ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Lothar

2. Surname (Last Name)  
   Seefried

3. Date  
   06-July-2015

4. Are you the corresponding author?  
   ✔ Yes

5. Manuscript Title  
   An intrapatient dose-escalation study of BPS804, an anti-sclerostin monoclonal antibody, in adult patients with hypophosphatasia

6. Manuscript Identifying Number (if you know it)

---

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   ✔ Yes

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Are there any relevant conflicts of interest?  
   ✔ Yes

Seefried
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Seefried reports grants and personal fees from Novartis, grants and personal fees from Alexion, personal fees from Lilly, personal fees from Amgen, personal fees from Servier, personal fees from MSD, during the conduct of the study;

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jasmin
2. Surname (Last Name) Baumann
3. Date 02-March-2016
4. Are you the corresponding author? Yes No ✔

Corresponding Author’s Name Dr. med. Lothar Seefried

5. Manuscript Title
An open-label, intra-patient dose-escalation study to evaluate the safety and tolerability, pharmacokinetics, pharmacodynamics and preliminary efficacy of multiple infusions of BPS804 in adults with hypophosphatasia

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No ✔

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No ✔
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Sarah
2. Surname (Last Name)  Hemsley
3. Date  02-March-2016
4. Are you the corresponding author?  No
5. Manuscript Title
   An intrapatient dose-escalation study of BPS804, an anti-sclerostin monoclonal antibody, in adult patients with hypophosphatasia
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes

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Dr. Hemsley reports personal fees from Novartis, during the conduct of the study; personal fees from Novartis, outside the submitted work; .

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Christine

2. Surname (Last Name)  
   Hofmann

3. Date  
   03-July-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

---

5. Manuscript Title  
   An intrapatient dose-escalation study of BPS804, an anti-sclerostin monoclonal antibody, in adult patients with hypophosphatasia

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No

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Dr. Hofmann reports grants, personal fees, non-financial support and other from Alexion Pharma, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
Erdmute

2. Surname (Last Name)  
Kunstmann

3. Date  
06-July-2015

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author’s Name  
Lothar Seefried

5. Manuscript Title  
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☐ Yes  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✔ No
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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Kunstmann has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Beate

2. Surname (Last Name)  
   Kiese

3. Date  
   02-March-2016

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   An intrapatient dose-escalation study of BPS804, an anti-sclerostin monoclonal antibody, in adult patients with hypophosphatasia

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Yes ✔   No

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1. Given Name (First Name)  
   Yue

2. Surname (Last Name)  
   Huang

3. Date  
   02-March-2016

4. Are you the corresponding author?  
   ☑ Yes  
   ☐ No

5. Manuscript Title  
   An intrapatient dose-escalation study of BPS804, an anti-sclerostin monoclonal antibody, in adult patients with hypophosphatasia

6. Manuscript Identifying Number (if you know it)

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Corresponding Author's Name  
Lothar Seefried
```

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Simon  
2. Surname (Last Name)  
   Chivers  
3. Date  
   02-March-2016  
4. Are you the corresponding author?  
   Yes ✔ No  
   Corresponding Author’s Name  
   Lothar Seefried  
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1. Given Name (First Name) Marie-Anne
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Corresponding Author's Name
Lothar Seefried

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The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Borah
# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes</td>
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**Corresponding Author's Name**
Lothar Seefried

**Manuscript Title**
An intrapatient dose-escalation study of BPS804, an anti-sclerostin monoclonal antibody, in adult patients with hypophosphatasia

**Manuscript Identifying Number**
If you know it

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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 1. Identifying Information

1. Given Name (First Name)  Ronenn
2. Surname (Last Name)  Roubenoff
3. Date  02-March-2016
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Lothar Seefried

5. Manuscript Title
An intrapatient dose-escalation study of BPS804, an anti-sclerostin monoclonal antibody, in adult patients with hypophosphatasia

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Corresponding Author’s Name

Lothar Seefried

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Dr. Junker reports personal fees from Novartis, during the conduct of the study; personal fees from Novartis, outside the submitted work; .

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1. **Given Name (First Name)**
   Franz

2. **Surname (Last Name)**
   Jakob

3. **Date**
   06-July-2015

4. **Are you the corresponding author?**
   - Yes
   - No ✔

   **Corresponding Author's Name**
   Dr. Lothar Seefried

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