

Supplementary figure legends

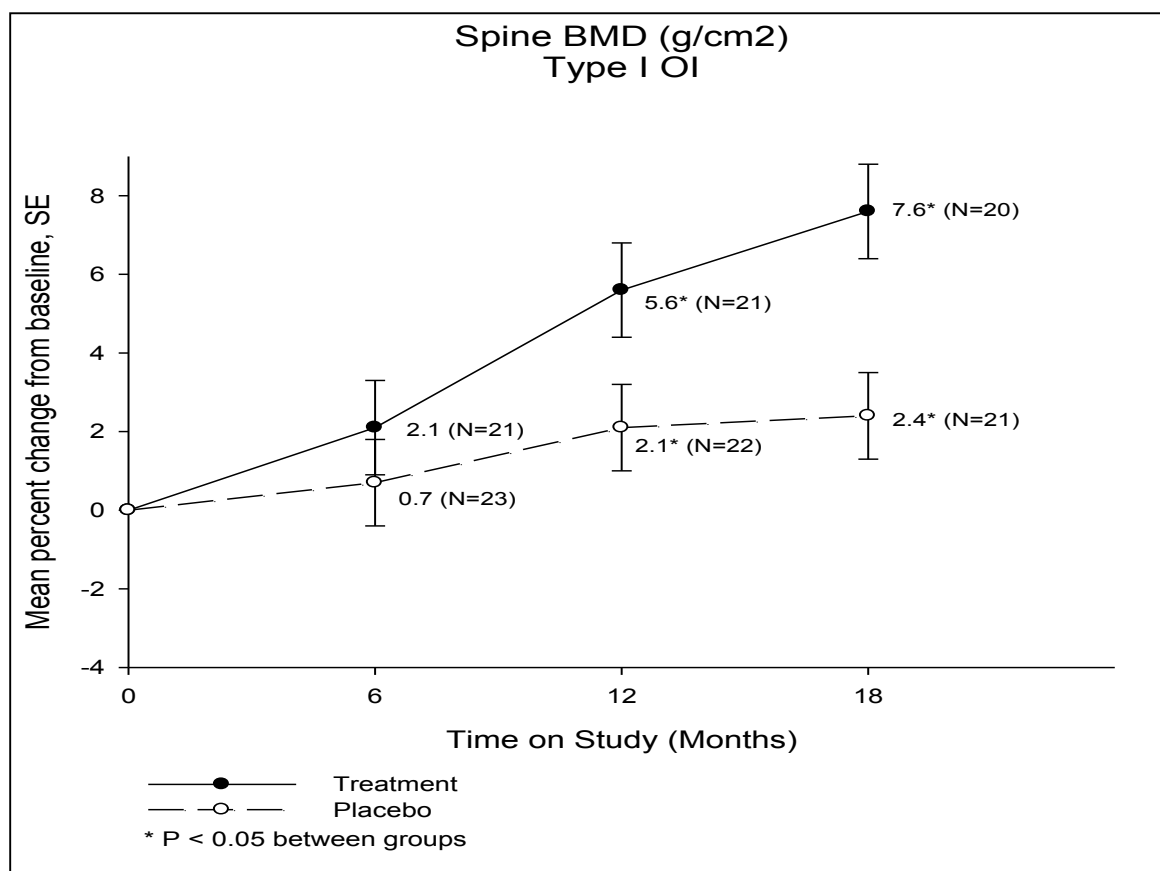
Supplementary Figure 1 A-H. Change from baseline in areal BMD in teriparatide and placebo treated Type I patients (lumbar spine (A), total hip (B), femoral neck (C) and forearm (D)) and in Type III/IV patients (lumbar spine (E), total hip (F), femoral neck (G) and forearm (H)) at baseline, 6, 12 and 18 months. Error bars are standard error of the mean. Values shown are estimated least squares mean of percentage changes. The number of patients with non-missing percentage change data at each time point is shown in parentheses.

Supplementary Figure 2 A, B. Change from baseline in spinal trabecular vBMD (mg/cm^3), vertebral strength (N), and Phi in teriparatide and placebo treated patients at 18 months in Type I patients (A) and Type III/IV patients (B). Trab vBMD, trabecular volumetric BMD of the spine.

