

## ICMJE DISCLOSURE FORM

Date: 23<sup>rd</sup> of January 2022

Your Name: Dominik Adl Amini

Manuscript Title: Fusion Assessment in Standalone Lateral Lumbar Interbody Fusion: 3D-printed Titanium versus Polyetheretherketone (PEEK) cages

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 current manuscript only.

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> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | _X_ None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 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   |   |
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|    |  |                                   |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> _X_ None |  |
| 6  | Payment for expert testimony   | <input type="checkbox"/> _X_ None |  |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> _X_ None |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> _X_ None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> _X_ None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> _X_ None |  |
| 11 | Stock or stock options   | <input type="checkbox"/> _X_ None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> _X_ None |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> _X_ 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.

## ICMJE DISCLOSURE FORM

Date: 23<sup>rd</sup> of January 2022

Your Name: Manuel Moser

Manuscript Title: Fusion Assessment in Standalone Lateral Lumbar Interbody Fusion: 3D-printed Titanium versus Polyetheretherketone (PEEK) cages

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 current manuscript only.

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.

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|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | _X_None  |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated)   | _X_None  |   |
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|    | in item #1 above).   |                                   |  |
| 3  | Royalties or licenses  | <input type="checkbox"/> _X_ None |  |
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|    |  |                                   |  |
| 4  | Consulting fees  | <input type="checkbox"/> _X_ None |  |
|    |  |                                   |  |
|    |  |                                   |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> _X_ None |  |
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|    |  |                                   |  |
| 6  | Payment for expert testimony   | <input type="checkbox"/> _X_ None |  |
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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> _X_ None |  |
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| 8  | Patents planned, issued or pending   | <input type="checkbox"/> _X_ None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> _X_ None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> _X_ None |  |
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| 11 | Stock or stock options   | <input type="checkbox"/> _X_ None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> _X_ None |  |
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|    |  |                                   |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> _X_ None |  |
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**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.**

## ICMJE DISCLOSURE FORM

Date: 23<sup>rd</sup> of January 2022

Your Name: Lisa Oezel

Manuscript Title: Fusion Assessment in Standalone Lateral Lumbar Interbody Fusion: 3D-printed Titanium versus Polyetheretherketone (PEEK) cages

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 current manuscript only.

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> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | _X_None  |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated)   | _X_None  |   |
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|    | in item #1 above).   |                                   |  |
| 3  | Royalties or licenses  | <input type="checkbox"/> _X_ None |  |
| 4  | Consulting fees  | <input type="checkbox"/> _X_ None |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> _X_ None |  |
| 6  | Payment for expert testimony   | <input type="checkbox"/> _X_ None |  |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> _X_ None |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> _X_ None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> _X_ None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> _X_ None |  |
| 11 | Stock or stock options   | <input type="checkbox"/> _X_ None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> _X_ None |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> _X_ 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.**

## ICMJE DISCLOSURE FORM

**Date:** 23<sup>rd</sup> of January 2022

**Your Name:** Jennifer Shue

**Manuscript Title:** Fusion Assessment in Standalone Lateral Lumbar Interbody Fusion: 3D-printed Titanium versus Polyetheretherketone (PEEK) cages

**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 current manuscript only.

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> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | _X_ None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated)   | _X_ None   |   |
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|    | in item #1 above).   |                                   |  |
| 3  | Royalties or licenses  | <input type="checkbox"/> _X_ None |  |
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| 4  | Consulting fees  | <input type="checkbox"/> _X_ None |  |
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|    |  |                                   |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> _X_ None |  |
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|    |  |                                   |  |
| 6  | Payment for expert testimony   | <input type="checkbox"/> _X_ None |  |
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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> _X_ None |  |
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| 8  | Patents planned, issued or pending   | <input type="checkbox"/> _X_ None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> _X_ None |  |
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|    |  |                                   |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> _X_ None |  |
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|    |  |                                   |  |
| 11 | Stock or stock options   | <input type="checkbox"/> _X_ None |  |
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|    |  |                                   |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> _X_ None |  |
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|    |  |                                   |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> _X_ None |  |
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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: 23<sup>rd</sup> of January 2022

Your Name: Matthias Pumberger

Manuscript Title: Fusion Assessment in Standalone Lateral Lumbar Interbody Fusion: 3D-printed Titanium versus Polyetheretherketone (PEEK) cages

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.

