

ICMJE DISCLOSURE FORM

Date: 12/6/2021

Your Name: I-Wen Song

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

Manuscript Number (if known): 152571-JCI-CMED-RV-3

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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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 12/2/2021

Your Name: Sandesh Nagamani

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

Manuscript Number (if known): 152571-JCI-CMED-RV-3

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Sanofi Genzyme	I was partially supported for attending the ASBMR/Rare Bone Diseases Alliance meeting in 2018
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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 <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>							
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December 2 2021

ICMJE DISCLOSURE FORM

Date: 12/3/2021

Your Name: Dianne Nguyen

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

Manuscript Number (if known): 152571-JCI-CMED-RV-3

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Your Name: Ingo Grafe

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ICMJJE DISCLOSURE FORM

Date: 12/3/2021

Your Name: V. Reid Sutton

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

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		Osteogenesis Imperfecta Foundation Medical Advisory Council	Unpaid position
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Mereo Biopharma	Reimbursed for expenses to travel to Advisory Board meetings
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> 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)
	society, committee or advocacy group, paid or unpaid	Osteogenesis Imperfecta Foundation Medical Advisory Council	Unpaid
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 12/6/2021

Your Name: Francis H. Gannon

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

Manuscript Number (if known): 152571-JCI-CMED-RV-3

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

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 12/3/2021

Your Name: Elda Munivez

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

Manuscript Number (if known): 152571-JCI-CMED-RV-3

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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ICMJE DISCLOSURE FORM

Date: 12/3/2021

Your Name: Ming-Ming Jiang

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

Manuscript Number (if known): 152571-JCI-CMED-RV-3

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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ICMJE DISCLOSURE FORM

Date: 12/3/2021

Your Name: Alyssa Tran

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

Manuscript Number (if known): 152571-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 12/3/2021

Your Name: Maegen Wallace

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

Manuscript Number (if known): 152571-JCI-CMED-RV-3

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 12/3/2021

Your Name: Paul W Esposito MD

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

Manuscript Number (if known): 152571-JCI-CMED-RV-3

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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ICMJE DISCLOSURE FORM

Date: 12/5/2021

Your Name: Salma Musaad

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

Manuscript Number (if known): 152571-JCI-CMED-RV-3

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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ICMJE DISCLOSURE FORM

Date: 12/6/2021

Your Name: Elizabeth Strudthoff

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

Manuscript Number (if known): 152571-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 12/6/2021

Your Name: Sharon McGuire

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

Manuscript Number (if known): 152571-JCI-CMED-RV-3

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 12/3/2021

Your Name: Michele Thornton

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

Manuscript Number (if known): 152571-JCI-CMED-RV-3

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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ICMJE DISCLOSURE FORM

Date: 12/6/2021

Your Name: Vinitha Shenava

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

Manuscript Number (if known): 152571-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 12/6/2021

Your Name: Scott Rosenfeld

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

Manuscript Number (if known): 152571-JCI-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 12/3/2021

Your Name: Roman Shypailo

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

Manuscript Number (if known): 152571-JCI-CMED-RV-3

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 12/3/2021

Your Name: Eric Orwoll

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

Manuscript Number (if known): 152571-JCI-CMED-RV-3

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

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
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ICMJE DISCLOSURE FORM

Date: 12/6/2021

Your Name: Brendan Lee

Manuscript Title: Targeting transforming growth factor- β (TGF- β) for treatment of osteogenesis imperfecta

Manuscript Number (if known): 152571-JCI-CMED-RV-3

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Sanofi	I was partially supported in 2018 to attend the ASBMR Rare Bone Disorder Symposium meeting
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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