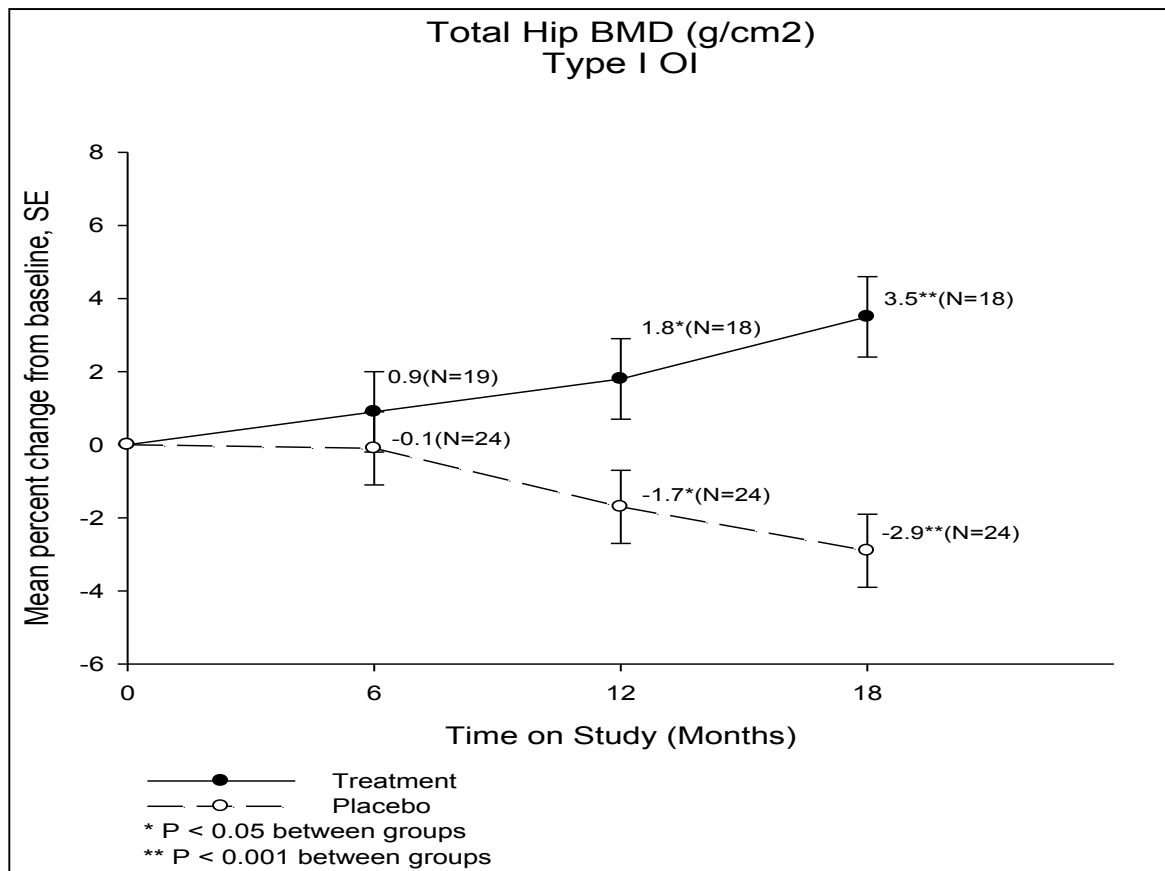
Supplementary Figure 3 A-D. Change from baseline in P1NP and NTx in teriparatide and placebo-treated Type I patients (A and B, respectively) and in Type III/IV patients (C and D, respectively) at baseline, 1, 3, 6, 12 and 18 months. Error bars are standard error of the mean. Values shown are estimated least squares mean of percentage changes. The number of patients with non-missing percentage change data at each time point is shown in parentheses. P1NP, procollagen 1 N-terminal propeptide; NTx, N-terminal peptide of type 1 collagen.

Supplementary Figure 4 A, B. Change from baseline in iPTH (A) and 24 hour urine calcium (B) in teriparatide and placebo treated patients (ITT population). Error bars are standard error of the mean. Values shown are estimated least squares mean of percentage changes. The number of patients with non-missing percentage change data at each time point is shown in parentheses.

