Date:			3/16/2023			
Your Name:			Stuart H Ralston			
Manuscript Title:			Zoledronic acid for people genetically a	nt risk of developing Paget's Disease		
Ma	nuscript Number (if k	nown):	N/A			
con affe	tent of your manuscri	ipt. "Rela of the ma	ited" means any relation with for-profit or n	es/interests listed below that are related to the ot-for-profit third parties whose interests may be ent to transparency and does not necessarily interest, it is preferable that you do so.		
epi		nsion, yo		example, if your manuscript pertains to the facturers of antihypertensive medication, even if		
In item #1 below, report all support frame for disclosure is the past 36				vithout time limit. For all other items, the time		
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
				made to you or to your institution)		
1	All support for the	relations	ship or indicate none (add rows as needed)	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision	relations  [ No	ship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)		
1	present manuscript (e.g.,	relations  [ Note: The second	Time frame: Since the initial planning one and Mechanisms Evaluation Programme	made to you or to your institution)  of the work  Funding to Institution		
1	present manuscript (e.g., funding, provision of study materials, medical writing,	Efficacy (NIHR Versus	Time frame: Since the initial planning	made to you or to your institution) of the work		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Efficacy (NIHR Versus Europe	Time frame: Since the initial planning one  and Mechanisms Evaluation Programme Arthritis (formerly Arthritis Research UK)	made to you or to your institution)  of the work  Funding to Institution  Funding to Institution		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Efficacy (NIHR Versus Europe	Time frame: Since the initial planning one  and Mechanisms Evaluation Programme  Arthritis (formerly Arthritis Research UK) an Commission  Association	made to you or to your institution)  of the work  Funding to Institution  Funding to Institution  Funding to Institution		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Efficacy (NIHR Versus Europe Paget's	Time frame: Since the initial planning one  and Mechanisms Evaluation Programme  Arthritis (formerly Arthritis Research UK) an Commission  Association	made to you or to your institution)  of the work  Funding to Institution  Funding to Institution  Funding to Institution  Non-Financial Support		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Efficacy (NIHR Versus Europe Paget's	Time frame: Since the initial planning one  and Mechanisms Evaluation Programme  Arthritis (formerly Arthritis Research UK) an Commission  Association s	made to you or to your institution)  of the work  Funding to Institution  Funding to Institution  Funding to Institution  Non-Financial Support  Donation of IMP		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Efficacy (NIHR Versus Europe Paget's	Time frame: Since the initial planning one  and Mechanisms Evaluation Programme  Arthritis (formerly Arthritis Research UK) an Commission  Association	made to you or to your institution)  of the work  Funding to Institution  Funding to Institution  Funding to Institution  Non-Financial Support  Donation of IMP		
1 2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Efficacy (NIHR Versus Europe Paget's Novarti	Time frame: Since the initial planning one  and Mechanisms Evaluation Programme  Arthritis (formerly Arthritis Research UK) an Commission  Association s	made to you or to your institution)  of the work  Funding to Institution  Funding to Institution  Funding to Institution  Non-Financial Support  Donation of IMP		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Efficacy (NIHR Versus Europe Paget's Novarti	Time frame: Since the initial planning one  and Mechanisms Evaluation Programme  Arthritis (formerly Arthritis Research UK) an Commission Association  S  Time frame: past 36 month	made to you or to your institution)  of the work  Funding to Institution  Funding to Institution  Funding to Institution  Non-Financial Support  Donation of IMP		

1 12/13/2021 ICMJE Disclosure Form

#1 above).

Royalties or

licenses

**⊠** None

		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	□ None  Kyowa Kirin  UCB	To institution To institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None  Kyowa Kirin  UCB	To institution Kyowa Kirin
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	UCB Abbvie	Personal Personal
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chair and Trustee Paget's Association  Member, Scientific Advisory Board of Brittle Bone Society	Unpaid, but with reimbursement of expenses 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)	
11	Stock or stock options	⊠  None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠  None		
13	Other financial or non-financial interests	None		
Plea [⊠]	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.			

