

ICMJE DISCLOSURE FORM

Date: 17th June 2021

Your Name: Simon Thomson

Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: the FORVAD RCT

Manuscript number (if known): N/A

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

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			
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.	___ NIHR grant	
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	

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: 11/06/2021

Your Name: Gemma Ainsworth

Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: The FORVAD RCT

Manuscript number (if known): N/A – number unknown

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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: 30/6/21

Your Name: Mr Senthil Selvanathan

Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: The FORVAD RCT

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 28/06/2021

Your Name: Rachel Kelly

Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: The FORVAD RCT

Manuscript number (if known): _____

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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: 29/06/2021

Your Name: Anthony Howard Collier

Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: The FORVAD RCT

Manuscript number (if known): Not known

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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: 30/06/2021
 Your Name: Ruben Mujica-Mota
 Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: the FORVAD RCT
 Manuscript number (if known): N/A

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	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<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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ICMJE DISCLOSURE FORM

Date: 05/07/2021

Your Name: Rebecca Talbot

Manuscript Title: Clinical and cost-effectiveness of Posterior Cervical Foraminotomy surgery versus Anterior Cervical Discectomy surgery in the treatment of Cervical Brachialgia: The FORVAD RCT

Manuscript number (if known): _____

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Time frame: past 36 months			
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3	Royalties or licenses	___ None	

4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 25/06/2021

Your Name: Sarah Brown

Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: The FORVAD RCT

Manuscript number (if known): N/A – number unknown

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 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: 08/07/2021

Your Name: Julie Croft

Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: The FORVAD RCT

Manuscript number (if known): unknown

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ICMJE DISCLOSURE FORM

Date: 29/06/2021

Your Name: Nikki Rousseau

Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: The FORVAD RCT

Manuscript number (if known): N/A – number unknown

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ICMJE DISCLOSURE FORM

Date: 29/06/2021

Your Name: Ruchi Higham

Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: The FORVAD RCT

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2/7/2021

Your Name: Yahia A-Tamimi

Manuscript Title: **Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: The FORVAD RCT**

Manuscript number (if known): _____

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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 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: 27/6/21
 Your Name: NEIL BUXTON
 Manuscript Title: _____
 Manuscript number (if known): _____

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

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		
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.	<input checked="" type="checkbox"/> None
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None
3	Royalties or licenses	<input checked="" type="checkbox"/> None

	Consulting fees	<input checked="" type="checkbox"/> None	
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
	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	
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.

 27/16/21

ICMJE DISCLOSURE FORM

Date: 2/7/21
 Your Name: Nick Carleton-Bland
 Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: The FORVAD RCT
 Manuscript number (if known): _____

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.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	

4	Consulting fees	<input 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 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 type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input 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: 02/07/21
 Your Name: MARTIN GLEDHILL
 Manuscript Title: CLINICAL AND COST EFFECTIVENESS OF POSTERIOR CERVICAL FORAMINOTOMY SURGERY VERSUS ANTERIOR CERVICAL DISCECTOMY SURGERY IN THE TREATMENT OF CERVICAL BRACHYPLASIA.
 Manuscript number (if known): _____

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.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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	
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.

M. D. Gledhill

ICMJE DISCLOSURE FORM

Date: 20/06/2021

Your Name: Victoria Halstead

Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: the FORVAD RCT

Manuscript number (if known):

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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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.) No time limit for this item.	None	N/A
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	N/A
3	Royalties or licenses	None	N/A

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

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.

V. Hanson

ICMJE DISCLOSURE FORM

Date: 12/07/2021 _____
 Your Name: Professor Peter Hutchinson _____
 Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: The FORVAD RCT
 Manuscript number (if known): _____

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

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			
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	
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	HTA IP Panel 2016-2018	
		HTA Prioritisation Committee B (In hospital) 2016-2022	
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 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: 01/07/2021

Your Name: James Meacock

Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: The FORVAD RCT

Manuscript number (if known): _____

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

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			
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 Support for the trial running and recruitment. Review and input into the manuscript.	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None RCS 1 year academic fellowship for research	This is related to my PhD rather than for the FORVAD trial. Included for completeness

3	Royalties or licenses	None___ None	
4	Consulting fees	None___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None___ None	
6	Payment for expert testimony	None___ None	
7	Support for attending meetings and/or travel	None___ None	
8	Patents planned, issued or pending	None___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None___ None	
11	Stock or stock options	None___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None___ None	
13	Other financial or non-financial interests	None___ 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: 22 June 2021

Your Name: Nitin Mukerji

Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: The FORVAD RCT

Manuscript number (if known): N/A

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

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			
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	
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	

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: 2/7/2021
Your Name: DEBASISH PAL
Manuscript Title: Clinical and cost-effectiveness of posterior Cervical foraminotomy surgery
Manuscript number (if known): _____

versus
anterior Cervical
discectomy Surgery
in treatment of
Cervical brachialgia
: The FORVAD RCT.

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.

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.) 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

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.

Debasish Pal

ICMJE DISCLOSURE FORM

Date: 1/07/2021
 Your Name: Dr Armando Vargas-Palacios
 Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: The FORVAD RCT Manuscript number (if known): _____

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

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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.) No time limit for this item.	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	

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	
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: 29/06/2021

Your Name: Anantharaju Narasimha Prasad

Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: the FORVAD RCT

Manuscript number (if known): _____

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			
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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	
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 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: 02/07/21

Your Name: Martin Wilby

Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: The FORVAD RCT

Manuscript number (if known): _____

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: 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	

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: 25th June 2021 _____
 Your Name: Professor Deborah Stocken _____
 Manuscript Title: Clinical and cost-effectiveness of posterior cervical foraminotomy surgery versus anterior cervical discectomy surgery in the treatment of cervical brachialgia: The FORVAD RCT _____
 Manuscript number (if known): _____

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

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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