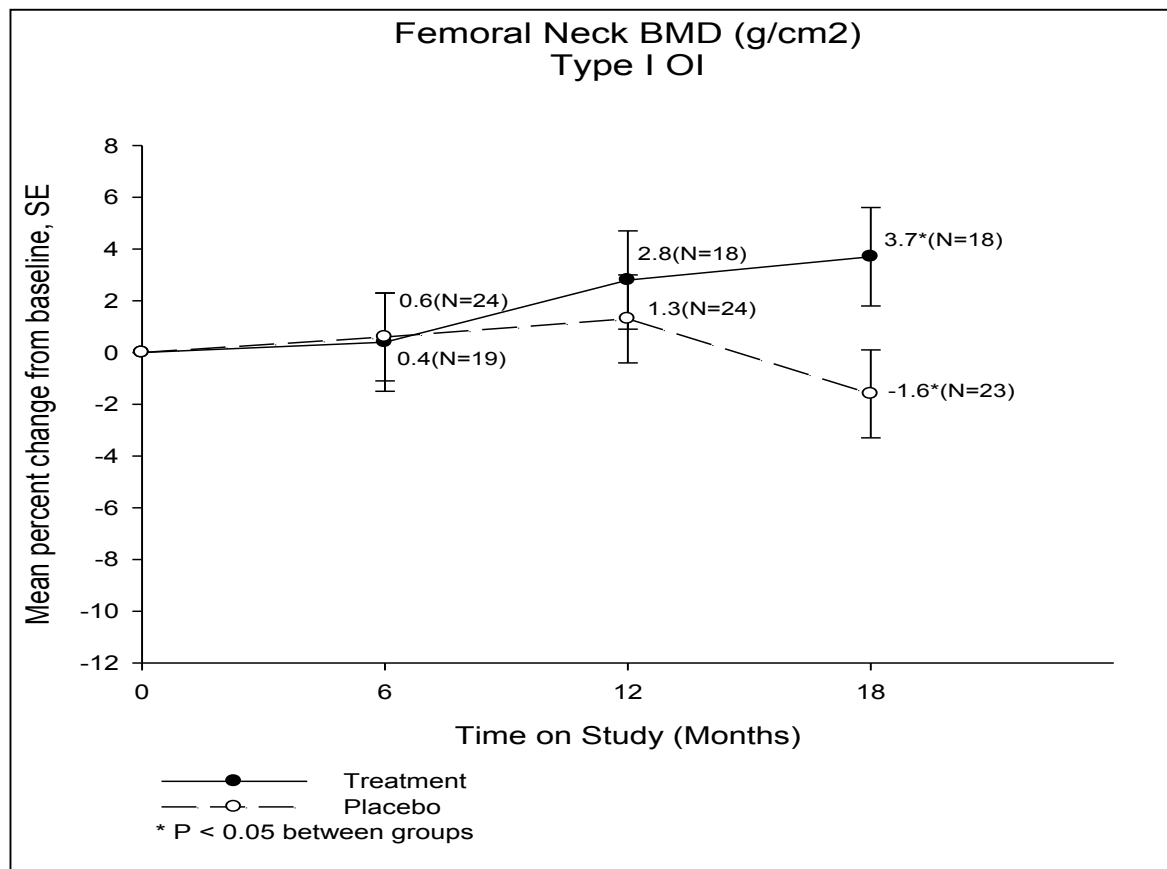
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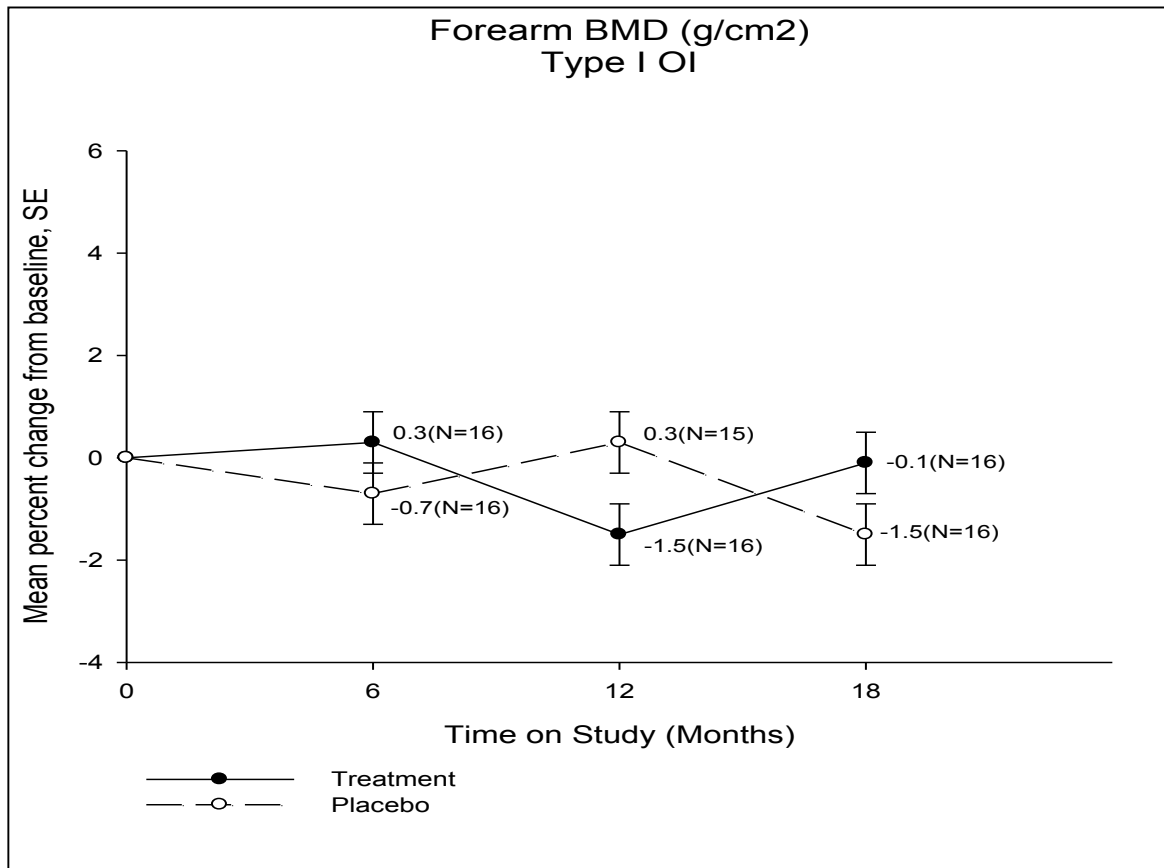
