Date:	9/2/2024
Your Name:	A.M.Buziau
Manuscript Title:	Safety and efficacy of pharmacological inhibition of ketohexokinase in hereditary fructose intolerance
Manuscript Number (if known):	Click or tap here to enter text.

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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)
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.	Time frame: Since the initial planning  None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	

		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)
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	Dutch Diabetes Research Foundation	Personal grant
Plea	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.		

Date:			9/25/2024	
Your Name:		_	Aditi R.Saxena	
Manuscript Title:			Safety and efficacy of pharmacological inhibition of ketohexokinase in hereditary fructose intolerance	
Mai	nuscript Number (if k	nown):	Click or tap here to enter text.	
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.		ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.		
epic		nsion, you		xample, if your manuscript pertains to the acturers of antihypertensive medication, even if
	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.			ithout time limit. For all other items, the time
			entities with whom you have this nip 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	of the work
1	All support for the present	No.		
	manuscript (e.g., funding, provision	Pfizer, In	.C.	Employee and shareholder
	of study materials, medical writing,			
			<u></u>	Click the tab key to add additional rows.
	article processing			Click the tab key to add additional rows.
	article processing charges, etc.) No time limit for			Click the tab key to add additional rows.
	article processing charges, etc.)			
	article processing charges, etc.) No time limit for		Time frame: past 36 months	
2	article processing charges, etc.) No time limit for this item.  Grants or	[⊠] <b>No</b>		
2	article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	[⊠] No		
2	article processing charges, etc.) No time limit for this item.  Grants or contracts from	[⊠] No		
2	article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	[⊠] No		

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□     □	
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	

		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)
11	Stock or stock options	Pfizer, Inc	Stock and stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	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.			

Date:	9/24/2024
Your Name:	Casper G. Schalkwijk
Manuscript Title:	Click or tap here to enter text.
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		e all entities with whom you have this onship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□     □	
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	

		Name all entities with whom you h relationship or indicate none (add	Specifications/Comments (e.g., if payments were made to you or to your institution)
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 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.			

Date:	Click or tap to enter a date.
Your Name:	David Cassiman
Manuscript Title:	Safety and efficacy of pharmacological inhibition of ketohexokinase in hereditary fructose intolerance
Manuscript Number (if known):	Click or tap here to enter text.

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.

		e all entities with whom you have this onship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	<ul> <li>None</li> <li>I am involved in multiple industry-driven trial protocols, as P.I. and sub-P.I. since 2005.</li> <li>I occasionally consult for regulatory agencies (RIZIV-INAMI, CTG, EMA), health care consultants and many large and small pharma and biotech companies.</li> <li>I personally have received speaker fees and advisory board compensations from companies active in the field of Inborn Errors of Metabolism, e.g. Alexion, Alnylam, Sanofi- Genzyme, Orphalan, Takeda.</li> <li>The University of Leuven (Leuven Research and Development, LRD) and University Hospitals Leuven have – on my behalf - received research grants, travel and conference bursaries, speaker fees and advisory board compensations from a.o. Sanofi-Genzyme, Takeda-Shire, Alexion, Alnylam, Amicus, Actelion, Bayer, Biomarin, BMS, Chiesi, Orpha Labs, Orphalan, Roche, Schering-Plough, Sobi, Synageva.</li> </ul>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<ul> <li>None</li> <li>I am involved in multiple industry-driven trial protocols, as P.I. and sub-P.I. since 2005.</li> <li>I occasionally consult for regulatory agencies (RIZIV-INAMI, CTG, EMA), health care consultants and many large and small pharma and biotech companies.</li> <li>I personally have received speaker fees and advisory board compensations from companies active in the field of Inborn Errors of Metabolism, e.g. Alexion, Alnylam, Sanofi- Genzyme, Orphalan, Takeda.</li> <li>The University of Leuven (Leuven Research and Development, LRD) and University Hospitals Leuven have – on my behalf - received research grants, travel and conference bursaries, speaker fees and advisory board compensations</li> </ul>	

		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)
		from a.o. Sanofi-Genzyme, Takeda-Shire, Alexion, Alnylam, Amicus, Actelion, Bayer, Biomarin, BMS, Chiesi, Orpha Labs, Orphalan, Roche, Schering-Plough, Sobi, Synageva.	
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	SSIEM, Ipnet	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing,	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)	
	gifts or other services			
13	Other financial or non-financial interests	None		
Plea	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.			

