

ICMJE DISCLOSURE FORM

Date: Click or tap to enter a date.

Your Name: J.T.F. Baetsen

Manuscript Title: “The (cost-)effectiveness of a patient empowered protocol without routine radiographs for follow-up of adolescent idiopathic scoliosis patients (CURVE); Protocol for a multicenter pragmatic randomized trial with patient preference cohorts and economic evaluation alongside”

Manuscript Number (if known): Click or tap here to enter text.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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ICMJJE DISCLOSURE FORM

Date: 10/30/2023

Your Name: Miranda L. van Hooff

Manuscript Title: “The (cost-)effectiveness of a patient empowered protocol without routine radiographs for follow-up of adolescent idiopathic scoliosis patients (CURVE); Protocol for a multicenter pragmatic randomized trial with patient preference cohorts and economic evaluation alongside”

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

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ICMJJE DISCLOSURE FORM

Date: 11/6/2023

Your Name: Pepijn Bisseling

Manuscript Title: “The (cost-)effectiveness of a patient empowered protocol without routine radiographs for follow-up of adolescent idiopathic scoliosis patients (CURVE); Protocol for a multicenter pragmatic randomized trial with patient preference cohorts and economic evaluation alongside”

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Date: 10/30/2023

Your Name: Johanna Maria van Dongen

Manuscript Title: “The (cost-)effectiveness of a patient empowered protocol without routine radiographs for follow-up of adolescent idiopathic scoliosis patients (CURVE); Protocol for a multicenter pragmatic randomized trial with patient preference cohorts and economic evaluation alongside”

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Your Name: D.G. van de Fliert

Manuscript Title: “The (cost-)effectiveness of a patient empowered protocol without routine radiographs for follow-up of adolescent idiopathic scoliosis patients (CURVE); Protocol for a multicenter pragmatic randomized trial with patient preference cohorts and economic evaluation alongside”

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In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>										

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4	Consulting fees	<input checked="" type="checkbox"/> None <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>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <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>									
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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: 6/11/2023

Your Name: JPHJ Rutgers

Manuscript Title: “The (cost-)effectiveness of a patient empowered protocol without routine radiographs for follow-up of adolescent idiopathic scoliosis patients (CURVE); Protocol for a multicenter pragmatic randomized trial with patient preference cohorts and economic evaluation alongside”

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

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 50px; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>												
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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: 8/26/2021

Your Name: Schlosser, Tom

Manuscript Title: “The (cost-)effectiveness of a patient empowered protocol without routine radiographs for follow-up of adolescent idiopathic scoliosis patients (CURVE); Protocol for a multicenter pragmatic randomized trial with patient preference cohorts and economic evaluation alongside”

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

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">Scoliosis Research Society New investigator grant</td> <td>To institution</td> </tr> <tr> <td>Annafonds research grant</td> <td>To institution</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Scoliosis Research Society New investigator grant	To institution	Annafonds research grant	To institution						
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please 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.

ICMJJE DISCLOSURE FORM

Date: 11/8/2023

Your Name: H.M. van West

Manuscript Title: “The (cost-)effectiveness of a patient empowered protocol without routine radiographs for follow-up of adolescent idiopathic scoliosis patients (CURVE); Protocol for a multicenter pragmatic randomized trial with patient preference cohorts and economic evaluation alongside”

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

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3	Royalties or licenses	<input type="checkbox"/> None	
		Produktzaken	As co-designer a contract was set up with Produktzaken about the intellectual property and royalties: the Scolioscope. At this point no royalties have been received by me
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in	<input checked="" type="checkbox"/> None	

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	other board, society, committee or advocacy group, paid or unpaid	<input type="text"/>	<input type="text"/>
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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.

ICMJJE DISCLOSURE FORM

Date: 11/6/2023

Your Name: Philip van der Wees

Manuscript Title: “The (cost-)effectiveness of a patient empowered protocol without routine radiographs for follow-up of adolescent idiopathic scoliosis patients (CURVE); Protocol for a multicenter pragmatic randomized trial with patient preference cohorts and economic evaluation alongside”

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

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 525 1516 653"> <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 checked="" type="checkbox"/> None <table border="1" data-bbox="383 743 1516 842"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1089 1516 1188"> <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"/> None <table border="1" data-bbox="383 1308 1516 1407"> <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"/> None <table border="1" data-bbox="383 1526 1516 1625"> <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"/> None <table border="1" data-bbox="383 1740 1516 1839"> <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,	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1925 1516 1955"> <tr><td></td><td></td></tr> </table>						

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	society, committee or advocacy group, paid or unpaid		
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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: 10/30/2023

Your Name: Paul C. Willems

Manuscript Title: “The (cost-)effectiveness of a patient empowered protocol without routine radiographs for follow-up of adolescent idiopathic scoliosis patients (CURVE); Protocol for a multicenter pragmatic randomized trial with patient preference cohorts and economic evaluation alongside”

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

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <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 checked="" type="checkbox"/> None <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>									

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Date: 11/1/2023

Your Name: M. de Kleuver

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		President Scoliosis Research Society	

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