

## ICMJE DISCLOSURE FORM

**Date:** 2/23/2024

**Your Name:** Marlene Dufvenberg

**Manuscript Title:** Developing and Validating a Multivariable Prognostic Model for Risk of Curve Progression in Adolescent Idiopathic Scoliosis-A Prospective Cohort Analysis of 127 patients

**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.

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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.

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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:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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**Your Name:** Anastasios Charalampidis

**Manuscript Title:** Developing and Validating a Multivariable Prognostic Model for Risk of Curve Progression in Adolescent Idiopathic Scoliosis-A Prospective Cohort Analysis of 127 patients

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**Your Name:** Elias Diarbakerli

**Manuscript Title:** Developing and Validating a Multivariable Prognostic Model for Risk of Curve Progression in Adolescent Idiopathic Scoliosis -A Prospective Cohort Analysis of 127 patients

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**Your Name:** Birgitta Öberg

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**Your Name:** Hans Tropp

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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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11	Stock or stock options	<input type="checkbox"/> None	
		Sectra AB	
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.

## ICMJE DISCLOSURE FORM

**Date:** 2/23/2024

**Your Name:** Anna Aspberg Ahl

**Manuscript Title:** Developing and Validating a Multivariable Prognostic Model for Risk of Curve Progression in Adolescent Idiopathic Scoliosis-A Prospective Cohort Analysis of 127 patients

**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.

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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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## ICMJE DISCLOSURE FORM

**Date:** 2/26/2024

**Your Name:** Daphne Wezenberg

**Manuscript Title:** Developing and Validating a Multivariable Prognostic Model for Risk of Curve Progression in Adolescent Idiopathic Scoliosis -A Prospective Cohort Analysis of 127 patients

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

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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.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							<div style="text-align: right; font-size: small; color: gray;">Click the tab key to add additional rows.</div>
Time frame: past 36 months									
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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 type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input 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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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## ICMJE DISCLOSURE FORM

**Date:** 2/26/2024

**Your Name:** Henrik Hedevik

**Manuscript Title:** Developing and Validating a Multivariable Prognostic Model for Risk of Curve Progression in Adolescent Idiopathic Scoliosis -A Prospective Cohort Analysis of 127 patients

**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	
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## ICMJE DISCLOSURE FORM

**Date:** 2/26/2024

**Your Name:** Hans Möller

**Manuscript Title:** Developing and Validating a Multivariable Prognostic Model for Risk of Curve Progression in Adolescent Idiopathic Scoliosis -A Prospective Cohort Analysis of 127 patients

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

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		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)
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.

## ICMJE DISCLOSURE FORM

**Date:** 2/26/2024

**Your Name:** Paul Gerdhem

**Manuscript Title:** Developing and Validating a Multivariable Prognostic Model for Risk of Curve Progression in Adolescent Idiopathic Scoliosis -A Prospective Cohort Analysis of 127 patients

**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.) <b>No time limit for this item.</b>	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 70%;">The Swedish Research Council</td> <td>To my institution</td> </tr> <tr> <td>Stockholm County Council (ALF)</td> <td>To my institution</td> </tr> <tr> <td>Swedish Society of Spinal Surgeons</td> <td>To my institution</td> </tr> </table>	The Swedish Research Council	To my institution	Stockholm County Council (ALF)	To my institution	Swedish Society of Spinal Surgeons	To my institution	
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		DePuySynthes	To me, lecture fees
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	
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		Swedish Fracture Register	Unpaid
		Swedish Spine Registry	Unpaid
		International Consortium for Spinal Genetics Development and Disease	Unpaid

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## ICMJE DISCLOSURE FORM

**Date:** 2/26/2024

**Your Name:** Allan Abbott

**Manuscript Title:** Developing and Validating a Multivariable Prognostic Model for Risk of Curve Progression in Adolescent Idiopathic Scoliosis -A Prospective Cohort Analysis of 127 patients

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

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