Date:	10/2/2021	
Your Name:	Kevin Antoine Brown	
Manuscript Title:	Comparative risks of osteoporosis drug holidays following long-term risedronate versus alendronate therapy: a propensity score-matched cohort study	
Manuscript Number (if known):	M21-2512	

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.

		lame all entities with whom you have this elationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payment made to you or to your institution)	its were
		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.	None Click the tab key to add additional rows. Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None ————————————————————————————————————	
3	Royalties or licenses	None None	

			cations/Comments (e.g., if payments were 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 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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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: \[\textstyle Certify that have answered every question and have not altered the wording of any of the questions on this form.			

Date: September 1, 2021

Your Name: Suzanne Cadarette

Manuscript Title: Comparative risks of osteoporosis drug holidays following long-term risedronate versus

alendronate therapy: a propensity score-matched cohort study

Manuscript number (if known): M21-2512

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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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
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.	None Canadian Institutes of Health Research	Research funding to institution (e.g., support dataset creation/acquisition, office expenses and graduate student).
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_x None (listed above)	
3	Royalties or licenses	x None	

4	Consulting fees	_x None	
_	consulting rees		
_			
5	Payment or honoraria for lectures, presentations,	x None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	x None	
7	Support for attending	y None	
/	meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or	x None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_x None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
42	Descipt of environment	No.	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
12	services Other financial or non-	y None	
13	other financial or non- financial interests	x None	

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

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

Date:	9/23/2021	
Your Name:	Kaleen N Hayes	
Manuscript Title:	Comparative risks of osteoporosis drug holidays following long-term risedronate versus alendronate therapy: a propensity score-matched cohort study	
Manuscript Number (if known):	M21-2512	

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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.

		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
1	All support for the present manuscript (e.g.,	☐ None Canadian Institutes of Health Research Project	Paid directly to the University of Toronto
	funding, provision	Grant PJT-16913	Tala directly to the offiversity of foronto
	of study materials, medical writing,	Canadian Institutes of Health Research Doctoral Research Award (GSD-16412)	Paid directly to the University of Toronto
article processing			Click the tab key to add additional rows.
	charges, etc.) No time limit for this item.		
		Time frame: past 36 months	s
2	Grants or contracts from	□ None	
	any entity (if not indicated in item #1 above).	Canadian Institutes of Health Research Drug Safety and Effectiveness Cross-disciplinary Training Program	Paid directly to the University of Toronto
		Ontario Drug Policy Research Network Training Program	Paid directly to the University of Toronto

		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	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,	None ■	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other		None	
	services			
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	9/27/2021
Your Name:	Sandra Kim
Manuscript Title:	Comparative risks of osteoporosis drug holidays following long-term risedronate versus alendronate therapy: a propensity score-matched cohort study
Manuscript Number (if known):	M21-2512

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		e all entities with whom you have this ionship 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
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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	, 5
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	Osteoporosis Canada (non-for-profit)	Reimbursement of travel expenses to attend the national Board of Directors meeting (last in 2019), and Clinical Guidelines Update working meeting in 2019.
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None 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)	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None Osteoporosis Canada (not-for-profit)	Volunteer work as Chair of their Scientific Advisory Council (2018-2021), Co-chair of the Pharmacotherapy Working Group for the Clinical Practice Guidelines Update, member of their national Board of Directors (2017-2020)	
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 None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:August 31, 2021	_		
Your Name:Angela M. Cheung	_		
Manuscript Title: Comparative risks of osteoporosis drug holidays following long-term risedronate versus			
alendronate therapy: a propensity score-matched cohort study			
Manuscript number (if known): M21-2512			

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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)	
	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.	X None		
Time frame: past 36 months			36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Amgen	to University Health Network	
3	Royalties or licenses	X None		

4	Consulting fees	None Amgen	to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Amgen	to me
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None; ASBMR ISCD Canadian Panel	Atypical Femur Fracture Task Force Member Chair
	committee or advocacy	Osteoporosis Canada	Clinical Guidelines Committee Member
	group, paid or unpaid	Endocrine Society	Clinical Guidelines Committee Member
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
12	services Other financial or non-	V None	
13	financial interests	X None	

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

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

	e:August 31, 2021				
	r Name:Dr David Juurlink				
		-	drug holidays following long-term risedronate versus		
alen	dronate therapy				
Mar	uscript number (if known):	M21-2512			
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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)		
		Time frame: Since the initia	al 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.	X None			
		Time frame: pas	t 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X None			
3	Royalties or licenses	_X None			

4 Consulting feesX_ None	
Payment or honoraria for _X None lectures, presentations,	
speakers bureaus,	
manuscript writing or educational events	
6 Payment for expertX None testimony	
7 Support for attendingX None meetings and/or travel	
8 Patents planned, issued orX None pending	
9 Participation on a DataX None Safety Monitoring Board or	
Advisory Board	
10 Leadership or fiduciary roleX_ None in other board, society,	
committee or advocacy	
group, paid or unpaid	
11 Stock or stock optionsX None	
12 Receipt of equipment,X None materials, drugs, medical	
writing, gifts or other	
services	
13 Other financial or non- financial interestsX None	

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