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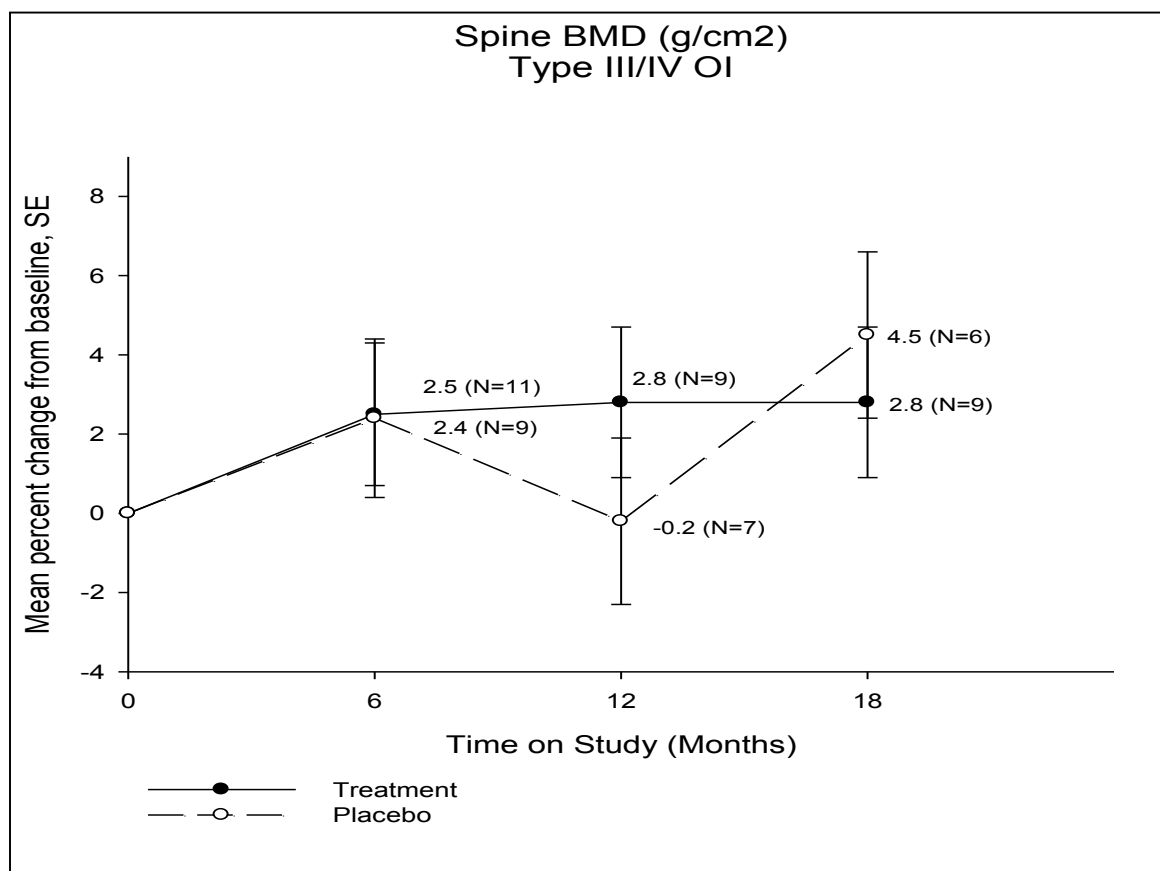
Supplementary Figure 1C.