Date: Your Name:			2/8/2023			
			Steff Lewis			
Manuscript Title:			Zoledronic acid for people genetically at risk of developing Paget's Disease			
Ma	nuscript Number (if kn	nown):	N/A			
con affe indi The epic	tent of your manuscrip cted by the content of cate a bias. If you are author's relationships	pt. "Rela f the man in doubt s/activitionsion, you	we ask you to disclose all relationships/activities/interests listed below that are related to the elated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily bt about whether to list a relationship/activity/interest, it is preferable that you do so.  ties/interests should be defined broadly. For example, if your manuscript pertains to the ou should declare all relationships with manufacturers of antihypertensive medication, even if			
	em #1 below, report a ne for disclosure is the			vithout time limit. For all other items, the time		
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial planning	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Efficacy (NIHR Versus Europe	and Mechanisms Evaluation Programme  Arthritis (formerly Arthritis Research UK) an Commission Association	Funding to Institution  Funding to Institution  Funding to Institution  Non-Financial Support  Donation of IMP		
			Time frame: past 36 month	is		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one			
3	Royalties or licenses	⊠ No	one			

		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	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)		
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None			
13	Other financial or non-financial interests	Member of the HTA Efficient Study Designs Committee Member of HTA General Committee	2015-2016 2016-2021		
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:				

Date:	3/20/2023				
Your Name:	Catriona Keerie				
Manuscript Title:	Zoledronic acid in people genetically at risk of developing Paget's Disease				
Manuscript Number (if known):	N/A				
content of your manuscript. "Relaffected by the content of the ma	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.				
epidemiology of hypertension, yo	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	of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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)	
11	Stock or stock options	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	None		
Plea	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 FO	RM		
Dat	e:		3/16/2023		_	
Your Name:						
Ma	nuscript Title:		Zoledronic acid for people genetically a	t risk of developing Paget's Disease	_	
Ma	nuscript Number (if k	(nown):	N/A		_	
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub."  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For each of the should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.		
trar	ne for disclosure is th	e past 36	months.			
			Il entities with whom you have this ship 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			
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	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	Efficacy (NIHR Versus Europe Paget's Novart	y and Mechanisms Evaluation Programme  Arthritis (formerly Arthritis Research UK) can Commission c Association is  Time frame: past 36 mont one	Funding to Institution  Funding to Institution  Funding to Institution  Funding to Institution  Non-Financial Support  Donation of IMP		
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2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or	Efficacy (NIHR Versus Europe Paget's Novart	y and Mechanisms Evaluation Programme  Arthritis (formerly Arthritis Research UK) can Commission 3 Association is  Time frame: past 36 mont one 5 Association	Funding to Institution  Funding to Institution  Funding to Institution  Funding to Institution  Non-Financial Support  Donation of IMP		

		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	x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	GE Healthcare	Personal honoraria paid to me for lectures
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

ľ		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)		
11	Stock or stock options	[⊠] None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None			
13	Other financial or non-financial interests	⊠  None			
Plea	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.				

3 12/13/2021 ICMJE Disclosure Form

Date:		•	3/28/2023		
Your Name:			Jonathan Phillips		
Manuscript Title:  Manuscript Number (if known):			Zoledronic acid for people genetically at risk of developing Paget's Disease  N/A		
			entities with whom you have this hip 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	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Efficacy (NIHR Versus A	and Mechanisms Evaluation Programme  Arthritis (formerly Arthritis Research UK) an Commission  Association	Funding to Institution  Funding to Institution  Funding to Institution  Non-Financial Support  Donation of IMP	
			Time frame: past 36 month	as	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Wellcor	me Trust I Research Council	Funding to Institution Funding to Institution	
3	Royalties or licenses	⊠ No	one		

		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	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)	
11	Stock or stock options	⊠  None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠  None		
13	Other financial or non-financial interests	None		
Please place an "X" next to the following statement to indicate your agreement:  \[ \Boxedown \]  I certify that I have answered every question and have not altered the wording of any of the questions on this form.				