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|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | _X_None  |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated)   | _X_None  |   |
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|    | in item #1 above).   |                                   |  |
| 3  | Royalties or licenses  | <input type="checkbox"/> _X_ None |  |
| 4  | Consulting fees  | <input type="checkbox"/> _X_ None |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> _X_ None |  |
| 6  | Payment for expert testimony   | <input type="checkbox"/> _X_ None |  |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> _X_ None |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> _X_ None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> _X_ None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> _X_ None |  |
| 11 | Stock or stock options   | <input type="checkbox"/> _X_ None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> _X_ None |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> _X_ 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.**

## ICMJE DISCLOSURE FORM

Date: 23<sup>rd</sup> of January 2022

Your Name: Andrew A. Sama

Manuscript Title: Fusion Assessment in Standalone Lateral Lumbar Interbody Fusion: 3D-printed Titanium versus Polyetheretherketone (PEEK) cages

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.

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|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | _X_None  |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated)   | _X_None  |   |
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|----|--|---------------------------------------|---------------------------|
|    | in item #1 above).   |                                       |                           |
| 3  | Royalties or licenses  | Ortho Development Corp                | Personal Fees             |
|    |  |                                       |                           |
| 4  | Consulting fees  | Clariance, Inc                        | Personal Fees             |
|    |  | Kuros Bioscience AG                   | Personal Fees             |
|    |  | Medical Device Business Service, Inc  | Personal Fees             |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | DePuy Synthes Products, Inc           | Personal Fees             |
|    |  |                                       |                           |
| 6  | Payment for expert testimony   | <u>  </u> X <u>  </u> None            |                           |
|    |  |                                       |                           |
| 7  | Support for attending meetings and/or travel   | Medical Device Business Service, Inc  | Personal Fees             |
|    |  |                                       |                           |
| 8  | Patents planned, issued or pending   | <u>  </u> X <u>  </u> None            |                           |
|    |  |                                       |                           |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | Kuros Biosciences AG                  | Scientific Advisory Board |
|    |  | Clariance, Inc.                       | Scientific Advisory Board |
|    |  |                                       |                           |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <u>  </u> X <u>  </u> None            |                           |
|    |  |                                       |                           |
| 11 | Stock or stock options   | Vestia Ventures                       | Personal Investments      |
|    |  | VBros Venture Partners                | Personal Investments      |
|    |  | X                                     |                           |
|    |  | MiRus Investment LLC                  | Personal Investments      |
|    |  | Centinel Spine                        | Personal Investments      |
|    |  | ISPH 3 LLC                            | Personal Investments      |
|    |  | ISPH II LLC                           | Personal Investments      |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <u>  </u> X <u>  </u> None            |                           |
|    |  |                                       |                           |
| 13 | Other financial or non-financial interests   | Research Support Spinal Kinetics, Inc | Paid to Institution       |
|    |  |                                       |                           |
|    |  |                                       |                           |

**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.

## ICMJE DISCLOSURE FORM

Date: 23<sup>rd</sup> of January 2022

Your Name: Frank P. Cammisa

Manuscript Title: Fusion Assessment in Standalone Lateral Lumbar Interbody Fusion: 3D-printed Titanium versus Polyetheretherketone (PEEK) cages

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.

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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | __X__ None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated)   | __X__ None   |   |
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|    | in item #1 above).   |  |                     |
| 3  | Royalties or licenses  | <input checked="" type="checkbox"/> None |                     |
|    |  |  |                     |
|    |  |  |                     |
| 4  | Consulting fees  | 4Web Medical/4Web, Inc                   | Money Paid to Me    |
|    |  | NuVasive, Inc.                           | Money Paid to Me    |
|    |  | Spine Biopharma, LLC                     | Money Paid to Me    |
|    |  |  |                     |
| 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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|    |  |  |                     |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |                     |
|    |  |  |                     |
|    |  |  |                     |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None |                     |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | Healthpoint Capital Partners, LP         | Money Paid to Me    |
|    |  | Orthobond Corporation                    | Money Paid to Me    |
|    |  | Spine Biopharma, LLC                     | Money Paid to Me    |
|    |  | Woven Orthopedic Technologies            | Money Paid to Me    |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |                     |
|    |  |  |                     |
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| 11 | Stock or stock options   | Bonovo Orthopedics, Inc.                 | Private Investments |
|    |  | Healthpoint Capital Partners, LP         | Private Investments |
|    |  | Ivy Healthcare Capital Partners, LLC     | Private Investments |
|    |  | Medical Device Partners II, LLC          | Private Investments |
|    |  | Medical Device Partners III, LLC         | Private Investments |
|    |  | ISPH II, LLC                             | Private Investments |
|    |  | Orthobond Corporation                    | Private Investments |
|    |  | ISPH 3 Holdings, LLC                     | Private Investments |
|    |  | Spine Biopharma, LLC                     | Private Investments |
|    |  | Tissue Differentiation Intelligence, LLC | Private Investments |

