

## ICMJE DISCLOSURE FORM

**Date:** 1/23/2023

**Your Name:** Opinder Sahota

**Manuscript Title:** BLAST-OFF : Bisphosphonate aLternAtive regimenS for the prevenTion of Osteoporotic Fragility Fractures; A Mixed Methods Study

**Manuscript Number (if known):** Click or tap here to enter text.

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 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="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> <p style="font-size: small; color: gray; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
| 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><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |

|           |  | 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>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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 6/9/2022

**Your Name:** Melanie Narayanasamy

**Manuscript Title:** BLAST-OFF : Bisphosphonate aLternAtive regimenS for the prevenTion of Osteoporotic Fragility Fractures); A Mixed Methods Study

**Manuscript Number (if known):** Click or tap here to enter text.

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 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><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <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><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |

|    |  | 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) |  |  |  |  |  |  |  |  |
|----|--|--|---|--|--|--|--|--|--|--|--|
| 4  | 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | 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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | 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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | 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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 6/5/2022

**Your Name:** Dr Anastasios Bastounis

**Manuscript Title:** BLAST-OFF : Bisphosphonate aLternAtive regimenS for the prevenTion of Osteoporotic Fragility Fractures); A Mixed Methods Study

**Manuscript Number (if known):** Click or tap here to enter text.

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 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><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <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><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |

|    |  | 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) |  |  |  |  |  |  |  |  |
|----|--|--|---|--|--|--|--|--|--|--|--|
| 4  | 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | 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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | 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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | 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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |



|           |  | 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>11</b> | Stock or stock options   | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 4/4/2023

**Your Name:** Zoe Paskins

**Manuscript Title:** BLAST-OFF : Bisphosphonate aLternAtive regimenS for the prevenTion of Osteoporotic Fragility Fractures); A Mixed Methods Study

**Manuscript Number (if known):** Click or tap here to enter text.

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 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: 50%;">NIHR</td> <td style="width: 50%;">ZP is funded by a NIHR Clinician Scientist Award (CS-2018-18-ST2-010)/NIHR Academy).</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;">Click the tab key to add additional rows.</td> </tr> </table>  | NIHR               | ZP is funded by a NIHR Clinician Scientist Award (CS-2018-18-ST2-010)/NIHR Academy). |      |                                    | Click the tab key to add additional rows. |  |                  |  |                         |  |                                     |  |                              |  |
| NIHR   | ZP is funded by a NIHR Clinician Scientist Award (CS-2018-18-ST2-010)/NIHR Academy).   |  |                    |  |      |                                    |   |  |                  |  |                         |  |                                     |  |                              |  |
|  |  |  |                    |  |      |                                    |   |  |                  |  |                         |  |                                     |  |                              |  |
| 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: 50%;">Haywood Foundation</td> <td style="width: 50%;"> </td> </tr> <tr> <td>NIHR</td> <td>CS Award; RfPB: CRN scholars, HTA;</td> </tr> <tr> <td>Royal Osteoporosis Society</td> <td> </td> </tr> <tr> <td>Versus Arthritis</td> <td> </td> </tr> <tr> <td>General Nursing Council</td> <td> </td> </tr> <tr> <td>Chartered Society for Physiotherapy</td> <td> </td> </tr> <tr> <td>British Society Rheumatology</td> <td> </td> </tr> </table> | Haywood Foundation |  | NIHR | CS Award; RfPB: CRN scholars, HTA; | Royal Osteoporosis Society                |  | Versus Arthritis |  | General Nursing Council |  | Chartered Society for Physiotherapy |  | British Society Rheumatology |  |
| Haywood Foundation                                 |  |  |                    |  |      |                                    |   |  |                  |  |                         |  |                                     |  |                              |  |
| NIHR   | CS Award; RfPB: CRN scholars, HTA;   |  |                    |  |      |                                    |   |  |                  |  |                         |  |                                     |  |                              |  |
| Royal Osteoporosis Society                         |  |  |                    |  |      |                                    |   |  |                  |  |                         |  |                                     |  |                              |  |
| Versus Arthritis                                   |  |  |                    |  |      |                                    |   |  |                  |  |                         |  |                                     |  |                              |  |
| General Nursing Council                            |  |  |                    |  |      |                                    |   |  |                  |  |                         |  |                                     |  |                              |  |
| Chartered Society for Physiotherapy                |  |  |                    |  |      |                                    |   |  |                  |  |                         |  |                                     |  |                              |  |
| British Society Rheumatology                       |  |  |                    |  |      |                                    |   |  |                  |  |                         |  |                                     |  |                              |  |

|                                     |  | 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 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>                            |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
| 4                                   | 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>                            |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
| 5                                   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Royal College General Practitioners</td> <td style="width: 50%;"></td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> | Royal College General Practitioners   |  |  |  |  |  |  |
| Royal College General Practitioners |  |   |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
| 6                                   | 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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>                            |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
| 7                                   | 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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>                            |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
| 8                                   | 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>                            |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
| 9                                   | 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>                            |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
|                                     |  |   |   |  |  |  |  |  |  |
| 10                                  | Leadership or fiduciary role in other board,   | <input type="checkbox"/> <b>None</b>  |   |  |  |  |  |  |  |

