

## ICMJE DISCLOSURE FORM

**Date:** 11/4/2021

**Your Name:** Dr. Enrico Giordan

**Manuscript Title:** **Treatment of thoracolumbar burst fractures: SpineJack vs. posterior arthrodesis. Comparison of clinical and radiological outcomes**

**Manuscript Number (if known):** Click or tap here to enter text.

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 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)						
<b>Time frame: Since the initial planning of the work</b>									
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<b>Time frame: past 36 months</b>									
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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: Jan. 30/01, 2022

Your Name: Dr. Jacopo Del Verme

Manuscript Title: Treatment of thoracolumbar burst fractures: SpineJack vs. posterior arthrodesis. Comparison of clinical and radiological outcomes

Manuscript number (if known): JSS-21-118-R2

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

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## ICMJE DISCLOSURE FORM

Date: Jan. 30/01, 2022

Your Name: Dr. Giulia Pastorello

Manuscript Title: Treatment of thoracolumbar burst fractures: SpineJack vs. posterior arthrodesis. Comparison of clinical and radiological outcomes

Manuscript number (if known): JSS-21-118-R2

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# ICMJE DISCLOSURE FORM

**Date:** 11/4/2021

**Your Name:** Dr. Paolo Gallinaro

**Manuscript Title:** **Treatment of thoracolumbar burst fractures: SpineJack vs. posterior arthrodesis. Comparison of clinical and radiological outcomes**

**Manuscript Number (if known):** Click or tap here to enter text.

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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## ICMJE DISCLOSURE FORM

Date: Jan. 30/01, 2022

Your Name: Dr. Roberto Zanata

Manuscript Title: Treatment of thoracolumbar burst fractures: SpineJack vs. posterior arthrodesis. Comparison of clinical and radiological outcomes

Manuscript number (if known): JSS-21-118-R2

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## ICMJE DISCLOSURE FORM

Date: Jan. 30/01, 2022

Your Name: Dr. Giuseppe Canova

Manuscript Title: Treatment of thoracolumbar burst fractures: SpineJack vs. posterior arthrodesis. Comparison of clinical and radiological outcomes

Manuscript number (if known): JSS-21-118-R2

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# ICMJE DISCLOSURE FORM

Date: Jan. 30/01, 2022

Your Name: Dr. Elisabetta Marton

Manuscript Title: Treatment of thoracolumbar burst fractures: SpineJack vs. posterior arthrodesis. Comparison of clinical and radiological outcomes

Manuscript number (if known): JSS-21-118-R2

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## ICMJE DISCLOSURE FORM

Date: Jan. 30/01, 2022

Your Name: Dr. Altin Stafa

Manuscript Title: Treatment of thoracolumbar burst fractures: SpineJack vs. posterior arthrodesis. Comparison of clinical and radiological outcomes

Manuscript number (if known): JSS-21-118-R2

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

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