|    |  |  |                     |
|----|--|--|---------------------|
|    |  | VBVP VI, LLC                                     | Private Investments |
|    |  | Woven Orthopedic Technologies                    | Private Investments |
| 12 | Personal Fees                              | <input checked="" type="checkbox"/> None         |                     |
|    |  |  |                     |
| 13 | Other financial or non-financial interests | Research Support<br>4Web Medical/4Web Inc.       | Paid to Institution |
|    |  | Research Support<br>Camber Spine                 | Paid to Institution |
|    |  | Research Support<br>Centinel Spine               | Paid to Institution |
|    |  | Research Support<br>Mallinckrodt Pharmaceuticals | Paid to Institution |

**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.**



## ICMJE DISCLOSURE FORM

Date: 23<sup>rd</sup> of January 2022

Your Name: Frank P Girardi

Manuscript Title: Fusion Assessment in Standalone Lateral Lumbar Interbody Fusion: 3D-printed Titanium versus Polyetheretherketone (PEEK) cages

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 current manuscript only.

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> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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|   |  |  |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |

|    |  |  |                             |
|----|--|--|-----------------------------|
| 3  | Royalties or licenses  | NuVasive, Inc                            | Money paid to me 697.12     |
|    |  | Ortho Development Corp                   | Money paid to me 37,145.00  |
|    |  | Zimmer Biomet Holdings, Inc              | Money paid to me 8,665.97   |
|    |  |  |                             |
| 4  | Consulting fees  | DePuy Synthes Spine                      | Money paid to me 8,750.00   |
|    |  | NuVasive, Inc                            | Money paid to me 250.00     |
|    |  | EIT Emerging Implant Technologies        | Money paid to me 0.00       |
|    |  | Spineart USA, Inc                        | Money paid to me 0.00       |
|    |  | Ethicon, Inc                             | Money paid to me 0.00       |
| 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 type="checkbox"/> None            |                             |
|    |  |  |                             |
|    |  |  |                             |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |                             |
|    |  |  |                             |
|    |  |  |                             |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None            |                             |
|    |  |  |                             |
|    |  |  |                             |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None            |                             |
|    |  |  |                             |
|    |  |  |                             |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> None            |                             |
|    |  |  |                             |
|    |  |  |                             |
| 11 | Stock or stock options   | Bonovo Orthopecis Inc                    | Money paid to me 50,000.00  |
|    |  | Liventa Bioscience (AF Cell Medical)     | Money paid to me 112,500.00 |
|    |  | Paradigm Spine, LLC                      | Money paid to me 176,485.00 |
|    |  | Healthpoint Capital Partners, LP         | Money paid to me 10,554.00  |
|    |  | Alphatec Holdings, LLC                   | Money paid to me 1,627.00   |
|    |  | LANX, Inc                                | Money paid to me 13,447.00  |
|    |  | Centinel Spine, Inc                      | Money paid to me 33,335.00  |
|    |  | Tissue Differentiation Intelligence      | Money paid to me 39,955.00  |
|    |  | Spinal Kinetics, Inc                     | Money paid to me 0.00       |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> None            |                             |
|    |  |  |                             |
|    |  |  |                             |

|    |  |                  |  |
|----|--|------------------|--|
| 13 | Other financial or non-financial interests | <u>    </u> 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.

## ICMJE DISCLOSURE FORM

Date: 23<sup>rd</sup> of January 2022

Your Name: Alexander P. Hughes

Manuscript Title: Fusion Assessment in Standalone Lateral Lumbar Interbody Fusion: 3D-printed Titanium versus Polyetheretherketone (PEEK) cages

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.

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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> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
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|   |  |  |   |
|   |  |  |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated)   | <input type="checkbox"/> None  |   |
|   |  |  |   |

|    |  |   |                     |
|----|--|---|---------------------|
|    | in item #1 above).   |   |                     |
| 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"/> 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   | Research Support<br>4Web Medical            | Paid to institution |
|    |  | Fellowship Support<br>NuVasive, Inc.        | Paid to institution |
|    |  | Research Support<br>Pfizer, Inc.            | Paid to institution |
|    |  | Research Support<br>Kuros Biosciences A.G.  | Paid to institution |
|    |  | Fellowship Support<br>Kuros Bioscience B:V: | Paid to institution |

**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.