|                            |  | 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                             | <table border="1"> <tr> <td>Royal Osteoporosis Society</td> <td>Conference committee</td> <td rowspan="3">research grants committee, Vice Chair Effectiveness Working Group Bone Academy unpaid</td> </tr> <tr> <td>Haywood Foundation</td> <td>Chair unpaid</td> </tr> <tr> <td>UCB</td> <td>Unpaid consultancy</td> </tr> </table> | Royal Osteoporosis Society  | Conference committee | research grants committee, Vice Chair Effectiveness Working Group Bone Academy unpaid | Haywood Foundation | Chair unpaid | UCB | Unpaid consultancy | Chair Versus Arthritis Musculoskeletal Research Advisory Group |
| Royal Osteoporosis Society | Conference committee   | research grants committee, Vice Chair Effectiveness Working Group Bone Academy unpaid  |   |                      |   |                    |              |     |                    |  |
| Haywood Foundation         | Chair unpaid   |  |   |                      |   |                    |              |     |                    |  |
| UCB                        | Unpaid consultancy   |  |   |                      |   |                    |              |     |                    |  |
|                            |  |  |   |                      |   |                    |              |     |                    |  |
| <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>  |   |                      |   |                    |              |     |                    |  |
|                            |  |  |   |                      |   |                    |              |     |                    |  |
|                            |  |  |   |                      |   |                    |              |     |                    |  |

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:** 6/7/2022

**Your Name:** Simon Bishop

**Manuscript Title:** BLAST-OFF : Bisphosphonate aLternAtive regimenS for the prevenTion of Osteoporotic Fragility Fractures); A Mixed Methods Study

**Manuscript Number (if known):** Click or tap here to enter text.

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 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><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <div style="text-align: right; font-size: small; color: #ccc;">Click the tab key to add additional rows.</div> |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <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><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |

|    |  | 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) |  |  |  |  |  |  |  |  |
|----|--|--|---|--|--|--|--|--|--|--|--|
| 4  | 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | 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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | 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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | 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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 6/8/2022

**Your Name:** Tessa Langley

**Manuscript Title:** BLAST-OFF : Bisphosphonate aLternAtive regimenS for the prevenTion of Osteoporotic Fragility Fractures); A Mixed Methods Study

**Manuscript Number (if known):** Click or tap here to enter text.

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 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><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <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><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |



|    |  | 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) |  |  |  |  |  |  |  |  |
|----|--|--|---|--|--|--|--|--|--|--|--|
| 4  | 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | 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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | 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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | 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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <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> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <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> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <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> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 9/9/2022

**Your Name:** Neil Gittoes

**Manuscript Title:** BLAST-OFF : Bisphosphonate alternative regimens for the prevention of Osteoporotic Fragility Fractures); A Mixed Methods Study

**Manuscript Number (if known):** Click or tap here to enter text.

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 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><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <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>   |   |  |  |  |  |  | <div style="border: 1px solid black; padding: 2px; font-size: small; text-align: center;">Click the tab key to add additional rows.</div> |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |
| <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><table border="1" style="width: 100%; height: 60px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |   |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <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>   |   |  |  |  |  |  |   |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |
|   |  |  |   |  |  |  |  |  |   |  |  |  |  |

|  |  | 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) |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|--|--|--|---|----------------------------|--|--------------------------------------|-------------|--|---|---------------|--|--|--|--|--|
| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>Takeda Pharmaceuticals – advisory boards and consulting</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  | Takeda Pharmaceuticals – advisory boards and consulting                             |                            |  |                                      |             |  |   |               |  |  |  |  |  |
| Takeda Pharmaceuticals – advisory boards and consulting  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
|  |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
| 10   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>Royal Osteoporosis Society</td> <td>Chair of the Board, unpaid</td> <td></td> </tr> <tr> <td>West Midlands Clinical Senate, NHSEI</td> <td>Chair, paid</td> <td></td> </tr> <tr> <td>NHSEI, Specialised Commissioning, Endocrinology</td> <td>Chair, unpaid</td> <td></td> </tr> <tr> <td colspan="2">Dept of Health &amp; Social Care – Medical Vice Chair Advisory Committee on Clinical Impact Awards, WM, unpaid</td> <td></td> </tr> </table> | Royal Osteoporosis Society  | Chair of the Board, unpaid |  | West Midlands Clinical Senate, NHSEI | Chair, paid |  | NHSEI, Specialised Commissioning, Endocrinology | Chair, unpaid |  | Dept of Health & Social Care – Medical Vice Chair Advisory Committee on Clinical Impact Awards, WM, unpaid |  |  |  |
| Royal Osteoporosis Society   | Chair of the Board, unpaid   |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
| West Midlands Clinical Senate, NHSEI   | Chair, paid  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
| NHSEI, Specialised Commissioning, Endocrinology  | Chair, unpaid  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |
| Dept of Health & Social Care – Medical Vice Chair Advisory Committee on Clinical Impact Awards, WM, unpaid |  |  |   |                            |  |                                      |             |  |   |               |  |  |  |  |  |

|           |  | 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>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>  |   |
|           |  |  |   |
|           |  |  |   |

