

## 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.

#### 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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#### 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.

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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?

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)

### 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

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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Are there any relevant conflicts of interest?  Yes  No

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Mr. Sørensen has nothing to disclose.

### Evaluation and Feedback

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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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.

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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 6. Disclosure Statement

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

Dr. Ziegler has nothing to disclose.

### Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## 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      Corresponding Author's Name  
Mikkel Andersen MD

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

6. Manuscript Identifying Number (if you know it)  
\_\_\_\_\_

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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial Advisory Board
Spine Journal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial Advisory Board
University of Louisville	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Institutional Review Board Member
Scoliosis Research Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Committee Member
AO Spine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting Fees
Norton Healthcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salary
Orthopedic Research and Educational Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scoliosis Research Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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University of Louisville	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel for Annual required Continuing Education for Institutional Review Board Members
Center for Spine Surgery and Research, Region of Southern Denmark	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 Defomrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial Advisory Board

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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 Defomrity, outside the submitted work; .

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### Section 1. Identifying Information

1. Given Name (First Name)

Mikkel Østerheden

2. Surname (Last Name)

Andersen

3. Date

30-April-2018

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Percutaneous vertebroplasty is safe and effective for cancer-related vertebral compression fractures

6. Manuscript Identifying Number (if you know it)

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Dr. Andersen has nothing to disclose.

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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)

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Dr. Rousing has nothing to disclose.

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