

## ICMJE DISCLOSURE FORM

**Date:** 2/6/2024

**Your Name:** Engelke Marie Randers

**Manuscript Title:** Effectiveness of minimally invasive sacroiliac joint surgery. A cohort study based on the Swedish Spine registry.

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 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       |  |  |                           |   |  |  |  |  |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Sophies Minde Ortopedi AS</td> <td>Supported partial research position for the first author. Paid to my institution.</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table> | Sophies Minde Ortopedi AS | Supported partial research position for the first author. Paid to my institution. |  |  | <small>Click the tab key to add additional rows.</small> |  |
| Sophies Minde Ortopedi AS                                | Supported partial research position for the first author. Paid to my institution.  |  |                           |   |  |  |  |  |
|  |  |  |                           |   |  |  |  |  |
| <small>Click the tab key to add additional rows.</small> |  |  |                           |   |  |  |  |  |
| Time frame: past 36 months                               |  |  |                           |   |  |  |  |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |                           |   |  |  |  |  |
|  |  |  |                           |   |  |  |  |  |
|  |  |  |                           |   |  |  |  |  |
|  |  |  |                           |   |  |  |  |  |
| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |                           |   |  |  |  |  |
|  |  |  |                           |   |  |  |  |  |
|  |  |  |                           |   |  |  |  |  |
|  |  |  |                           |   |  |  |  |  |

|           |  | 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>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 2/6/2024

**Your Name:** Thomas Johan Kibsgård

**Manuscript Title:** Effectiveness of minimally invasive sacroiliac joint surgery. A cohort study based on the Swedish Spine registry.

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 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> |  |  |  |                           |  |  |  |   |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Sophies Minde Ortopedi AS</td> <td>Supported partial research position for the first author. Official grant paid to my institution.</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | Sophies Minde Ortopedi AS | Supported partial research position for the first author. Official grant paid to my institution. |  |  | Click the tab key to add additional rows. |  |
| Sophies Minde Ortopedi AS                                 | Supported partial research position for the first author. Official grant paid to my institution.   |  |  |                           |  |  |  |   |  |
|   |  |  |  |                           |  |  |  |   |  |
| Click the tab key to add additional rows.                 |  |  |  |                           |  |  |  |   |  |
| <b>Time frame: past 36 months</b>                         |  |  |  |                           |  |  |  |   |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>  |                           |  |  |  |   |  |
|   |  |  |  |                           |  |  |  |   |  |
|   |  |  |  |                           |  |  |  |   |  |
|   |  |  |  |                           |  |  |  |   |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>  |                           |  |  |  |   |  |
|   |  |  |  |                           |  |  |  |   |  |
|   |  |  |  |                           |  |  |  |   |  |
|   |  |  |  |                           |  |  |  |   |  |

|    |  | 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) |
|----|--|--|---|
| 4  | Consulting fees  | <input type="checkbox"/> None  |   |
|    |  | Stryker  | Lecture and consulting fees. Paid to me   |
|    |  |  |   |
|    |  |  |   |
| 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 type="checkbox"/> None  |   |
|    |  | SMAIO  | Coverage of travel cost for course. Spinal deformity meeting.                       |
|    |  | SI-BONE  | Coverage of travel cost for meeting with focus on spinal deformities.               |
|    |  |  |   |
| 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   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 2/5/2024

**Your Name:** Britt Stuge

**Manuscript Title:** Effectiveness of minimally invasive sacroiliac joint surgery. A cohort study based on the Swedish Spine registry.

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 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> |  |  |   |  |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <div style="border: 1px solid black; padding: 2px; font-size: small; text-align: center;">Click the tab key to add additional rows.</div> |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |

|           |  | 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>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 2/6/2024

**Your Name:** Andreas Westberg

**Manuscript Title:** Effectiveness of minimally invasive sacroiliac joint surgery. A cohort study based on the Swedish Spine registry.

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 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> |  |  |   |  |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <div style="border: 1px solid black; padding: 2px; font-size: small; text-align: center;">Click the tab key to add additional rows.</div> |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |

|           |  | 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>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 2/5/2024

**Your Name:** Freyr Gauti Sigmundsson

**Manuscript Title:** Effectiveness of minimally invasive sacroiliac joint surgery. A cohort study based on the Swedish Spine registry.

