

Appendix 3 Participant survey

Version 0.4, CH, 16.09.2024

The purpose of this set of questions is to

- 1) identify the data delivery and country of origin
- 2) estimate the coverage of a particular country by the participants data
- 3) identify and take potential biases in the data into account for analyses

The survey can be filled in with the knowledge currently available. The participants will be asked to update their answers, when submitting their data.

General questions (grey fields are already asked at registration)	
Name of participant in English	Name of organisation/institution/individual for which data will be delivered
Name of contact person	<text field>
Email-address of participant	Enter the email-address that should be used for main communication, either institutional or from representative
Other contact persons and email-addresses	Enter a list of persons that should receive information. Use format: "Name1" <email1>, "Name2" <email2> etc.
Country (participants spanning multiple countries: please submit data and the survey for each country separately)	Select out of a list of Countries, stored as ISO 3166-1 alpha-2 codes
Type of participant	Choose: <ul style="list-style-type: none"> - Health care professional - Surgeon - Department - Hospital - Region - National spine registry - National association for spine - National association for orthopaedics - National association for neurosurgery - Other national association - Research group - Other

Are you a current participant in a spine registry?	Choose: <ul style="list-style-type: none"> - No - Australian Spine Registry - Belgian Spine Registry - British Spine Registry - Danish Spine Registry - Finish Spine Registry - Norwegian Spine Registry - Swiss Implant Registry SIRIS - Spine Tango - Swedish Spine Registry - Other --> please specify
- Please specify if other:	<text field>
Which method of data collection and submission would you use?	Choose: <ul style="list-style-type: none"> - SAI Excel template, secure file transfer - Database format, following the SAI data definitions, secure file transfer - Spine Tango registry platform (existing user) - Spine Tango registry platform (new user) - unsure
Name of Author 1	<text field>
Affiliation of Author 1	<text field>
Email-of Author 1	<text field>
Name of Author 2	<text field>
Affiliation of Author 2	<text field>
Email-of Author 2	<text field>
Other authors (to be considered in a rotation system)	Enter a list of persons, affiliations and emails. Add a paragraph with instructions. Use format: "Name1", "Affiliation1", <email1> "Name2", "Affiliation2", <email2> etc.
Estimated annual average number of spine related surgeries performed by the participant	<text field>
Estimated annual number of lumbar degenerative spondylolisthesis (LDS) treated surgically by the participant	<text field>
Estimated percent coverage of country (in case of data containing multiple institutions and <100% national coverage please provide the	Please estimate how many LDS surgeries are performed by the participant in relation to the whole country. You may additionally state

SAI team spineatlas@eurospine.org with a list of institutions)	what percent of spinal surgeries are performed as a rough approximation.
Questions regarding potential bias in the data	
May there be certain legislation, healthcare guidelines or practice recommendations in your country that might lead to <u>different patient selection or treatment characteristics</u> of patients with LDS than in other countries (like the recommendation to avoid fusion if possible)	Yes, No, Unknown
- If yes, please explain	<text field>
Do you estimate your patient demographics to be similar to the national average (consider age, gender, health status, affluence, insurance status)	Yes, Somewhat similar, No, Unknown
- Please explain if you believe that your patients may be different to the national average and some groups may be underrepresented	<text field>
Please explain, if and what data is missing, or you expect to be missing for certain patient groups	<text field>
Please estimate the proportion of submitted cases versus overall surgically treated cases for LDS in the reported period for the participant (please count patients without no informed patient consent as missing)	Please choose: <ul style="list-style-type: none"> - 95-100% completeness - 90-94% - 75-89% - 50-74% - less than 50% submitted
Please state the level of completeness within the data parameters and how correctness was ensured	Please select all applicable to your submission: <ul style="list-style-type: none"> <input type="checkbox"/> Validity check by more than 1 person and/or audit and/or quality assurance <input type="checkbox"/> Data entry and validity check by one person only <input type="checkbox"/> Missing parameters were followed up and completed as much as possible <input type="checkbox"/> Mandatory data parameters complete <input type="checkbox"/> Mandatory data parameters incomplete <input type="checkbox"/> No optional data parameters submitted

	<input type="checkbox"/> Some optional data parameters submitted <input type="checkbox"/> All optional data parameters submitted <input type="checkbox"/> Unsure
- Please specify for which variables it was difficult/ impossible to collect data and submit	<input type="checkbox"/> Patient age at surgery date <input type="checkbox"/> Patient gender <input type="checkbox"/> Surgery date <input type="checkbox"/> Spinal stenosis <input type="checkbox"/> Grade of LDS <input type="checkbox"/> Decompression type and level <input type="checkbox"/> Fusion type and level <input type="checkbox"/> Stabilisation rigid type and level <input type="checkbox"/> Additional pathology <input type="checkbox"/> ASA status <input type="checkbox"/> Number of previous spine surgeries at the same or adjacent level <input type="checkbox"/> Duration of symptoms <input type="checkbox"/> Height and weight/ BMI <input type="checkbox"/> Current smoker status <input type="checkbox"/> Data on the implant manufacturer and article number - Please specify: <text field>
Agreement	
Do you grant the SAI team permission to use the submitted data for the purposes stated in the SAI proposal, and that patient consent was retrieved -unless not required by local law. Error! Reference source not found. Participants can be assured that the submitted data will not be used for purposes other than those outlined above without the explicit permission of the individual participant.	Yes / No
-for non-Spine-Tango participants only- Do you agree to the Terms and Conditions below / in Appendix 1 of the SAI protocol?	Yes / No / Not applicable

To be included: Terms and Conditions for Non-Spine Tango users, Links to patient consent forms and Spine Tango terms and conditions