ICMJE DISCLOSURE FORM

Date: 2020/05/17
Your Name: Jizheng Li
Manuscript Title: A randomized trial comparing the clinical efficacy and safety of a novel steerable percutaneous kyphoplasty with traditional PKP in osteoporotic vertebral fractures
Manuscript number (if known): ATM-21-2880

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The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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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.

|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | **None**                                                                         |
| 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 |

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

None

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

_X_ 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: __2021/4/15________________________________________________
Your Name: __Xiaofeng Yuan____________________________________
Manuscript Title: __The clinical efficacy and safety of a novel steerable percutaneous kyphoplasty for the treatment of osteoporotic vertebral fractures____
Manuscript number (if known): __________________________________________

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| 3 | Royalties or licenses                                                                           | None |
| 4 | Consulting fees                                                                                | None |
|   | Question                                                                 | Response |
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ICMJE DISCLOSURE FORM

Date: __ 2021/4/15

Your Name: __ Fanbing Li

Manuscript Title: __ The clinical efficacy and safety of a novel steerable percutaneous kyphoplasty for the treatment of osteoporotic vertebral fractures

Manuscript number (if known):

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| 3 | Royalties or licenses | **None** |
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ICMJE DISCLOSURE FORM

Date: __2021/4/15______________________________
Your Name: __ Yi Ding _____________________________

Manuscript Title: __ The clinical efficacy and safety of a novel steerable percutaneous kyphoplasty for the treatment of osteoporotic vertebral fractures ____________
Manuscript number (if known): ______________________

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Date: ___2021/4/15________________________
Your Name: ___Gang Ma________________________
Manuscript Title: ___The clinical efficacy and safety of a novel steerable percutaneous kyphoplasty for the treatment of osteoporotic vertebral fractures_____ 
Manuscript number (if known): __________________________

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| 3 | Royalties or licenses                                                                                          | None                                                                             |                                                                                  |
| 4 | Consulting fees                                                                                                 | None                                                                             |                                                                                  |
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| 11| Stock or stock options                                                       | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |
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Date: __2021/4/15__

Your Name: ___Chao Song___

Manuscript Title: __The clinical efficacy and safety of a novel steerable percutaneous kyphoplasty for the treatment of osteoporotic vertebral fractures____

Manuscript number (if known): ____________________________________________________________

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

Time frame: past 36 months
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|6  | Payment for expert testimony                                                | None   |
|7  | Support for attending meetings and/or travel                                 | None   |
|8  | Patents planned, issued or pending                                           | None   |
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|11 | Stock or stock options                                                       | None   |
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Date: __2021/4/15__
Your Name: __Xuesong Chen__
Manuscript Title: __The clinical efficacy and safety of a novel steerable percutaneous kyphoplasty for the treatment of osteoporotic vertebral fractures__
Manuscript number (if known): ____________________________________________________________________

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|   | **No time limit for this item.**                                                                  |                                                                                  |
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| 3 | Royalties or licenses                                                                            | ____None                                                                          |
| 4 | Consulting fees                                                                                  | ____None                                                                          |
|   |   |   |
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Date: __2021/4/15________________________________________________________
Your Name: ___Enbin Wang_____________________________________________
Manuscript Title: ___The clinical efficacy and safety of a novel steerable percutaneous kyphoplasty for the treatment of osteoporotic vertebral fractures____
Manuscript number (if known): ________________________________________

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| 3 | Royalties or licenses                                                                          | ____None                                                                          |
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Time frame: past 36 months
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Date: 2021/4/15
Your Name: Jiaping Cui
Manuscript Title: The clinical efficacy and safety of a novel steerable percutaneous kyphoplasty for the treatment of osteoporotic vertebral fractures
Manuscript number (if known): 

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Date: __2021/4/15__________________________
Your Name: __ Qingli Kong________________________
Manuscript Title: __ The clinical efficacy and safety of a novel steerable percutaneous kyphoplasty for the treatment of osteoporotic vertebral fractures____
Manuscript number (if known): ________________________________

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| 3 | Royalties or licenses                                                                           | **None**                                                                             |
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ICMJE DISCLOSURE FORM

Date: __2021/4/15________________________

Your Name: ___Youqing Huang____________________________________________________________

Manuscript Title: ___The clinical efficacy and safety of a novel steerable percutaneous kyphoplasty for the treatment of osteoporotic vertebral fractures_____

Manuscript number (if known): ______________________________________________________________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | ___None                                                                 |
| 3 | Royalties or licenses                                                                          | ___None                                                                 |
| 4 | Consulting fees                                                                                | ___None                                                                 |
Please summarize the above conflict of interest in the following box:

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

_X_ 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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Date: __2021/4/15______________________________
Your Name: __En Song_________________________

Manuscript Title: __The clinical efficacy and safety of a novel steerable percutaneous kyphoplasty for the treatment of osteoporotic vertebral fractures_____ 
Manuscript number (if known): ________________________________

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
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| 8 | Patents planned, issued or pending                                           | None |
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