

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Harmen

2. Surname (Last Name)  
Reyngoudt

3. Date  
08-May-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Relationship between markers of disease activity and progression in skeletal muscle of GNE myopathy patients using quantitative NMRI and 31P NMRS

6. Manuscript Identifying Number (if you know it)  
QIMS-20-39-R1

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Are there any relevant conflicts of interest?  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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Dr. Reyngoudt has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Benjamin	2. Surname (Last Name) Marty	3. Date 24-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Harmen Reyngoudt
5. Manuscript Title Relationship between markers of disease activity and progression in skeletal muscle of GNE myopathy patients using quantitative NMRI and 31P NMRS		
6. Manuscript Identifying Number (if you know it) QIMS-20-39-R1		

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Dr. Marty has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ericky	2. Surname (Last Name) Caldas de Almeida Araujo	3. Date 27-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Harmen Reyngoudt
5. Manuscript Title Relationship between markers of disease activity and progression in skeletal muscle of GNE myopathy patients using quantitative NMRI and 31P NMRS		
6. Manuscript Identifying Number (if you know it) QIMS-20-39-R1		

### Section 2. The Work Under Consideration for Publication

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Dr. Caldas de Almeida Araujo has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Pierre-Yves

2. Surname (Last Name)  
Baudin

3. Date  
26-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Harmen Reyngoudt

5. Manuscript Title  
Relationship between markers of disease activity and progression in skeletal muscle of GNE myopathy patients using quantitative NMRI and 31P

6. Manuscript Identifying Number (if you know it)  
QIMS-20-39-R1

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Dr. Baudin has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Julien

2. Surname (Last Name)  
LE LOUËR

3. Date  
04-May-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Harmen Reyngoudt

5. Manuscript Title  
Relationship between markers of disease activity and progression in skeletal muscle of GNE myopathy patients using quantitative NMRI and 31P NMRS

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Mr. LE LOUËR has nothing to disclose.

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

#### 5. Relationships not covered above.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)  
Jean-marc

2. Surname (Last Name)  
BOISSERIE

3. Date  
24-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Dr REYNGOUDT

5. Manuscript Title  
Relationship between markers of disease activity and progression in skeletal muscle of GNE myopathy patients using quantitative NMRI and 31P NMRS

6. Manuscript Identifying Number (if you know it)  
QIMS-20-39-R1

### 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

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

---

### 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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- No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mr. BOISSERIE has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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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) Anthony      2. Surname (Last Name) BEHIN      3. Date 18-May-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Harmen Reyngoudt

5. Manuscript Title  
Relationship between markers of disease activity and progression in skeletal muscle of GNE myopathy patients using quantitative NMRI and 31P NMRS

6. Manuscript Identifying Number (if you know it)  
QIMS-20-39-R1

### 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

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Ultragenyx pharmaceutical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participation in scientific boards and payment of congress fees.

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?     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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. BEHIN reports personal fees from Ultragenyx pharmaceutical, during the conduct of the study; .

### Evaluation and Feedback

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**Other:** Anything not covered under the previous three boxes

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**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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) Laurent

2. Surname (Last Name) Servais

3. Date 24-April-2020

4. Are you the corresponding author?  Yes  No Corresponding Author's Name Harmen Reyngoudt

5. Manuscript Title Relationship between markers of disease activity and progression in skeletal muscle of GNE myopathy patients using quantitative NMRI and 31P

6. Manuscript Identifying Number (if you know it) QIMS-20-39-R1

### 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

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Avexis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biogen	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roche	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cytokinetics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sarepta	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biophytis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Catabasis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Lupin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dynacure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Audentes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### 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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### Section 6. Disclosure Statement

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Dr. Servais reports grants and personal fees from Avexis, grants and personal fees from Biogen, grants and personal fees from Roche, personal fees from Cytokinetics, personal fees from Sarepta, personal fees from Biophytis, personal fees from Pfizer, personal fees from Catabasis, personal fees from Lupin, grants and personal fees from Dynacure, personal fees from Audentes, outside the submitted work; .



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Teresa

2. Surname (Last Name)  
Gidaro

3. Date  
30-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Harmen Reyngoudt

5. Manuscript Title  
Relationship between markers of disease activity and progression in skeletal muscle of GNE myopathy patients using quantitative NMRI and 31P NMRS

6. Manuscript Identifying Number (if you know it)  
QIMS-20-39-R1

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Gidaro has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Pierre

2. Surname (Last Name)  
Carlier

3. Date  
30-April-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Harmen Reyngoudt

5. Manuscript Title  
Relationship between markers of disease activity and progression in skeletal muscle of GNE myopathy patients using quantitative NMRI and 31P NMRS

6. Manuscript Identifying Number (if you know it)  
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### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Santhera	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanofi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sarepta	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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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Dr. Carlier reports personal fees from Santhera, personal fees from Sanofi, personal fees from Sarepta, outside the submitted work; .

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