ICMJE DISCLOSURE FORM

Date: ___May. 17th, 2021_____
Your Name: ___Sihyong Jake Kim_____
Manuscript Title: ___Systematic review of the top 10 ranked spine articles in the last 10 years (2011~2021)_____
Manuscript number (if known): ___ATM-21-2393__________________________________________

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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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_. None                                                                      |
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|   | Question                                                                 | Answer |
|---|-------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                             | _X_ None |
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| 8 | Patents planned, issued or pending                                       | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board        | _X_ None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ None |
| 11| Stock or stock options                                                   | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                | _X_ None |

Please summarize the above conflict of interest in the following box:

The author, Sihyong J Kim, declares no conflict of interest in the conceptualisation and crafting of this manuscript.

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

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| **1** | **Time frame: Since the initial planning of the work**                                |                                                                                  |
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None                                                                         |
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| **4** | Consulting fees                                                                        | X None                                                                         |

**Time frame: past 36 months**
| #  | Description                                                                 | None |
|----|-----------------------------------------------------------------------------|------|
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X    |
| 6  | Payment for expert testimony                                                 | X    |
| 7  | Support for attending meetings and/or travel                                 | X    |
| 8  | Patents planned, issued or pending                                          | X    |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board            | X    |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X |
| 11 | Stock or stock options                                                       | X    |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X |
| 13 | Other financial or non-financial interests                                   | X    |

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