ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Andreas

2. Surname (Last Name)  
   Kirkegaard

3. Date  
   20-April-2018

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author's Name  
   Mikkel Østerheden Andersen

5. Manuscript Title
   Safety and efficacy of percutaneous vertebroplasty (PVP) in patients with cancer-related vertebral compression fractures

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Mr. Kirkegaard has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Simon
2. Surname (Last Name)     Sørensen
3. Date                   24-April-2018
4. Are you the corresponding author?  ✔ Yes   No

Corresponding Author’s Name
Mikkel Østerheden Andersen

5. Manuscript Title
Safety and efficacy of percutaneous vertebroplasty (PVP) in patients with cancer-related vertebral compression fractures

6. Manuscript Identifying Number (if you know it)

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Mr. Sørensen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dorthe Schoeler
2. Surname (Last Name) Ziegler
3. Date 02-May-2018
4. Are you the corresponding author? Yes ☑ No
Corresponding Author’s Name
Mikkel Oesterheden Andersen
5. Manuscript Title
Percutaneous vertebroplasty is safe and effective for cancer-related vertebral compression fractures
6. Manuscript Identifying Number (if you know it)
UFL-04-18-0293

Section 2. The Work Under Consideration for Publication

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Dr. Ziegler has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  LEAH
2. Surname (Last Name)  CARREON
3. Date  27-March-2018
4. Are you the corresponding author?  Yes  ✔  No

5. Manuscript Title
   Percutaneous vertebroplasty is safe and effective for cancer-related vertebral compression fractures

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If yes, please fill out the appropriate information below.

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<thead>
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<th>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
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University of Louisville | ☐ | ☑ | ☐ | ☐ | Travel for Annual required Continuing Education for Institutional Review Board Members
Center for Spine Surgery and Research, Region of Southern Denmark | ☐ | ☑ | ☐ | ☐ | Travel and accommodations for Study Planning Meetings 05/2014, 09/2014, 12/2014, 05/2015, 08/2015, 04/2016, 08/2016, 12/2016, 05/2017, 08/2017, 12/2017, 04/2018
Spine Deformity | ☐ | ☐ | ☐ | ☑ | Editorial Advisory Board

Section 4. Intellectual Property -- Patents & Copyrights
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Dr. CARREON reports other from Spine, other from Spine Journal, other from University of Louisville, other from Scoliosis Research Society, personal fees from AO Spine, personal fees from Norton Healthcare, grants from Orthopedic Research and Educational Fund, grants from Scoliosis Research Society, personal fees from University of Louisville, personal fees from Center for Spine Surgery and Research, Region of Southern Denmark, other from Spine Deformity, outside the submitted work; .
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<tr>
<td>Mikkel Østerheden</td>
<td>Andersen</td>
<td>30-April-2018</td>
</tr>
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</table>

4. Are you the corresponding author?  

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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5. Manuscript Title  

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Dr. Andersen has nothing to disclose.

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   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

   For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

   Use this section to report 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.

**Definitions.**

- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
- **Grant:** A grant from an entity, generally [but not always] paid to your organization
- **Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
- **Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
- **Other:** Anything not covered under the previous three boxes
- **Pending:** The patent has been filed but not issued
- **Issued:** The patent has been issued by the agency
- **Licensed:** The patent has been licensed to an entity, whether earning royalties or not
- **Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
Rikke

2. Surname (Last Name)  
Rousing

3. Date  
24-April-2018

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author’s Name  
Mikkel Østerheden Andersen

5. Manuscript Title  
Percutaneous vertebroplasty is safe and effective for cancer-related vertebral compression fractures

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time 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  ✔ No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
☐ Yes  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✔ No
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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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Rousing has nothing to disclose.

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