

ICMJE DISCLOSURE FORM

Date: 5/31/2023

Your Name: Stephen M Bergin

Manuscript Title: Surgical Technique of Combined Minimally Invasive Anterior Column Realignment at L1-L2 with Open Extension of Prior Fusion

Manuscript number (if known): ISS-23-45

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)
Time frame: Since the initial 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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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	<input checked="" type="checkbox"/> None	

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

No conflicts of interest

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: 5/31/2023

Your Name: Khoi D Than

Manuscript Title: Surgical Technique of Combined Minimally Invasive Anterior Column Realignment at L1-L2 with Open Extension of Prior Fusion

Manuscript number (if known): JSS-23-45

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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	Nuvasive	Consultant fees to Dr Than
		Depuy-Synthes	Consultant fees to Dr Than
		Accelus	Consultant fees to Dr Than
		Bioventus	Consultant fees to Dr Than
		Cerapedics	Consultant fees to Dr Than

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	SI-Bone	Honoraria to Dr Than
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	Nuvasive	Stockholder
		Prioprio	Stockholder
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:

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.

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: 5/31/2023

Your Name: Christopher I Shaffrey

Manuscript Title: Surgical Technique of Combined Minimally Invasive Anterior Column Realignment at L1-L2 with Open Extension of Prior Fusion

Manuscript number (if known): ISS-23-45

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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	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
		Priopro	Consultant fees to Dr Shaffrey

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	
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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	Nuvasive	Stockholder
		Prioprio	Stockholder
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:

CS reports consulting fees from NuVasive, Medtronic, SI Bone, and Prioprio; royalties from NuVasive, Medtronic and SI Bone; and is stockholder of NuVasive and Prioprio; outside the submitted work.

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: 5/31/2023

Your Name: Muhammad Abd-El-Barr MD, PhD

Manuscript Title: Surgical Technique of Combined Minimally Invasive Anterior Column Realignment at L1-L2 with Open Extension of Prior Fusion

Manuscript number (if known): ISS-23-45

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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ 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 advocacy 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	

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.

ICMJE DISCLOSURE FORM

Date: 5/31/2023

Your Name: HOjin Lee

Manuscript Title: Surgical Technique of Combined Minimally Invasive Anterior Column Realignment at L1-L2 with Open Extension of Prior Fusion

Manuscript number (if known): ISS-23-45

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3	Royalties or licenses	X <input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> X <input type="checkbox"/> 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	X <input type="checkbox"/> None	
8	Patents planned, issued or pending	X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X <input type="checkbox"/> 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 <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	X <input type="checkbox"/> None	

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

I do not have a COI specifically related to the above thesis.

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.

ICMJJE DISCLOSURE FORM

Date: 5/31/2023

Your Name: Christopher F. Dibble, MD, PhD

Manuscript Title: Surgical Technique of Combined Minimally Invasive Anterior Column Realignment at L1-L2 with Open Extension of Prior Fusion

Manuscript number (if known): JSS-23-45

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Ch. A. J. K.