Date:\_\_\_\_Dec. 16, 2021\_\_\_\_

Consulting fees

Yo	our Name: Yì Xiáng J. Wái	ng		
M	anuscript Title: 'Health	nier Chinese Spine': an up	date of osteoporotic fractures in men (MrOS) and in wom	en
(N	IsOS) Hong Kong spine radio	graph studies		
M	anuscript number (if known)	):		
re pa to	lated to the content of your orties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
	ne following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
to	•	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertain e all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other iter	ns,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initial	al planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials,	XNone		
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
		Time frame: pas	t 36 months	
2				
	Grants or contracts from	XNone		
	any entity (if not indicated			
	any entity (if not indicated in item #1 above).	XNone		
3	any entity (if not indicated			

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Date:\_\_\_\_Dec. 16, 2021\_

Consulting fees

Yo	ur Name: Min Deng			
		hier Chinese Spine': an up	date of osteoporotic fractures in men (MrOS) and in women	
	IsOS) Hong Kong spine radio			
	anuscript number (if known)			
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rel pa to	lated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.	
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	e time frame for disclosure i		ed in this manuscript without time limit. For all other items,	,
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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments	,
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	All support for the present manuscript (e.g., funding, provision of study materials,	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)	,
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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)	,
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initi	Specifications/Comments (e.g., if payments were made to you or to your institution)	,
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	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.  Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initi XNone	Specifications/Comments (e.g., if payments were made to you or to your institution)  al planning of the work	,
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Date:\_\_\_\_Dec. 16, 2021\_\_\_\_

Consulting fees

	our Name: James F. Griffi			
			late of osteoporotic fractures in men (MrOS) and in wome	en
	1sOS) Hong Kong spine radio			
M	anuscript number (if known)	):		
rel to rel	lated to the content of your arties whose interests may be transparency and does not a lationship/activity/interest, ne following questions apply	manuscript. "Related" me e affected by the content on necessarily indicate a bias it is preferable that you do	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a poso.	
Th to	• •	ension, you should declare	defined broadly. For example, if your manuscript pertain all relationships with manufacturers of antihypertensive	
In	item #1 below, report all su	pport for the work reporte	ed in this manuscript without time limit. For all other item	ns,
	e time frame for disclosure i	s the past 36 months.		•
	e time frame for disclosure i	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	·
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l.	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
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l.	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
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	lectures, presentations,		
	speakers bureaus,		
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7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
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10	Leadership or fiduciary role	XNone	
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	committee or advocacy		
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11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Date:\_\_\_\_Dec. 16, 2021\_\_\_\_

Consulting fees

_	our Name: Anthony W. L.	KWOK	
M	anuscript Title: 'Health	nier Chinese Spine': an up	date of osteoporotic fractures in men (MrOS) and in women
(N	IsOS) Hong Kong spine radio	graph studies	
M	anuscript number (if known)	<b>:</b>	
rel pa to	lated to the content of your arties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
	ne following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
to	- · · · · · · · · · · · · · · · · · · ·	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
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		relationship or indicate	institution)
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		none (add rows as needed)	
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1	All support for the present	none (add rows as needed)	
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1	manuscript (e.g., funding, provision of study materials,	none (add rows as needed) Time frame: Since the initial	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	none (add rows as needed) Time frame: Since the initial	
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	none (add rows as needed) Time frame: Since the initial	
1	manuscript (e.g., funding, provision of study materials, medical writing, article	none (add rows as needed) Time frame: Since the initial	
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1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	none (add rows as needed)  Time frame: Since the initialXNone  Time frame: pas	al planning of the work
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from	none (add rows as needed) Time frame: Since the initionXNone	al planning of the work
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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
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11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Date:\_\_\_\_Dec. 16, 2021\_

Consulting fees

	ur Name: Jason CS Leung anuscript Title: 'Health	·	date of osteoporotic fractures in men (MrOS) and in women
(N	IsOS) Hong Kong spine radio	graph studies	
M	anuscript number (if known)	:	
rel pa to	ated to the content of your rties whose interests may be transparency and does not i	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a
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ma	anuscript only.		
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
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L	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	XNone	
	No time limit for this item.		
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2	Grants or contracts from	Time frame: pas X None	t so months
=	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
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10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		

Date:Dec. 16, 2021
Your Name: Patti MS Lam
Manuscript Title: 'Healthier Chinese Spine': an update of osteoporotic fractures in men (MrOS) and in women
(MsOS) Hong Kong spine radiograph studies
Manuscript number (if known):

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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.

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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
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	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		
L			

Date:Dec. 16, 2021
Your Name: Blanche Wai Man Yu
Manuscript Title: 'Healthier Chinese Spine': an update of osteoporotic fractures in men (MrOS) and in women
(MsOS) Hong Kong spine radiograph studies
Manuscript number (if known):
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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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
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6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
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10	Leadership or fiduciary role	XNone	
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12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	
Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
	None.		
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Date:\_\_\_\_Dec. 16, 2021\_\_\_\_

Consulting fees

Yo	our Name: Ping Chung Lei	ung		
M	anuscript Title: 'Health	nier Chinese Spine': an up	date of osteoporotic fractures in men (MrOS) and in women	
(N	(MsOS) Hong Kong spine radiograph studies			
M	anuscript number (if known)	:		
In	the interest of transparency	, we ask you to disclose a	II relationships/activities/interests listed below that are	
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	manuscript (e.g., funding,			
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	medical writing, article processing charges, etc.)			
	No time limit for this item.			
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,	Grants or contracts from	Time frame: pas	at 56 months	
2	any entity (if not indicated	XNone		
	in item #1 above).			
3	Royalties or licenses	X None		

5	Payment or honoraria for	XNone	
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Ple	ease summarize the above co	onflict of interest in the fo	llowing box:
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Date:\_\_\_\_Dec. 16, 2021\_\_\_\_

Consulting fees

Yo	ur Name: Timothy C.Y. K	(wok		
M	anuscript Title: 'Health	nier Chinese Spine': an up	date of osteoporotic fractures in men (MrOS) and in women	1
(N	IsOS) Hong Kong spine radio	graph studies		
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to	- · · · · · · · · · · · · · · · · · · ·	ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.	
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	manuscript (e.g., funding,			
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	medical writing, article			
	processing charges, etc.)  No time limit for this item.			
	No time innit for this item.			
2	-	Time frame: pas	t 36 months	
	Grants or contracts from	Time frame: pas	t 36 months	
	any entity (if not indicated		t 36 months	
)	any entity (if not indicated in item #1 above).	XNone	t 36 months	
3	any entity (if not indicated		t 36 months	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests	_	
Ple	ease summarize the above c	onflict of interest in the f	ollowing box:
	None.		
L			