Date:	9/24/2024
Your Name:	E.J.C. Koene
Manuscript Title:	Safety and efficacy of pharmacological inhibition of ketohexokinase in hereditary fructose intolerance
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		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	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.	Pfizer Inc  Time frame: past 36 months	Payment to institution  Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	■ None	
3	Royalties or licenses	None 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)
4	Consulting fees	None 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	

		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)	
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		
Plea	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.			

Date:	9/3/2024
Your Name:	Dr. Judith Bons
Manuscript Title:	Safety and efficacy of pharmacological inhibition of ketohexokinase in hereditary fructose intolerance
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		e all entities with whom you have this onship 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
	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	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	

		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)	
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		
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement:			

3 12/13/2021 ICMJE Disclosure Form

Date:	9/3/2024
Your Name:	Jean Scheijen
Manuscript Title:	Safety and efficacy of pharmacological inhibition of ketohexokinase in hereditary fructose intolerance
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments with 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.	None  Time frame: past 36 month	Click the tab key to add additional rows.	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None 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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	

		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)	
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 None		
Plea 🖂	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.			

Date: 9/2/2			9/2/2024		
Your Name:			M Brouwers		
Manuscript Title:			Safety and efficacy of pharmacological inhibition of ketohexokinase in hereditary fructose intolerance		
Mai	nuscript Number (if k	known):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activities			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa	/interest, it is preferable that you do so.	
	em #1 below, report ne for disclosure is th		·	ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	Pfizer II	nc	Payment to institution  Click the tab key to add additional rows.	
charges, etc.)  No time limit for this item.					
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] Ne	one		
3	Royalties or				

		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)
4	Consulting fees	□ None	
		Arrowhead	Payment to institution
		Editas Medicine	Payment to institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational	None     ■	
	events		
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	

		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)	
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 None		
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:			

Name all entities with whom you have this relationship or indicate none (add rows as needed)   Name all entities with whom you have this relationship or indicate none (add rows as needed)   Name all entities with whom you have this resent or disclosure is the past 36 months.   Name all entities with whom you have this resent or so this item.   None   Pfizer, Inc   None   None	Date:			9/4/2024		
Intolerance	Your Name:		_	Patrick Schrauwen		
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)  Time frame: Since the initial planning of the work    All support for the present manuscript (e.g., if payments were made to you or to your institution)  Time frame: Since the initial planning of the work    All support for the present manuscript (e.g., if payments were made to you or to your institution)    Prizer, inc	Manuscript Title:		_	_	oition of ketohexokinase in hereditary fructose	
content of your manuscript. "felated" 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)  Time frame: Since the initial 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.  Time frame: past 36 months  Time frame: past 36 months  Time frame: past 36 months  None    None     None	Mar	nuscript Number (if k	nown):	Click or tap here to enter text.		
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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)	epid	emiology of hyperter	nsion, you	should declare all relationships with manufa		
relationship or indicate none (add rows as needed) made to you or to your institution)  Time frame: Since the initial 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.					ithout time limit. For all other items, the time	
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.  Time frame: past 36 months  Click the tab key to add additional rows.  Time frame: past 36 months  Time frame: past 36 months  AstraZeneca				<del>-</del>		
present 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  Click the tab key to add additional rows.  Time frame: past 36 months  None  AstraZeneca MedImmune  None  Royalties or  None				Time frame: Since the initial planning	of the work	
Time frame: past 36 months  2 Grants or contracts from any entity (if not indicated in item #1 above).  None  AstraZeneca  MedImmune  None  None		present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	1 1		Click the tab key to add additional rows.	
2 Grants or contracts from any entity (if not indicated in item #1 above).  None  AstraZeneca  MedImmune  None  AstraZeneca  MedImmune  None				Time frame: past 36 month	s	
	2	contracts from any entity (if not indicated in item	AstraZe	eneca		
	3	•	⊠ No	one		

ľ			ecifications/Comments (e.g., if payments were ade to you or to your institution)
4	Consulting fees	None 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	European Association for the Study of Diabetes (EASD)	

		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)	
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 None		
Plea	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.			

