

## ICMJE DISCLOSURE FORM

**Date:** 9/11/2023

**Your Name:** Lizzie Swaby

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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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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) |  |   |   |  |   |  |
|---|--|---|---|--|---|---|--|---|--|
| <b>Time frame: Since the initial planning of the work</b> |  |   |   |  |   |   |  |   |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>   |   |  |   |   |  | Click the tab key to add additional rows. |  |
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| <b>Time frame: past 36 months</b>                         |  |   |   |  |   |   |  |   |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">National Institute for Health and Care Research (HTA)</td> <td style="width: 50%;">Co-applicant and funding for allocated time – PRAISE trial</td> </tr> <tr> <td>National Institute for Health and Care Research (HTA)</td> <td>Co-applicant and funding for allocated time - TONIC</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table> | National Institute for Health and Care Research (HTA)                               | Co-applicant and funding for allocated time – PRAISE trial | National Institute for Health and Care Research (HTA) | Co-applicant and funding for allocated time - TONIC |  |   |  |
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| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>10</b> | Leadership or fiduciary role in other board,   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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|-----------|--|--|---|
|           | society, committee or advocacy group, paid or unpaid                             |  |   |
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
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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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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: 12.9.23  
 Your Name: Daniel Perry  
 Manuscript Title: Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial  
 Manuscript number (if known): BJO-2023-0128

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)  |
|---|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |  |  |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | National Institute for Health Research.  | This project was funded by the National Institute for Health Research (NIHR) Health Technology Assessment programme. Daniel C Perry is funded through a NIHR Research Professorship. |
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| <b>Time frame: past 36 months</b>                         |  |  |  |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |  |
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| 3  | Royalties or licenses  | <input type="checkbox"/> None           |  |
|    |  |   |  |
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| 4  | Consulting fees  | <input type="checkbox"/> None           |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None           |  |
|    |  |   |  |
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| 6  | Payment for expert testimony   | <input type="checkbox"/> None           |  |
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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None           |  |
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|    |  |   |  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None           |  |
|    |  |   |  |
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| 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            | National Institute for Health Research. | Daniel Perry was a committee member on the NIHR commissioning board (2016 – 2021). |
|    |  | Bone and Joint Journal                  | Daniel Perry is a member of the editorial board of the Bone and Joint Journal.     |
|    |  |   |  |
| 11 | Stock or stock options   | <input type="checkbox"/> None           |  |
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|    |  |   |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> None           |  |
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| 13 | Other financial or non-financial interests   | <input type="checkbox"/> None           |  |
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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:** 9/13/2023

**Your Name:** Kerry Walker

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>10</b> | Leadership or fiduciary role in other board,   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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|           | society, committee or advocacy group, paid or unpaid                             |  |   |
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
|           |  |  |   |
| <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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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:** 9/18/2023

**Your Name:** Dan Hind

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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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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|   |  | 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)  |          |                                       |  |  |   |  |
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| <b>Time frame: Since the initial planning of the work</b> |  |  |  |          |                                       |  |  |   |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIHR HTA</td> <td>Salary part funded by research grant.</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | NIHR HTA | Salary part funded by research grant. |  |  | Click the tab key to add additional rows. |  |
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| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>   |          |                                       |  |  |   |  |
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| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>10</b> | Leadership or fiduciary role in other board,   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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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) |
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|           | society, committee or advocacy group, paid or unpaid                             |  |   |
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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>  |   |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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:** 9/18/2023