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 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> |  |  |   |  |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <div style="border: 1px solid black; padding: 2px; font-size: small; text-align: center;">Click the tab key to add additional rows.</div> |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |

|   |  | 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) |                       |  |  |  |  |  |  |  |
|---|--|--|---|-----------------------|--|--|--|--|--|--|--|
| 4   | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">DePuy Synthes</td> <td style="width: 50%;">Payment for lecturing</td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>                                       | DePuy Synthes   | Payment for lecturing |  |  |  |  |  |  |  |
| DePuy Synthes                                   | Payment for lecturing  |  |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
| 6   | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
| 7   | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
| 8   | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
| 9   | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Vice chairman Swedish Society of Spine Surgeons</td> <td style="width: 50%;">No payments</td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>               | Vice chairman Swedish Society of Spine Surgeons                                     | No payments           |  |  |  |  |  |  |  |
| Vice chairman Swedish Society of Spine Surgeons | No payments  |  |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |
|   |  |  |   |                       |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 2/5/2024

**Your Name:** Anders Joelson

**Manuscript Title:** Effectiveness of minimally invasive sacroiliac joint surgery. A cohort study based on the Swedish Spine registry.

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 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> |  |  |   |  |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <div style="border: 1px solid black; padding: 2px; font-size: small; text-align: center;">Click the tab key to add additional rows.</div> |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |

|           |  | 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>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 2/5/2024

**Your Name:** Paul Gerdhem

**Manuscript Title:** Effectiveness of minimally invasive sacroiliac joint surgery. A cohort study based on the Swedish Spine registry.

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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 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 |  |   |      |  |  |  |  |   |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">None</td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td style="text-align: right; font-size: small;"><a href="#">Click the tab key to add additional rows.</a></td></tr> </table> | None |  |  |  |  | <a href="#">Click the tab key to add additional rows.</a> |
| None   |  |   |      |  |  |  |  |   |
|  |  |   |      |  |  |  |  |   |
|  | <a href="#">Click the tab key to add additional rows.</a>  |   |      |  |  |  |  |   |
| Time frame: past 36 months                         |  |   |      |  |  |  |  |   |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;"> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table>  |      |  |  |  |  |   |
|  |  |   |      |  |  |  |  |   |
|  |  |   |      |  |  |  |  |   |
|  |  |   |      |  |  |  |  |   |
| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;"> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table>  |      |  |  |  |  |   |
|  |  |   |      |  |  |  |  |   |
|  |  |   |      |  |  |  |  |   |
|  |  |   |      |  |  |  |  |   |

|  |  | 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) |                     |                        |        |  |        |  |  |  |
|--|--|---|---|---------------------|------------------------|--------|--|--------|--|--|--|
| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>  |   |                     |                        |        |  |        |  |  |  |
|  |  |   |   |                     |                        |        |  |        |  |  |  |
|  |  |   |   |                     |                        |        |  |        |  |  |  |
|  |  |   |   |                     |                        |        |  |        |  |  |  |
|  |  |   |   |                     |                        |        |  |        |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>DePuySynthes</td> <td>To me, lecture fees</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   | DePuySynthes  | To me, lecture fees |                        |        |  |        |  |  |  |
| DePuySynthes   | To me, lecture fees  |   |   |                     |                        |        |  |        |  |  |  |
|  |  |   |   |                     |                        |        |  |        |  |  |  |
|  |  |   |   |                     |                        |        |  |        |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>  |   |                     |                        |        |  |        |  |  |  |
|  |  |   |   |                     |                        |        |  |        |  |  |  |
|  |  |   |   |                     |                        |        |  |        |  |  |  |
|  |  |   |   |                     |                        |        |  |        |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>  |   |                     |                        |        |  |        |  |  |  |
|  |  |   |   |                     |                        |        |  |        |  |  |  |
|  |  |   |   |                     |                        |        |  |        |  |  |  |
|  |  |   |   |                     |                        |        |  |        |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>  |   |                     |                        |        |  |        |  |  |  |
|  |  |   |   |                     |                        |        |  |        |  |  |  |
|  |  |   |   |                     |                        |        |  |        |  |  |  |
|  |  |   |   |                     |                        |        |  |        |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>  |   |                     |                        |        |  |        |  |  |  |
|  |  |   |   |                     |                        |        |  |        |  |  |  |
|  |  |   |   |                     |                        |        |  |        |  |  |  |
|  |  |   |   |                     |                        |        |  |        |  |  |  |
| 10   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Swedish Fracture Register</td> <td>Unpaid</td> </tr> <tr> <td>Swedish Spine Registry</td> <td>Unpaid</td> </tr> <tr> <td>International Consortium for Spinal Genetics Development and Disease</td> <td>Unpaid</td> </tr> </table> | Swedish Fracture Register   | Unpaid              | Swedish Spine Registry | Unpaid | International Consortium for Spinal Genetics Development and Disease | Unpaid |  |  |  |
| Swedish Fracture Register  | Unpaid   |   |   |                     |                        |        |  |        |  |  |  |
| Swedish Spine Registry   | Unpaid   |   |   |                     |                        |        |  |        |  |  |  |
| International Consortium for Spinal Genetics Development and Disease | Unpaid   |   |   |                     |                        |        |  |        |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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.