Date:			9/2/2024		
Your Name:			Timothy M Cox		
Manuscript Title:			'Safety and efficacy of pharmacological inhibition of ketohexokinase in hereditary fructose intolerance'.		
Man	uscript Number (if k	nown):	Not 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 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 it that medication is not mentioned in the manuscript.			ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.		
	em #1 below, report a ne for disclosure is the			ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for		one	Click the tab key to add additional rows.	
	this item.				
	this item.		Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Investig	Time frame: past 36 months  one gator-Sponsored Research Program er disease) Sanofi-Aventis	s	

		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)
4	Consulting fees	None	(Consultant for design and conduct of clinical trials in sphingolipid diseases (Gaucher disease;
		Azafaros  Gain Therapeutics	GM2 and GM1 gangliosidosis)  As above- starting with preclinical development for drug in trials Niemann-Pick disease type C nd GM2 gangliosidosis  As above
			As above
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript	Takeda Pharmaceuticals  Sanofi Genzyme	Lecture fees (External) and Advisory Board Lysosomal diseases  Lecture fees (External) and Advisory Board Lysosomal diseases
	writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending	⊠  None	
	meetings and/or travel	Sanofi	World Meeting: LDN annual US Lysosomla disease meeeting
8	Patents planned,	None	
	issued or pending		
9	Participation on	None	
3	a Data Safety Monitoring Board or Advisory Board	Not recently – 36 months]	
10	Leadership or fiduciary role in	□ None	
	other board, society, committee or advocacy group,	Vice-chair/Chair Gordon Conference in Lysosomal Diseases 2018-2023 - unpaid	
	advocacy group, paid or unpaid		

		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)	
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		
Plea	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.			

Date:		9/20/2024		
Your Name:		Vera Schrauwen-Hinderling		
Manuscript Title:		Safety and efficacy of pharmacological inhibition of ketohexokinase in hereditary fructose intolerance		
Mar	nuscript Number (if k	nown): Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma		rency, we ask you to disclose all relationships/activities/interests listed below that are related to the pt. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be f the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.		
The state of the s		s/activities/interests should be defined broadly. For example, if your manuscript pertains to the ision, you should declare all relationships with manufacturers of antihypertensive medication, even if entioned in the manuscript.		
In item #1 below, report all suppor frame for disclosure is the past 36		all support for the work reported in this manuscript without time limit. For all other items, the time e 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.	Pfizer inc.  Click the tab key to add additional rows.		
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None  None		
3	Royalties or licenses	None     Non		

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Astra Zeneca, speakers' fee at the STLT2 inhibitor meeting 2024 in Gothenborg, Sweden	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Travel support to visit the Annual Scientific Meeting of the Cardiometabolic Health, Diabetes and Obesity (CMDO) research network of the province of Quebec 2024	
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	

		Name all entities with whom you have this relationship or indicate none (add rows as need	Specifications/Comments (e.g., if payments were ed) made to you or to your institution)
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	
Plea	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.		

Date:			9/25/2024		
Your Name:			William P. Esler		
Manuscript Title:			Safety and efficacy of pharmacological inhibition of ketohexokinase in hereditary fructose intolerance		
Mai	nuscript Number (if l	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma		ript. "Rela of the mai	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
		ension, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		·	ithout time limit. For all other items, the time	
			l entities with whom you have this hip 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	
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1	All support for the	[□] <b>N</b> o	one		
1	present manuscript (e.g.,	Pfizer, I		Employee and shareholder	
1	present manuscript (e.g., funding, provision of study materials,	[ ]		Employee and shareholder  Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision	[ ]			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	[ ]			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	[ ]	nc.	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Pfizer, I	nc.  Time frame: past 36 month	Click the tab key to add additional rows.	
2	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	Pfizer, I	nc.	Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Pfizer, I	nc.  Time frame: past 36 month	Click the tab key to add additional rows.	
	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 any entity (if not	Pfizer, I	nc.  Time frame: past 36 month	Click the tab key to add additional rows.	
	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 any entity (if not indicated in item #1 above).  Royalties or	Pfizer, I	nc.  Time frame: past 36 month	Click the tab key to add additional rows.	
2	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 any entity (if not indicated in item #1 above).	Pfizer, I	Time frame: past 36 month	Click the tab key to add additional rows.	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□     □	
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	

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11	Stock or stock options	Pfizer, Inc	Stock and stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Image: square of the property o	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	12/23/2024
Your Name:	Steven J.R. Meex
Manuscript Title:	Safety and efficacy of pharmacological inhibition of ketohexokinase in hereditary fructose intolerance
Manuscript Number (if known):	187376-JCI-RL-RV-2

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3	Royalties or licenses	None	

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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	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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