

ICMJE DISCLOSURE FORM

Date: 11/12/22

Your Name: Hani Chanbour

Manuscript Title: The importance of Hounsfield Units in adult spinal deformity surgery: finding an optimal threshold to minimize the risk of mechanical complications

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.

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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.

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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.	<u> x </u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> x </u> None	
3	Royalties or licenses	<u> x </u> None	
4	Consulting fees	<u> x </u> 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.

ICMJE DISCLOSURE FORM

Date: 11/12/22

Your Name: Anthony Steinle

Manuscript Title: The importance of Hounsfield Units in adult spinal deformity surgery: finding an optimal threshold to minimize the risk of mechanical complications

Manuscript number (if known): _____

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

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ICMJE DISCLOSURE FORM

Date: 11/12/22

Your Name: Jeffrey Chen

Manuscript Title: The importance of Hounsfield Units in adult spinal deformity surgery: finding an optimal threshold to minimize the risk of mechanical complications

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 11/12/22

Your Name: William Hunter Waddel

Manuscript Title: The importance of Hounsfield Units in adult spinal deformity surgery: finding an optimal threshold to minimize the risk of mechanical complications

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 11/12/22

Your Name: Justin Vickery

Manuscript Title: The importance of Hounsfield Units in adult spinal deformity surgery: finding an optimal threshold to minimize the risk of mechanical complications

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 11/12/22

Your Name: Matthew E. LaBarge

Manuscript Title: The importance of Hounsfield Units in adult spinal deformity surgery: finding an optimal threshold to minimize the risk of mechanical complications

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 11/12/22

Your Name: Michael Longo

Manuscript Title: The importance of Hounsfield Units in adult spinal deformity surgery: finding an optimal threshold to minimize the risk of mechanical complications

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 11/12/22

Your Name: Raymond Gardocki

Manuscript Title: The importance of Hounsfield Units in adult spinal deformity surgery: finding an optimal threshold to minimize the risk of mechanical complications

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 11/12/22

Your Name: Amir abtahi

Manuscript Title: The importance of Hounsfield Units in adult spinal deformity surgery: finding an optimal threshold to minimize the risk of mechanical complications

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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 type="checkbox"/>	
		Stryker Spine	Institutional research support

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

Amir Abtahi reports receiving institutional research support from Stryker Spine.

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: 11/12/22
 Your Name: Byron F Stephens
 Manuscript Title: The importance of Hounsfield Units in adult spinal deformity surgery: finding an optimal threshold to minimize the risk of mechanical complications
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		Stryker Spine and Nuvasive	Institution research support

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

Byron F Stephens reports receiving consulting fee from Nuvasive & Carbofix and Institution research support from Stryker Spine and Nuvasive.

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: 11/12/22

Your Name: Scott L. Zuckerman

Manuscript Title: The importance of Hounsfield Units in adult spinal deformity surgery: finding an optimal threshold to minimize the risk of mechanical complications

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

		National Football League	Unaffiliated Consultant
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:

Dr. Zuckerman reports being an unaffiliated neurotrauma consultant for the National Football League.

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.