**Your Name:** Andrew J Mills

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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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|  | 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.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIHR HTA – BASIS grant</td> <td>Co-applicant in receipt of funding for time allocation on project.</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | NIHR HTA – BASIS grant | Co-applicant in receipt of funding for time allocation on project. |  |  | Click the tab key to add additional rows. |  |
| NIHR HTA – BASIS grant                             | Co-applicant in receipt of funding for time allocation on project.   |   |                        |  |  |  |   |  |
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| Time frame: past 36 months                         |  |   |                        |  |  |  |   |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>   |                        |  |  |  |   |  |
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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) |
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| 3  | Royalties or licenses  | <input type="checkbox"/> None  |   |
|    |  | UK Licensed distributor for Spinal Technology Inc.   |   |
|    |  | Providence Brace   |   |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> None   |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None   |   |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None   |   |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None   |   |
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| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None  |   |
|    |  | The SpineCorporation Limited holds patents for the following bracing systems.                |   |
|    |  | SpineCor   |   |
|    |  | TechnoSpine  |   |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None   |   |
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| 10 | Leadership or fiduciary role in  | <input type="checkbox"/> None  |   |
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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) |
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|           | other board, society, committee or advocacy group, paid or unpaid                | SOSORT Bracing Expert Advisor  | Unpaid  |
|           |  |  |   |
|           |  |  |   |
| <b>11</b> | Stock or stock options   | <input type="checkbox"/> <b>None</b>   |   |
|           |  | The SpineCorporation Limited   | Managing Director and Shareholder   |
|           |  |  |   |
|           |  |  |   |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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:** 9/12/2023

**Your Name:** Raveen Jayasuriya

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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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| <b>Time frame: Since the initial planning of the work</b> |  |  |  |                            |   |  |  |   |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIHR grant for BASIS study</td> <td style="width: 50%;">Co-applicant and funding for allocated time</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | NIHR grant for BASIS study | Co-applicant and funding for allocated time |  |  | Click the tab key to add additional rows. |  |
| NIHR grant for BASIS study                                | Co-applicant and funding for allocated time  |  |  |                            |   |  |  |   |  |
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| <b>Time frame: past 36 months</b>                         |  |  |  |                            |   |  |  |   |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"> </td> <td style="width: 50%;"> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table>   |                            |   |  |  |   |  |
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| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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|           | society, committee or advocacy group, paid or unpaid                             |  |   |
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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>  |   |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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:** 9/11/2023

**Your Name:** Nikki Totton

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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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| <b>Time frame: Since the initial planning of the work</b> |  |  |  |   |  |  |  |   |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">National Institute for Health and Care Research</td> <td>Funding for allocated time on research project</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | National Institute for Health and Care Research | Funding for allocated time on research project |  |  | Click the tab key to add additional rows. |  |
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| <b>Time frame: past 36 months</b>                         |  |  |  |   |  |  |  |   |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">National Institute for Health and Care Research</td> <td>Funding for allocated time on research project</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>   | National Institute for Health and Care Research | Funding for allocated time on research project |  |  |   |  |
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| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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|           | society, committee or advocacy group, paid or unpaid                             |  |   |
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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>  |   |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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:** 9/12/2023

**Your Name:** Lauren Desoysa

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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| Time frame: Since the initial planning of the work |  |   |  |  |  |  |  |  |  |  |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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:** 9/19/2023

**Your Name:** Robin Chatters

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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:** 9/13/2023

**Your Name:** Bridget Young

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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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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)   |                    |  |  |  |   |  |
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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |                    |  |  |  |   |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIHR (BASIS study)</td> <td style="width: 50%;">Funding for allocated time on research project</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | NIHR (BASIS study) | Funding for allocated time on research project |  |  | Click the tab key to add additional rows. |  |
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| <b>Time frame: past 36 months</b>                         |  |  |   |                    |  |  |  |   |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"> </td> <td style="width: 50%;"> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table>  |                    |  |  |  |   |  |
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| <b>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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:** 9/12/2023

**Your Name:** Frances Sherratt

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>10</b> | Leadership or fiduciary role in other board,   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> </table>   |   |  |  |  |  |  |  |
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|           | society, committee or advocacy group, paid or unpaid                             |  |   |
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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>  |   |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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:** 9/14/2023

**Your Name:** Nicholas Latimer

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |                    |  |  |  |   |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIHR (BASIS study)</td> <td>Funding for allocated time on research project</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | NIHR (BASIS study) | Funding for allocated time on research project |  |  | Click the tab key to add additional rows. |  |
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| <b>Time frame: past 36 months</b>                         |  |  |   |                    |  |  |  |   |  |
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| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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:** 9/12/2023

**Your Name:** Anju Keetharuth

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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:** 9/14/2023

