Date: 03/21/2022

You	r Name: <u>Saavan Patel,</u>	MD				
Manuscript Title: Clinical and Radiographic Benefits of Skipping C7 Instrumentation in Posterior Cervicothoracic Fusion:						
A Re	trospective Review					
Man	uscript number (if known):					
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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)			
		Time frame: Since the initia	l 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 lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
-	6 16 11 11	Y N	
7	Support for attending meetings and/or travel	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
<b>.</b> .		office of the control of the	
Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	one.		

Date: 03/21/2022

Consulting fees

	Your Name: Morteza Sadeh, MD, Ph.D						
Manuscript Title: Clinical and Radiographic Benefits of Skipping C7 Instrumentation in Posterior Cervicothoracic Fusion:							
A Retrospective Review							
Mar	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 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							
med	dication, even if that medica	tion is not mentioned in th	e manuscript.				
	em #1 below, report all sup time frame for disclosure is		in this manuscript without time limit. For all other items,				
		Name all entities with	Specifications/Comments				
		whom you have this	(e.g., if payments were made to you or to your institution)				
		relationship or indicate none (add rows as needed)	institution				
		none (add rows as					
1	All support for the present	none (add rows as needed) Time frame: Since the initia					
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1	manuscript (e.g., funding,	none (add rows as needed) Time frame: Since the initia					
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1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	none (add rows as needed) Time frame: Since the initia					
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	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from	none (add rows as needed)  Time frame: Since the initia XNone  Time frame: past	planning of the work				
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated	none (add rows as needed)  Time frame: Since the initia XNone  Time frame: past	planning of the work				
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	none (add rows as needed)  Time frame: Since the initia XNone  Time frame: pastXNone	planning of the work				

None

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X_None	
	testimony		
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7	Support for attending meetings and/or travel	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
<b>.</b> .		office of the control of the	
Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	one.		

Date: 03/21/2022

		obin M.D, Ph.D		
Mar	nuscript Title: Clinical and Ra	adiographic Benefits of Ski	pping C7 Instrumentation in Posterior Cervicothoracic Fu	<u>ısion:</u>
A Re	etrospective Review			
Mar	nuscript number (if known):			
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initia	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	X_None		
4	Consulting fees	XNone		

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	X None	
,	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	X None	
O	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
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Plea	se summarize the above co	nflict of interest in the foll	owing pox:
N.	one.		
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Ma	anuscript Title:Clini	ical and Radiographic E	Senefits of Skipping C7 Instrumentation in Posterior					
<u>Ce</u>	ervicothoracic Fusion: A	Retrospective Review						
Ma	anuscript number (if kno	wn):						
	the interest of transpare at are	ncy, we ask you to disc	close all relationships/activities/interests listed below	w				
re	related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit chird							
-	rties whose interests ma mmitment	ay be affected by the co	intent of the manuscript. Disclosure represents a					
	transparency and does i lationship/activity/interes	_	a bias. If you are in doubt about whether to list a ou do so.					
<u>cu</u>	ne following questions ap orrent anuscript only.	pply to the author's rela	tionships/activities/interests as they relate to the					
to an In ot	rtains the epidemiology of hyp tihypertensive medicatio	ertension, you should don, even if that medications	uld be defined broadly. For example, if your manuson leclare all relationships with manufacturers of on is not mentioned in the manuscript.  Exported in this manuscript without time limit. For all s.					
		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)					
	Ti	me frame: Since the initia	l planning of the work					
l	Time frame: Since the initial planning of the work  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.							

Time frame: past 36 months

X None

Date: 03/21/2022

Nauman S. Chaudhry, MD

Your Name: \_

2

Grants or contracts from

any entity (if not indicated

	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V 11	
6	Payment for expert	XNone	
	testimony		
7	Owner and favorable and in a	V. Name	
7	Support for attending meetings and/or travel	XNone	
	<b>G</b>		
8	Patents planned, issued	XNone	
	or pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	XNone	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	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:

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.

Date	e: <u>03/21/2022</u>		
Your	Name: <u>Cristian Gragn</u>	aniello, MD, Ph.D	
Man	uscript Title: Clinical and Ra	adiographic Benefits of Ski	ipping C7 Instrumentation in Posterior Cervicothoracic Fusion:
	trospective Review		
Man	uscript number (if known):		_
relate partito transcription transcription. The state of the med	ted to the content of your name ies whose interests may be ansparency and does not not ionship/activity/interest, it following questions apply touscript only.  author's relationships/activite epidemiology of hyperterication, even if that medical	nanuscript. "Related" mea affected by the content of ecessarily indicate a bias. is preferable that you do the author's relationship rities/interests should be go nsion, you should declare a tion is not mentioned in the	os/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		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)
		Time frame: Since the initia	al 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: pas	t 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	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
0	Participation on a Data	V None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
11	Stock of Stock options	^NOTIE	
12	Possint of agricument	V None	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the follo	owing box:
N	lone.		
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Date	e: <u>03/21/2022</u>			
Your	Name: Sergey Neckry	rsh, MD		
Man	uscript Title: Clinical and Ra	adiographic Benefits of Ski	pping C7 Instrumentation in Posterior Cervicothoracic F	<u>usion:</u>
	trospective Review			
Man	uscript number (if known):			
relat parti to tra relat The f	ted to the content of your name ies whose interests may be ansparency and does not not ionship/activity/interest, it following questions apply touscript only.	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. is preferable that you do the author's relationship	s/activities/interests as they relate to the <u>current</u>	
to th med In ite	e epidemiology of hyperter ication, even if that medica	nsion, you should declare a tion is not mentioned in the port for the work reported	efined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive me manuscript.  in this manuscript without time limit. For all other iter	<b>!</b>
		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)	
		Time frame: Since the initia	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	X_None		
4	Consulting fees	XNone		

5	Payment or honoraria for lectures, presentations,	XNone					
	speakers bureaus,						
	manuscript writing or						
_	educational events						
6	Payment for expert testimony	XNone					
7	Support for attending	X None					
,	Support for attending meetings and/or travel	None					
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8	Patents planned, issued or	X None					
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9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone					
10	Leadership or fiduciary role	X None					
10	in other board, society,						
	committee or advocacy						
	group, paid or unpaid						
11	Stock or stock options	XNone					
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X_None					
	services						
13	Other financial or non- financial interests	XNone					
Please summarize the above conflict of interest in the following box:							
None.							
"	NOTE:						