

#### **Instructions**

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**Royalties:** Funds are coming in to you or your institution due to your patent

Fritz 1



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Julie	2. Surname (Last Name) Fritz	3. Date 30-January-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Anthony Delitto
5. Manuscript Title Surgery versus Nonsurgical Treatment f Year Follow-up	or Lumbar Spinal Stenosis	: A Comparative Effectiveness Randomized Trial with 2-
6. Manuscript Identifying Number (if you kn	ow it)	
		-
Section 2. The Work Under Co	onsideration for Public	ation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
Section 4. Intellectual Proper	ty Patents & Copyrig	ihts
Do you have any patents, whether plans		

Fritz 2



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Section 5.	elationships not covered above
	tionships or activities that readers could perceive to have influenced, or that give the appearance of ng, what you wrote in the submitted work?
Yes, the followin	g relationships/conditions/circumstances are present (explain below):
✓ No other relation	nships/conditions/circumstances that present a potential conflict of interest
	script acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements ls may ask authors to disclose further information about reported relationships.
Section 6. Di	isclosure Statement
Based on the above below.	disclosures, this form will automatically generate a disclosure statement, which will appear in the box

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Piva 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Sara	2. Surname (Last Name) Piva		3. Date 02-February-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	r's Name
5. Manuscript Title Surgery versus Nonsurgical Treatment f Year Follow-up	·	s: A Comparative Effec	tiveness Randomized Trial with 2-
6. Manuscript Identifying Number (if you kr M14-1420	now it)	_	
Continu 2			
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere If yes, please fill out the appropriate info	g but not limited to grants, da	ta monitoring board, stu	udy design, manuscript preparation,
Excess rows can be removed by pressing	•	re more than one enti-	button to add a row.
Name of Institution/Company	Grant	n-Financial Other?	Comments
National Institute of Health -(AR-NS45622)	<b>√</b>		
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	ibed in the instructions. Us port relationships that wer est? Yes 📝 No	se one line for each en re <b>present during the</b>	tity; add as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyric	ghts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? Yes 🗸 No

Piva 2



Section 5. Relationships not covered above
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Dr. Piva reports grants from National Institute of Health -(AR-NS45622), during the conduct of the study; .

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Moore 1



Section 1. Identifying Inform	nation				
Given Name (First Name) Charity	2. Surname (Last Name) Moore		3. Date 02-February-2015		
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Nar	me		
<ul> <li>5. Manuscript Title</li> <li>Surgery versus Nonsurgical Treatment of follow up</li> <li>6. Manuscript Identifying Number (if you kn)</li> <li>M14-1420</li> </ul>	•	: A comparative effectivene	ess randomized trial with 2-year		
Section 2. The Work Under Co	onsideration for Public	cation			
Did you or your institution <b>at any time</b> receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  Are there any relevant conflicts of interest?  Yes  Volume					
Section 3. Relevant financial	activities outside the s	submitted work.			
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of interes	ibed in the instructions. Us port relationships that wer	se one line for each entity; a	dd as many lines as you need by		
Section 4. Intellectual Proper	rty Patents & Copyrig	ghts			
Do you have any patents, whether plan	, , , , , , , , , , , , , , , , , , , ,		☐ Yes   ✓ No		

Moore 2



Section 5. Roles	ionahina not asyonal abova
Relat	ionships not covered above
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Yes, the following rel	ationships/conditions/circumstances are present (explain below):
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	ot acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements ay ask authors to disclose further information about reported relationships.
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Based on the above disc below.	osures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Moore has nothing t	o disclose.

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Josbeno 1



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1. Given Name (Fi Deborah	rst Name)	2. Surname (Last Nai Josbeno	me)	3. Da 02-Fe	ite ebruary-2015
4. Are you the cor	responding author?	Yes 🗸 No	Correspon Anthony	ding Author's Name Delitto	
5. Manuscript Title "Surgery versus Year Follow-up"		for Lumbar Spinal S	tenosis: A Compa	ırative Effectiveness R	andomized Trial with 2-
6. Manuscript Ider M14-1420	ntifying Number (if you kn	now it)			
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Section 2.	The Work Under Co	onsideration for P	ublication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to granest? Yes ormation below. If yo	nts, data monitorin No	g board, study design, n	cial, private foundation, etc.) for nanuscript preparation,  "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Commen	ts
National Institute of I	Health (AR-NS45622)	<b>✓</b>			
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Section 3.	Relevant financial	activities outside	the submitted	work.	
of compensation clicking the "Add Are there any rel	) with entities as descri	bed in the instructio port relationships tha	ns. Use one line f It were <b>present c</b>	or each entity; add as	hips (regardless of amount many lines as you need by s prior to publication.
Section 4.	Intellectual Proper	ty Patents & Co	pyrights		
Do you have any	patents, whether plan	ned, pending or issu	ed, broadly releva	ant to the work?	Yes ✓ No

