ICMJE DISCLOSURE FORM

Date:_________ 2021-04-18
Your Name:____ Shuyang Li

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness
Manuscript number (if known): ATM-20-8064-R1

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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|---|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **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.) | None                                                                            |
|   | No time limit for this item.                                                                  |                                                                                  |
| **Time frame: past 36 months** |                                                                                   |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | None                                                                            |
| 3 | Royalties or licenses                                                                         | None                                                                            |
| 4 | Consulting fees                                                                             | None                                                                            |
|   |                                                                                                                                  |    |
|---|---------------------------------------------------------------------------------------------------------------------------------|----|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events                   | None|
| 6 | Payment for expert testimony                                                                                                    | None|
| 7 | Support for attending meetings and/or travel                                                                                     | None|
| 8 | Patents planned, issued or pending                                                                                                | None|
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                                                | None|
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                 | None|
|11 | Stock or stock options                                                                                                          | None|
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                                                 | None|
|13 | Other financial or non-financial interests                                                                                       | None|

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Date:_________ 2021-04-10
Your Name:____ Joe Kodama

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness
Manuscript number (if known): ATM-20-8064-R1

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| 3 | Royalties or licenses                            | None |
| 4 | Consulting fees                                  | None |
|   | Description                                                                 | Answer |
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| 6 | Payment for expert testimony                                                | None   |
| 7 | Support for attending meetings and/or travel                                 | None   |
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Date: ________ 2021-04-12
Your Name: _______ Leixin Wei

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness
Manuscript number (if known): ATM-20-8064-R1

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Date: _______ 2021-04-15

Your Name: Tingkui Wu

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness
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Date:_________ 2021-04-11
Your Name: __________ Hiroyasu Fujiwara

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness
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| 4 | Consulting fees                                                                       | None                                                                            |
|   |                                                                                       |   |
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| 7 | Support for attending meetings and/or travel                                                                                     | None |
| 8 | Patents planned, issued or pending                                                                                                | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                                               | None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                | None |
|11 | Stock or stock options                                                                                                          | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                                                 | None |
|13 | Other financial or non-financial interests                                                                                      | None |

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Date:_________ 2021-04-11
Your Name:____ Yukitaka Nagamoto

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness
Manuscript number (if known): ATM-20-8064-R1

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|   | **Time frame: past 36 months** |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
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Date:_________2021-04-12__________________________________________________________
Your Name:____Lee A Tan____________________________________________________________________
Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness
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**Time frame: Since the initial planning of the work**

**Time frame: past 36 months**
|   |                                                                 | None |
|---|-----------------------------------------------------------------|------|
| 5 | Payment or honoraria for lectures, presentations,               | None |
|   | speakers bureaus, manuscript writing or educational events      |      |
| 6 | Payment for expert testimony                                   | None |
| 7 | Support for attending meetings and/or travel                   | None |
| 8 | Patents planned, issued or pending                              | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory     | None |
|   | Board                                                             |      |
| 10| Leadership or fiduciary role in other board, society, committee | None |
|   | or advocacy group, paid or unpaid                               |      |
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| 12| Receipt of equipment, materials, drugs, medical writing, gifts  | None |
|   | or other services                                               |      |
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Date:_________ 2021-04-18

Your Name:____ Yanbin Zhao

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness

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Date:_________2021-04-18______________________________________________________________
Your Name:____ Fengshan  Zhang____________________________________________________________________
Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness
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|   | **Time frame: past 36 months**                                                               |                                                                                      |
|   | Description                                                                 | Response |
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| 6 | Payment for expert testimony                                                | None     |
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Your Name:_____ Shengfa Pan

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness
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Your Name:____ Yu Sun__________________________________________________________

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness
Manuscript number (if known): ATM-20-8064-R1

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| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | Answer |
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| 8 | Patents planned, issued or pending                                          | None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | None   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None   |
| 11| Stock or stock options                                                       | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |
| 13| Other financial or non-financial interests                                   | None   |

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Date:_________2021-04-15___________________________________________________________________________
Your Name:____ Peng Cao____________________________________________________________________
Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness
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|   | **Time frame: Since the initial planning of the work**                                           |                                                                                   |
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|   | **Time frame: past 36 months**                                                                   |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | None                                                                              |
| 3 | Royalties or licenses                                                                            | None                                                                              |
| 4 | Consulting fees                                                                                 | None                                                                              |
|   |                                                                         |     |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,   | None|
|   | manuscript writing or educational events                               |     |
| 6 | Payment for expert testimony                                          | None|
| 7 | Support for attending meetings and/or travel                           | None|
| 8 | Patents planned, issued or pending                                     | None|
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board      | None|
|10 | Leadership or fiduciary role in other board, society, committee or    | None|
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|11 | Stock or stock options                                                 | None|
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Date:_________ 2021-04-10

Your Name:____Takashi Kaito__________________________

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness

Manuscript number (if known): ATM-20-8064-R1

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Date:_________2021-04-12

Your Name:____Beiyu Wang______________________________________________________________________________

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness

Manuscript number (if known): ATM-20-8064-R1

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**Time frame: Since the initial planning of the work**

|   |   |
|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None |

**Time frame: past 36 months**

|   |   |
|---|---|
| 3 | Royalties or licenses | None |
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Date:_________2021-04-18

Your Name:____Xiaoguang Liu____________________________________________________________________

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness
Manuscript number (if known): ATM-20-8064-R1

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ___None | |
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|   |                                                                                     | None |
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Date: 2021-04-18

Your Name: Feifei Zhou

Manuscript Title: Japanese Orthopaedic Association Cervical Myelopathy Evaluation Questionnaire (JOACMEQ) as an outcome measure for ossification of posterior longitudinal ligament (OPLL) patients in East Asia: An investigation of reliability, validity, and responsiveness

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