**Your Name:** Laura Kenison

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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| Time frame: past 36 months                         |  |  |                  |  |  |  |   |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None<br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> </td> <td style="width: 50%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>  |                  |  |  |  |   |  |
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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) |  |  |  |  |  |  |  |  |
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| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>10</b> | Leadership or fiduciary role in other board,   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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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) |
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|           | society, committee or advocacy group, paid or unpaid                             |  |   |
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
|           |  |  |   |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>  |   |
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|           |  |  |   |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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:** 9/18/2023

**Your Name:** Professor Stephen Walters

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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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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.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">The research was funded by the UK’s Department of Health and Social care via the National Institute for Health and Care Research – Award ID NIHR131081</td> <td style="width: 40%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | The research was funded by the UK’s Department of Health and Social care via the National Institute for Health and Care Research – Award ID NIHR131081                              |  |  |  | Click the tab key to add additional rows. |  |
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| Click the tab key to add additional rows.   |  |  |   |  |  |  |   |  |
| Time frame: past 36 months  |  |  |   |  |  |  |   |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">I am a co-applicant and/or co-investigator on several research projects funded by the Department of Health and Social care via the National Institute for Health and Care Research.</td> <td style="width: 40%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>  | I am a co-applicant and/or co-investigator on several research projects funded by the Department of Health and Social care via the National Institute for Health and Care Research. |  |  |  |   |  |
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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) |
|----|--|--|---|
| 3  | Royalties or licenses  | <input type="checkbox"/> None  |   |
|    |  | Book Royalties from Wiley and Blackwell.   |   |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> None   |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None   |   |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None   |   |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None   |   |
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| 8  | Patents planned, issued or pending   | <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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| 10 | Leadership or fiduciary role in other board,   | <input checked="" type="checkbox"/> None   |   |
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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) |
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|           | society, committee or advocacy group, paid or unpaid                             |  |   |
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
|           |  |  |   |
| <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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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:** 9/12/2023

**Your Name:** Adrian Gardner

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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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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)   |                        |                                     |                           |                                     |   |                                     |      |                                     |                             |                                     |
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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.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">NIHR HTA (BASIS TRIAL)</td> <td>Co-applicant paid to my institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>   | NIHR HTA (BASIS TRIAL) | Co-applicant paid to my institution |                           |                                     | Click the tab key to add additional rows. |                                     |      |                                     |                             |                                     |
| NIHR HTA (BASIS TRIAL)                             | Co-applicant paid to my institution  |   |                        |                                     |                           |                                     |   |                                     |      |                                     |                             |                                     |
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| Click the tab key to add additional rows.          |  |   |                        |                                     |                           |                                     |   |                                     |      |                                     |                             |                                     |
| Time frame: past 36 months                         |  |   |                        |                                     |                           |                                     |   |                                     |      |                                     |                             |                                     |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">NIHR HTA (MEDAL TRIAL)</td> <td>Co-applicant paid to my institution</td> </tr> <tr> <td>NIHR HTA (FORENSIC TRIAL)</td> <td>Co-applicant paid to my institution</td> </tr> <tr> <td>Innovate UK</td> <td>Co-applicant paid to my institution</td> </tr> <tr> <td>ORUK</td> <td>Co-applicant paid to my institution</td> </tr> <tr> <td>Freda Ashmore Memorial Fund</td> <td>Co-applicant paid to my institution</td> </tr> </table> | NIHR HTA (MEDAL TRIAL) | Co-applicant paid to my institution | NIHR HTA (FORENSIC TRIAL) | Co-applicant paid to my institution | Innovate UK                               | Co-applicant paid to my institution | ORUK | Co-applicant paid to my institution | Freda Ashmore Memorial Fund | Co-applicant paid to my institution |
| NIHR HTA (MEDAL TRIAL)                             | Co-applicant paid to my institution  |   |                        |                                     |                           |                                     |   |                                     |      |                                     |                             |                                     |
| NIHR HTA (FORENSIC TRIAL)                          | Co-applicant paid to my institution  |   |                        |                                     |                           |                                     |   |                                     |      |                                     |                             |                                     |
| Innovate UK  | Co-applicant paid to my institution  |   |                        |                                     |                           |                                     |   |                                     |      |                                     |                             |                                     |
| ORUK   | Co-applicant paid to my institution  |   |                        |                                     |                           |                                     |   |                                     |      |                                     |                             |                                     |
| Freda Ashmore Memorial Fund                        | Co-applicant paid to my institution  |   |                        |                                     |                           |                                     |   |                                     |      |                                     |                             |                                     |