Josbeno 2



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Delitto 1



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4. Are you the corresponding author?	✓ Yes No				
5. Manuscript Title Surgery versus Nonsurgical Treatment f 20Year Follow-up	or Lumbar Spinal Sten	osis: A Compara	ative Effectiv	veness Randomized Trial with	
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If yes, please fill out the appropriate info	ormation below. If you	have more than	n one entity	press the "ADD" button to add a rov	ν.
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments	
NIH/NIAMS	<b>✓</b>		AF	R-NS45622	
Section 3. Relevant financial	a stivitios autoida t		work		
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Are there any relevant conflicts of intere	est? Yes ✓ N	0			
Section 4. Intellectual Proper	ty Patents & Cop	yrights			
Do you have any patents, whether plant	ned, pending or issued	l, broadly releva	ant to the wo	ork? ☐ Yes   ✓ No	

Delitto 2



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Other: Anything not covered under the previous three boxes

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**Royalties:** Funds are coming in to you or your institution due to your patent

Wisniewski 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Stephen	rst Name)	2. Surname (Last Name) Wisniewski	3. Date 02-February-2015
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Anthony Delitto
5. Manuscript Title Surgery versus N Year Follow-up		for Lumbar Spinal Stenosis	: A Comparative Effectiveness Randomized Trial with 2-
6. Manuscript Ider M14-1420	ntifying Number (if you kn	now it)	
Section 2.	The Work Under Co	onsideration for Public	ation
any aspect of the s statistical analysis,	submitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	n) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts
Do you have any			oadly relevant to the work? Yes Vo

Wisniewski 2



Section 5. Relationships not solvered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

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Wisniewski 3



#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

## Identifying information.

## 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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Welch 1



Section 1. Identifying Inform			
Identifying Inform	nation		
Given Name (First Name)     William	2. Surname (Last Name) Welch		3. Date 03-February-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Anthony Delitto	Name
5. Manuscript Title Surgery versus nonsurgical treatment f	for lumbar spinal stenosis		
6. Manuscript Identifying Number (if you k MS14-1420	now it)		
Section 2. The Work Under C	onsideration for Publi	cation	
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)?	g but not limited to grants, d		
Are there any relevant conflicts of inter			avecs the "ADD" houtton to add a vecu
If yes, please fill out the appropriate inf Excess rows can be removed by pressir		ve more than one entity p	bress the ADD button to add a row.
Name of Institution/Company	Grant'	n-Financial Other? C	omments
NIH		no	conflict
Section 3. Polovant financial			
Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as described the "Add +" box. You should reach there any relevant conflicts of interesting the spropriate information of the spropriate informatio	ribed in the instructions. Uport relationships that we est?	se one line for each entity	y; add as many lines as you need by
	2 Paysanal Na	n Einancial	
Name of Entity	Grant'	n-Financial Other? C	omments
Zimmer Spine	<b>✓</b>		
ISTO		Saf	ety monitoring board
Transcendental Spine		<b>√</b> pai	rtner

Welch 2



Soutien A				
Section 4. Intellectual Property Patents & Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V				
Section 5. Relationships not covered above				
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?				
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Dr. Welch reports grants from NIH, during the conduct of the study; grants from Zimmer Spine, personal fees from ISTO, other from Transcendental Spine, outside the submitted work; .				

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Section 1. Identifying Info	ormation	
1. Given Name (First Name)  Mark  4. Are you the corresponding author?	2. Surname (Last Name)  Ves No	3. Date 2-12-15
5. Manuscript Title Surgen  d. Manuscript Identifying Number (If your party)	y VS Nonsurgica Kiknowiti Tumbar Spina Tr	I treatment of Uistenosis. Randomized rial
Old you or your institution at any time r	onig oot not limited to grants, data monitoring	government, commercial, private foundation, etc.) for board, study design, manuscript preparation.
Place a check in the appropriate box of compensation) with entities as de-	scribed in the instructions. Ose one line fol report relationships that were present du	work, we financial relationships (regardless of amount reach entity; add as many lines as you need by wring the 36 months prior to publication,
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