

ICMJE DISCLOSURE FORM

Date: 3/7/2024

Your Name: PJM Elders

Manuscript Title: Fractuurpreventie: Breken met de richtlijn

Manuscript Number (if known): D8158

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		
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 <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> We did not receive funding or support for the present article. The article is related to the article we published in 2019 and is referenced in the current study. The funding of that article is mentioned in the article: </div> <div style="border: 1px solid black; padding: 5px;"> The SALT Osteoporosis Study has been largely funded by Stichting Achmea Gezondheidszorg. Health care costs have been compensated by Achmea and VGZ Zorgverzekeraar. Additional financial support has been provided by Stichting Artsen Laboratorium en Trombosedienst. The sponsors did not have any role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; </div> <div style="text-align: right; font-size: small; margin-top: 5px;"> Click the tab key to add additional rows. </div>
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px;"> PJM Elders has received the last three years s diabetes related research grants bij the Dutch Government (ZONM), The European commission, the European Foundation for the Study of Diabetes and the Dutch Heart Foundation. None of the funding was related to the topic of the current article </div>

		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"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		PJM Elders gives paid lectures about diabetes or osteoporosis related topics during educational events of the training organisation Health Investment	Paid position
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety	<input checked="" 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)
	Monitoring Board or Advisory Board	<input type="checkbox"/>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Member of the advisory committee of population screening of the Dutch Health council	Paid position
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.