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:** 6/7/2022

**Your Name:** Sarah Davis

**Manuscript Title:** BLAST-OFF : Bisphosphonate aLternAtive regimenS for the prevenTion of Osteoporotic Fragility Fractures); A Mixed Methods Study

**Manuscript Number (if known):** Click or tap here to enter text.

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 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 type="checkbox"/> None  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">                     Contract funding from the National Institute for Health Research to the University of Sheffield (<a href="https://fundingawards.nihr.ac.uk/award/NIHR127550">https://fundingawards.nihr.ac.uk/award/NIHR127550</a>)                 </td> <td style="width: 40%;"></td> </tr> <tr> <td style="height: 20px;"></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> | Contract funding from the National Institute for Health Research to the University of Sheffield ( <a href="https://fundingawards.nihr.ac.uk/award/NIHR127550">https://fundingawards.nihr.ac.uk/award/NIHR127550</a> ) |  |  |  | Click the tab key to add additional rows. |  |
| Contract funding from the National Institute for Health Research to the University of Sheffield ( <a href="https://fundingawards.nihr.ac.uk/award/NIHR127550">https://fundingawards.nihr.ac.uk/award/NIHR127550</a> ) |  |  |   |   |  |  |  |   |  |
|   |  |  |   |   |  |  |  |   |  |
| 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 type="checkbox"/> None  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Roche Diagnostics</td> <td style="width: 50%; padding: 5px;">                     Research grant paid to employing institution (University of Sheffield) to investigate the cost-effectiveness of using biomarkers to monitor response to treatment with antifracture medications.                 </td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>   | Roche Diagnostics   | Research grant paid to employing institution (University of Sheffield) to investigate the cost-effectiveness of using biomarkers to monitor response to treatment with antifracture medications. |  |  |   |  |
| Roche Diagnostics   | Research grant paid to employing institution (University of Sheffield) to investigate the cost-effectiveness of using biomarkers to monitor response to treatment with antifracture medications. |  |   |   |  |  |  |   |  |
|   |  |  |   |   |  |  |  |   |  |
|   |  |  |   |   |  |  |  |   |  |

|           |  | 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>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> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <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> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <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> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <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> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <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> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <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> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <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> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <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>   |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

|           |  | 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>  |   |
|           |  |  |   |

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:** 4/4/2023

**Your Name:** Ann Baily

**Manuscript Title:** BLAST-OFF : Bisphosphonate aLternAtive regimenS for the prevenTion of Osteoporotic Fragility Fractures; A Mixed Methods Study

**Manuscript Number (if known):** Click or tap here to enter text.

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 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%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
| 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><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |
|  |  |   |  |  |  |  |  |  |

|    |  | 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) |  |  |  |  |  |  |  |  |
|----|--|--|---|--|--|--|--|--|--|--|--|
| 4  | 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | 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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | 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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | 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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | 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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <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> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <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> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <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> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 4/4/2023

**Your Name:** Moira Holmes

**Manuscript Title:** BLAST-OFF : Bisphosphonate aLternAtive regimenS for the prevenTion of Osteoporotic Fragility Fractures; A Mixed Methods Study

**Manuscript Number (if known):** Click or tap here to enter text.

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 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><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <div style="text-align: right; font-size: small; color: #ccc;">Click the tab key to add additional rows.</div> |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <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><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |

|           |  | 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>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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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>11</b> | Stock or stock options   | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 6/5/2022

**Your Name:** Professor Jo Leonardi-Bee

**Manuscript Title:** BLAST-OFF : Bisphosphonate aLternAtive regimenS for the prevenTion of Osteoporotic Fragility Fractures); A Mixed Methods Study

**Manuscript Number (if known):** Click or tap here to enter text.

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 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 type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIHR Health Technology Assessment</td> <td>Paid to 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 Health Technology Assessment | Paid to institution |  |  | Click the tab key to add additional rows. |  |
| NIHR Health Technology Assessment                         | Paid to institution  |  |   |                                   |                     |  |  |   |  |
|   |  |  |   |                                   |                     |  |  |   |  |
| 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> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>  |                                   |                     |  |  |   |  |
|   |  |  |   |                                   |                     |  |  |   |  |
|   |  |  |   |                                   |                     |  |  |   |  |
|   |  |  |   |                                   |                     |  |  |   |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>  |                                   |                     |  |  |   |  |
|   |  |  |   |                                   |                     |  |  |   |  |
|   |  |  |   |                                   |                     |  |  |   |  |
|   |  |  |   |                                   |                     |  |  |   |  |

|           |  | 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>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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |



|           |  | 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>11</b> | Stock or stock options   | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <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%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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.