  |         |  |  |  |  |  |
| 11  | group, paid or unpaid  | V. None |  |  |  |  |  |
| 11  | Stock or stock options   | XNone   |  |  |  |  |  |
|   |  |         |  |  |  |  |  |
| 12  | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                    | XNone   |  |  |  |  |  |
|   |  |         |  |  |  |  |  |
|   |  |         |  |  |  |  |  |
| 13  | Other financial or non-<br>financial interests   | XNone   |  |  |  |  |  |
|   |  |         |  |  |  |  |  |
| Please summarize the above conflict of interest in the following box:  Author declare no conflict of interest |  |         |  |  |  |  |  |
|   |  |         |  |  |  |  |  |