

## ICMJE DISCLOSURE FORM

**Date:** 2023-29-04

**Your Name:** Frank Ellinger

**Manuscript Title:** Magnetically controlled growing rod treatment for early-onset scoliosis: analysis of 52 consecutive cases demonstrates improvement of coronal deformity

**Manuscript number (if known):** JSS-22-70-R2

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.) <b>No time limit for this item.</b>	___ None	
		Region Östergötland (clinical research appointment)	
<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	

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:**

FE reports that he was employed by Region Östergötland for clinical medical internship. As part of the employment (internship), 6 months were allocated for research work and 18 months for clinical work. Total duration of the employment was 24 months. The support from Region Östergötland consisted of regular monthly salaries during the employment. No additional support or funding was received.  
Frank Ellinger is now employed by Region Östergötland for clinical medical residency.

**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: 2023-28-04

Your Name: Hans Tropp

Manuscript Title: Magnetically controlled growing rod treatment for early-onset scoliosis: analysis of 52 consecutive cases demonstrates improvement of coronal deformity

Manuscript number (if known): JSS-22-70-R2

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: 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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NO conflict of interest!

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

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## ICMJE DISCLOSURE FORM

Date: 2023-18-04

Your Name: Paul Gerdhem

**Manuscript Title:** Magnetically controlled growing rod treatment for early-onset scoliosis: analysis of 52 consecutive cases demonstrates improvement of coronal deformity

**Manuscript number (if known):** JSS-22-70-R2

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<b>Time frame: past 36 months</b>			
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## ICMJE DISCLOSURE FORM

Date: 2023-18-04

Your Name: Hanna Björnsson Hallgren

Manuscript Title: Magnetically controlled growing rod treatment for early-onset scoliosis: analysis of 52 consecutive cases demonstrates improvement of coronal deformity

Manuscript number (if known): JSS-22-70-R2

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

No conflict of interest in summary!

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

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## ICMJE DISCLOSURE FORM

Date: 2023-18-04

Your Name: Katrin Ivars

**Manuscript Title:** Magnetically controlled growing rod treatment for early-onset scoliosis: analysis of 52 consecutive cases demonstrates improvement of coronal deformity

**Manuscript number (if known):** JSS-22-70-R2

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None

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