

ICMJE DISCLOSURE FORM

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.](#)

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.

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td>Dutch Diabetes Research Foundation</td> <td>Personal grant</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Dutch Diabetes Research Foundation	Personal grant				
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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.

ICMJE DISCLOSURE FORM

Date: 9/25/2024

Your Name: Aditi R.Saxena

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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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE 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.

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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ICMJE DISCLOSURE 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.

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4	Consulting fees	<input type="checkbox"/> None	
		<ul style="list-style-type: none"> I am involved in multiple industry-driven trial protocols, as P.I. and sub-P.I. since 2005. I occasionally consult for regulatory agencies (RIZIV-INAMI, CTG, EMA), health care consultants and many large and small pharma and biotech companies. 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, Orphan, Takeda. 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, Orphan, Roche, Schering-Plough, Sobi, Synageva. 	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
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		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	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
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		SSIEM, Ipnet	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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Date: 9/24/2024

Your Name: E.J.C. Koene

Manuscript Title: Safety and efficacy of pharmacological inhibition of ketohexokinase in hereditary fructose intolerance

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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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.

ICMJE DISCLOSURE 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.](#)

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.

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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.](#)

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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ICMJE DISCLOSURE FORM

Date: 9/2/2024

Your Name: M Brouwers

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.

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ICMJE DISCLOSURE FORM

Date: 9/4/2024

Your Name: Patrick Schrauwen

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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ICMJE DISCLOSURE FORM

Date: 9/2/2024

Your Name: Timothy M Cox

Manuscript Title: 'Safety and efficacy of pharmacological inhibition of ketohexokinase in hereditary fructose intolerance'.

Manuscript Number (if known): 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.

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3	Royalties or licenses	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Sanofi</td> <td>(Consultant for design and conduct of clinical trials in sphingolipid diseases (Gaucher disease; GM2 and GM1 gangliosidosis)</td> </tr> <tr> <td>Azafaros</td> <td>As above- starting with preclinical development for drug in trials Niemann-Pick disease type C and GM2 gangliosidosis</td> </tr> <tr> <td>Gain Therapeutics</td> <td>As above</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Sanofi	(Consultant for design and conduct of clinical trials in sphingolipid diseases (Gaucher disease; GM2 and GM1 gangliosidosis)	Azafaros	As above- starting with preclinical development for drug in trials Niemann-Pick disease type C and GM2 gangliosidosis	Gain Therapeutics	As above		
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Gain Therapeutics	As above										
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>Takeda Pharmaceuticals</td> <td>Lecture fees (External) and Advisory Board Lysosomal diseases</td> </tr> <tr> <td>Sanofi Genzyme</td> <td>Lecture fees (External) and Advisory Board Lysosomal diseases</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Takeda Pharmaceuticals	Lecture fees (External) and Advisory Board Lysosomal diseases	Sanofi Genzyme	Lecture fees (External) and Advisory Board Lysosomal diseases				
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td>Sanofi</td> <td>World Meeting: LDN annual US Lysosomal disease meeting</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Sanofi	World Meeting: LDN annual US Lysosomal disease meeting						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td>Not recently – 36 months]</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Not recently – 36 months]							
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Vice-chair/Chair Gordon Conference in Lysosomal Diseases 2018-2023 - unpaid</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Vice-chair/Chair Gordon Conference in Lysosomal Diseases 2018-2023 - unpaid							
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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.

ICMJE DISCLOSURE FORM

Date: 9/20/2024

Your Name: Vera Schrauwen-Hinderling

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.

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.

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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.	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Pfizer inc.</td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>	Pfizer inc.					
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3	Royalties or licenses	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"> </td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 260 1516 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="386 483 1516 617"> <tr> <td>Astra Zeneca, speakers' fee at the STLT2 inhibitor meeting 2024 in Gothenborg, Sweden</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Astra Zeneca, speakers' fee at the STLT2 inhibitor meeting 2024 in Gothenborg, Sweden							
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" data-bbox="386 1045 1516 1247"> <tr> <td>Travel support to visit the Annual Scientific Meeting of the Cardiometabolic Health, Diabetes and Obesity (CMDO) research network of the province of Quebec 2024</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Travel support to visit the Annual Scientific Meeting of the Cardiometabolic Health, Diabetes and Obesity (CMDO) research network of the province of Quebec 2024							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1549 1516 1650"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1734 1516 1835"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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ICMJE DISCLOSURE FORM

Date: 9/25/2024

Your Name: William P. Esler

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.

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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.	<input type="checkbox"/> None <table border="1"> <tr> <td>Pfizer, Inc.</td> <td>Employee and shareholder</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	Pfizer, Inc.	Employee and shareholder				Click the tab key to add additional rows.
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
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11	Stock or stock options	<input type="checkbox"/> None	
		Pfizer, Inc	Stock and stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE 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

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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