

ICMJE DISCLOSURE FORM

Date: 3/16/2023

Your Name: Stuart H Ralston

Manuscript Title: Zoledronic acid for people genetically at risk of developing Paget's Disease

Manuscript Number (if known): N/A

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| | | UCB | To institution |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
| | | Chair and Trustee Paget's Association | Unpaid, but with reimbursement of expenses |
| | | Member, Scientific Advisory Board of Brittle Bone Society | Unpaid |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2/8/2023

Your Name: Steff Lewis

Manuscript Title: Zoledronic acid for people genetically at risk of developing Paget's Disease

Manuscript Number (if known): N/A

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| 13 | Other financial or non-financial interests | <input type="checkbox"/> None | |
| | | Member of the HTA Efficient Study Designs Committee | 2015-2016 |
| | | Member of HTA General Committee | 2016-2021 |
| | | | |

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: 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

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Date: 3/16/2023

Your Name: Deepak Subedi

Manuscript Title: Zoledronic acid for people genetically at risk of developing Paget's Disease

Manuscript Number (if known): N/A

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/28/2023

Your Name: Jonathan Phillips

Manuscript Title: Zoledronic acid for people genetically at risk of developing Paget's Disease

Manuscript Number (if known): N/A

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The 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.

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|---|--|---|---|------------------------|---|------------------------|---------------------|------------------------|---------------------|-----------------------|----------|-----------------|
| Time frame: Since the initial planning of the work | | | | | | | | | | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Efficacy and Mechanisms Evaluation Programme (NIHR)</td> <td>Funding to Institution</td> </tr> <tr> <td>Versus Arthritis (formerly Arthritis Research UK)</td> <td>Funding to Institution</td> </tr> <tr> <td>European Commission</td> <td>Funding to Institution</td> </tr> <tr> <td>Paget's Association</td> <td>Non-Financial Support</td> </tr> <tr> <td>Novartis</td> <td>Donation of IMP</td> </tr> </table> | Efficacy and Mechanisms Evaluation Programme (NIHR) | Funding to Institution | Versus Arthritis (formerly Arthritis Research UK) | Funding to Institution | European Commission | Funding to Institution | Paget's Association | Non-Financial Support | Novartis | Donation of IMP |
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| 2 | 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; margin-top: 5px;"> <tr> <td style="width: 60%;">Wellcome Trust</td> <td>Funding to Institution</td> </tr> <tr> <td>Medical Research Council</td> <td>Funding to Institution</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | Wellcome Trust | Funding to Institution | Medical Research Council | Funding to Institution | | | | | | |
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