Da	te:8-23-2022		
	ur Name:Yanlin Su		
Ma	nuscript Title: Blo	osozumab in the treatmen	t of postmenopausal women with osteoporosis: A Systematic
Re	view and Meta-analysis		
Ma	nuscript number (if known):	
rela par to	ated 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 is. If you are in doubt about whether to list a
The	e following questions apply		nips/activities/interests as they relate to the <u>current</u>
ma	nuscript only.		
to i me In i	the epidemiology of hypert edication, even if that medic	ension, you should declard cation is not mentioned in pport for the work reporte is the past 36 months.	ed in this manuscript without time limit. For all other items,
		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 initia	al planning of the work
			ai pianning of the work
	All support for the present		
	manuscript (e.g., funding,	None	
	manuscript (e.g., funding, provision of study materials,	None	
		None	
	provision of study materials, medical writing, article processing charges, etc.)	None	
	provision of study materials, medical writing, article	None	
	provision of study materials, medical writing, article processing charges, etc.)	None	
	provision of study materials, medical writing, article processing charges, etc.)		
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: pas	at 36 months
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from		at 36 months
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	Time frame: pas	at 36 months
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pas	st 36 months
	provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	Time frame: pas	at 36 months

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Consulting fees

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None		
6	Payment for expert testimony	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		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		
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		
	Please summarize the above conflict of interest in the following box: The author has no conflicts of interest to declare.			

Date:	8-23-2022
Your Name	:wenzhao wang
Manuscript	: Title: Blosozumab in the treatment of postmenopausal women with osteoporosis: A Systematic Revie
and Meta-a	nalysis
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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
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		
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		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None		
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		
	Please summarize the above conflict of interest in the following box: The author has no conflicts of interest to declare.			

Dat	te:8-23-2022		
	ur Name:Fei Liu		
			of postmenopausal women with osteoporosis: A Systematic
Re۱	view and Meta-analysis		
Ma	nuscript number (if known):	
rela par to t	ated to the content of your ties whose interests may b	manuscript. "Related" me e affected by the content necessarily indicate a bias	Ill 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 s. If you are in doubt about whether to list a lo so.
		to the author's relationsh	nips/activities/interests as they relate to the current
<u>ma</u>	nuscript only.		
me In i	dication, even if that medic	cation is not mentioned in	e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items
		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 initi	al planning of the work
	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	st 36 months
	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
	Royalties or licenses	None	

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Consulting fees

		T	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
0	pending	None	
	pending		
9	Dorticipation on a Data	None	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
	_		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	lowing box:
	The author has no conflic	cts of interest to declare	

Date	e:8-23-2022		
	ır Name:Yuli Cai		
Mar	nuscript Title: Bl	osozumab in the treatmen	t of postmenopausal women with osteoporosis: A Systematic
Rev	iew and Meta-analysis		
Mar	nuscript number (if knowr	n):	
rela part to ti	ited to the content of your ties whose interests may b ransparency and does not	r manuscript. "Related" me be 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 is. If you are in doubt about whether to list a
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	following questions apply nuscript only.	y to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
to tl	he epidemiology of hyper		e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	tem #1 below, report all su time frame for disclosure	• •	ed in this manuscript without time limit. For all other items,
		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 initia	al 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	
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		Time frame: pas	et 36 months
,	Grants or contracts from	None	it 30 months
	any entity (if not indicated	None	
	in item #1 above).		
	Royalties or licenses	None	
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Consulting fees

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5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
0	pending	None	
	pending		
9	Dorticipation on a Data	None	
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	lowing box:
	The author has no conflic	cts of interest to declare	

Da	te:8-23-2022			_	
Yo	Your Name: Nianhu Li				
Ma	Your Name: Nianhu Li Manuscript Title: Blosozumab in the treatment of postmenopausal women with osteoporosis: A Systematic				
	view and Meta-analysis				
Ma	anuscript number (if known)):			
rel pa to rel Th ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, be following questions apply anuscript only. The author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d to the author's relationsh ivities/interests should be ension, you should declare cation is not mentioned in	nips/activities/interests as they relate to the <u>current</u> e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive		
		Name all optities with	Specifications/Comments		
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as			
		needed)			
		Time frame: Since the initia	al planning of the work		
1	All support for the present	None			
	manuscript (e.g., funding,				
	provision of study materials,				
	medical writing, article				
	processing charges, etc.) No time limit for this item.				
	no time limit for this item.				
		Time from a ve	at 26 months		
2	Grants or contracts from	Time frame: pas	st 36 months		
2	Grants or contracts from	Time frame: pas	st 36 months		
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2	any entity (if not indicated in item #1 above).	None	at 36 months		
	any entity (if not indicated		at 36 months		

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Consulting fees

		,	-
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None	
	manuscript writing or		
c	educational events	Nana	
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
,	meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	Nana	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	lowing box:
	The author has no conflic	cts of interest to declare	

Dat	te:8-23-2022		
	ur Name:Hao Li		
Ма	nuscript Title: Blos	ozumab in the treatment	of postmenopausal women with osteoporosis: A Systematic
Rev	view and Meta-analysis		
Ma	nuscript number (if known):	
rela par to t	ated to the content of your ties 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 s. If you are in doubt about whether to list a lo so.
	e following questions apply nuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to t		ension, you should declar	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript.
	tem #1 below, report all su time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items,
		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	, and the second
		needed)	
		Time frame: Since the initi	al planning of the work
	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
	NO time minit for this item.		
		Time frame: pas	st 36 months
	Grants or contracts from	None	or so months
	any entity (if not indicated		+
	in item #1 above).		
	Royalties or licenses	None	
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Consulting fees

		T		
5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or	None		
0	pending	None		
	pending			
9	Dorticipation on a Data	None		
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or advocacy	None		
	group, paid or unpaid			
11	Stock or stock options	None		
	_			
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	None		
	financial interests			
Ple	Please summarize the above conflict of interest in the following box:			
The author has no conflicts of interest to declare.				

Date:	_8-23-2022
Your Name	e:Gang Li
Manuscrip	ot Title: Blosozumab in the treatment of postmenopausal women with osteoporosis: A Systemati
Review an	nd Meta-analysis
Manuscrip	ot 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</u> <u>manuscript only</u>.

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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.	Shandong Province Key R&D Program (Major Technological Innovation Project) (2021CXGC010501)	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	NoneNone	
3	Royalties or licenses	None	
4	Consulting fees	None	

		1	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6		Nava	
ь	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
,	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical		
	writing, gifts or other		+
	services		
4.2			
13	Other financial or non-	None	
	financial interests		

Please summarize the above conflict of interest in the following box:

Funding: Shandong Province Key R&D Program (Major Technological Innovation Project) (No. 2021CXGC010501; to Gang Li)

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

Date:	8-23-2022
Your Name	:Liang Ma
Manuscript	t Title: Blosozumab in the treatment of postmenopausal women with osteoporosis: A Systematic
Review and	Meta-analysis
Manuscript	t 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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		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.	Shandong Provincial Natural Science Foundation (No. ZR2021MH071) China Postdoctoral Science Foundation (No. 2020M682220, No. 2021T140423)	
		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	

		•	
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
	-		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
	Stock of Stock options	146112	
12	Receipt of equipment, materials, drugs, medical	None	
14			
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Please summarize the above conflict of interest in the following box:

Funding: Shandong Provincial Natural Science Foundation (No. ZR2021MH071, to Liang Ma) and China Postdoctoral Science Foundation (Nos. 2020M682220 and 2021T140423, to Liang Ma)

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