Date:5/31/2	023
Your Name:	Stephen M Bergin
Manuscript Title:	Surgical Technique of Combined Minimally Invasive Anterior Column Realignment at L1-L2
with Open Extens	sion of Prior Fusion
Manuscript numb	per (if known): <u>ISS-23-45</u>

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>.

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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	XNone	
	ectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X None	
9	Safety Monitoring Board or	XNotie	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests	XNotie	
	Tillaticial interests		
Plea	ase summarize the above co	nflict of interest in the follo	wing box:
N.	lo conflicts of interest		
'	to connects of interest		

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

Date:5/31/2023_		
Your Name: Khoi [O Than	
Manuscript Title:	Surgical Technique of Combined Minimally Invasive Anterior Column Realignment at L1-L2 with	th
Open Extension of Pric	or Fusion	
Manuscript number (if	known): <u>JSS-23-45</u>	

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2	Grants or contracts from any	Time frame: past X None	36 months
2	entity (if not indicated in item #1 above).		
3	Royalties or licenses	_X_None	
4	Consulting fees	Nuvasive	Consultant fees to Dr Than
		Depuy-Synthes Accelus	Consultant fees to Dr Than Consultant fees to Dr Than
		Bioventus	Consultant fees to Dr Than
		Cerapedics	Consultant fees to Dr Than

5	Payment or honoraria for	SI-Bone	Honoraria to Dr Than
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	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		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	Niversity	Stockholder
11	Stock or stock options	Nuvasive Prioprio	Stockholder
		Prioprio	Stockholder
12	Receipt of equipment,	X None	
12	materials, drugs, medical	_XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Dlaa	se summarize the above cor	oflict of interest in the follow	wing hov

KDT reports consultant fees from DePuy Synthes, NuVasive, Accelus, Bioventus, and Cerapedics, as well as honoraria from SI-Bone, and is stockholder of NuVasive and Prioprio, outside the submitted work.

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

Date:5/31/2023_	
Your Name:Christ	opher I Shaffrey
Manuscript Title:	Surgical Technique of Combined Minimally Invasive Anterior Column Realignment at L1-L2
with Open Extension	of Prior Fusion
Manuscript number (i	f known): <u>ISS-23-45</u>

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	medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	X_None	
	in item #1 above).		
3	Royalties or licenses	Nuvasive	Royalties to Dr Shaffrey
		Medtronic	Royalties to Dr Shaffrey
		SI Bone	Royalties to Dr Shaffrey
4	Consulting fees	Nuvasive	Consultant fees to Dr Shaffrey
		Medtronic	Consultant fees to Dr Shaffrey
		SI Bone	Consultant fees to Dr Shaffrey
		Prioprio	Consultant fees to Dr Shaffrey

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 meetings and/or travel	_XNone	
	5 ,		
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	Nuvasive	Stockholder
		Prioprio	Stockholder
_			
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services Other financial or non-	V None	
13	financial interests	XNone	
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CS reports consulting fees from NuVasive, Medtronic, SI Bone, and Proprio; royalties from NuVasive, Medtronic and SI Bone; and is stockholder of NuVasive and Prioprio; outside the submitted work.

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

Date:5/31/20	23
Your Name:	Muhammad Abd-El-Barr MD, PhD
Manuscript Title:	Surgical Technique of Combined Minimally Invasive Anterior Column Realignment at L1-L2
with Open Extensi	on of Prior Fusion
Manuscript numbe	r (if known): ISS-23-45

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

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

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

Date:5/31/2023 _.		
Your Name:	HOjin Lee	
Manuscript Title:	Surgical Techniqu	ue of Combined Minimally Invasive Anterior Column Realignment at L1-L2
with Open Extension of Prior Fusion		
Manuscript number (if known): <u>ISS-23-45</u>		

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	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations,	X_None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
_	C	V N	
7	Support for attending meetings and/or travel	X_None	
8	Patents planned, issued or	XNone	
	pending		
_	Deuticination on a Data	V No.	
9	Participation on a Data Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Descipt of a suings out	V. Nene	
12	Receipt of equipment, materials, drugs, medical	_XNone	_
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Dlas		udlist of interest in the fol	laudea hau
Piea	ise summarize the above co	inflict of interest in the fol	lowing box:
1	do not have a COI spec	sifically related to the a	hove thesis
'	do not have a COI spec	ancany related to the a	טטעם נוופטוט.

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

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

Date:	5/31/2023_				
Your Na	Your Name: Christopher F. Dibble, MD, PhD				
Manus	cript Title:	Surgical Technique of Combined Minimally Invasive Anterior Column Realignment at L1-L2			
with Open Extension of Prior Fusion					
Manuscript number (if known): <u>ISS-23-45</u>					
	•				

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

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

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

Ch-D; M