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| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| <b>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b>  |   |
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| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
| <b>6</b>  | Payment for expert testimony   | <input type="checkbox"/> <b>None</b>   |   |
|           |  | A C Gardner Ltd  | Medicolegal services  |
|           |  |  |   |
| <b>7</b>  | Support for attending meetings and/or travel   | <input type="checkbox"/> <b>None</b>   |   |
|           |  | British Scoliosis Society support  | To attend the BSS meeting 2022 and BritSpine 2023                                   |
|           |  |  |   |
| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
| <b>10</b> | Leadership or fiduciary role in other board,   | <input type="checkbox"/> <b>None</b>   |   |
|           |  | British Scoliosis Society Research Lead  | No funding  |

|           |  | 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) |
|-----------|--|--|---|
|           | society, committee or advocacy group, paid or unpaid                             |  |   |
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
|           |  |  |   |
| <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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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:** 9/15/2023

**Your Name:** Sashin Ahuja

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><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="width: 60%; padding: 2px;">NIHR BASIS study</td> <td style="padding: 2px;">Funding for allocated time on research project</td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: center; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table> | NIHR BASIS study | Funding for allocated time on research project |  |  | Click the tab key to add additional rows. |  |
| NIHR BASIS study  | Funding for allocated time on research project   |  |  |                  |  |  |  |   |  |
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| Click the tab key to add additional rows.                 |  |  |  |                  |  |  |  |   |  |
| <b>Time frame: past 36 months</b>                         |  |  |  |                  |  |  |  |   |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> </table>   |                  |  |  |  |   |  |
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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) |  |  |  |  |  |  |
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| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table> |   |  |  |  |  |  |  |
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| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table> |   |  |  |  |  |  |  |
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|           | society, committee or advocacy group, paid or unpaid                             |  |   |
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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>  |   |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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:** 9/13/2023

**Your Name:** Laura Campbell

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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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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) |   |  |  |   |  |  |
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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |   |  |  |   |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIHR BASIS grant</td> <td style="width: 50%;">Named PPIE co-applicant, not in receipt of salary payment</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | NIHR BASIS grant  | Named PPIE co-applicant, not in receipt of salary payment |  |  | Click the tab key to add additional rows. |  |  |
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| <b>Time frame: past 36 months</b>                         |  |  |   |   |  |  |   |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> </td> <td style="width: 50%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>  |   |   |  |  |   |  |  |
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| <b>4</b>                         | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| <b>7</b>                         | Support for attending meetings and/or travel   | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;">PPIE payment for online meetings</td> <td style="width: 50%;"></td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>                           | PPIE payment for online meetings  |  |  |  |  |  |  |  |  |
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| <b>8</b>                         | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>9</b>                         | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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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>  |   |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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:** 9/18/2023

**Your Name:** Sarah Greenwood

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None<br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; height: 20px;"> </td> <td style="width: 50%;"> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </table>  |                    |  |  |  |   |  |
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| <b>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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>  |   |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
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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:** 9/14/2023

**Your Name:** Ashley Cole

**Manuscript Title:** Bracing Adolescent Idiopathic Scoliosis (BASIS) study – night-time versus full-time bracing in adolescent idiopathic scoliosis: study protocol for a multicentre, randomised controlled trial

**Manuscript Number (if known):** BJO-2023-0128

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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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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>  |   |                         |  |  |  | Click the tab key to add additional rows. |
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| Time frame: past 36 months  |  |   |   |                         |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">NIHR131081 Bracing Adolescent Idiopathic Scoliosis (BASIS) Study night-time versus full-time bracing in adolescent idiopathic scoliosis</td> <td style="width: 40%;">Grant Jan 2021-Feb 2031</td> </tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table> | NIHR131081 Bracing Adolescent Idiopathic Scoliosis (BASIS) Study night-time versus full-time bracing in adolescent idiopathic scoliosis | Grant Jan 2021-Feb 2031 |  |  |  |   |
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| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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