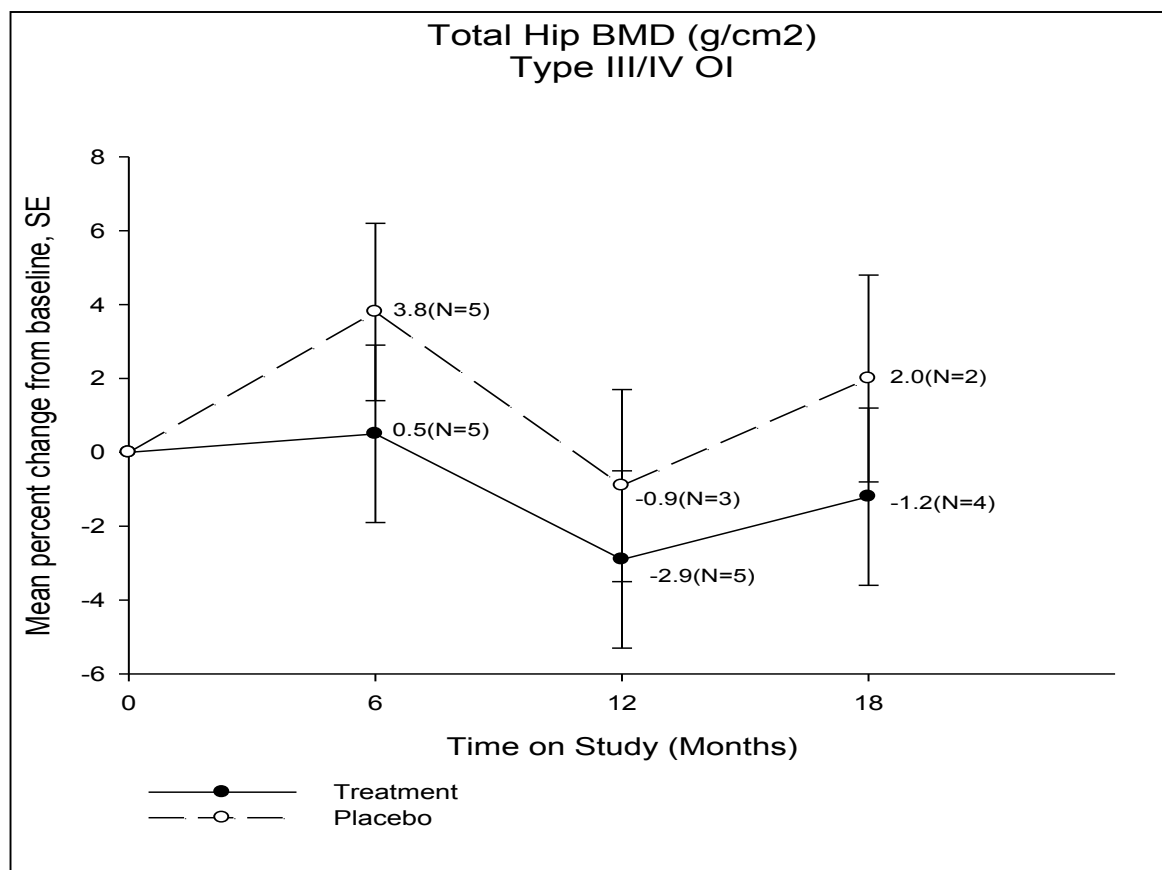
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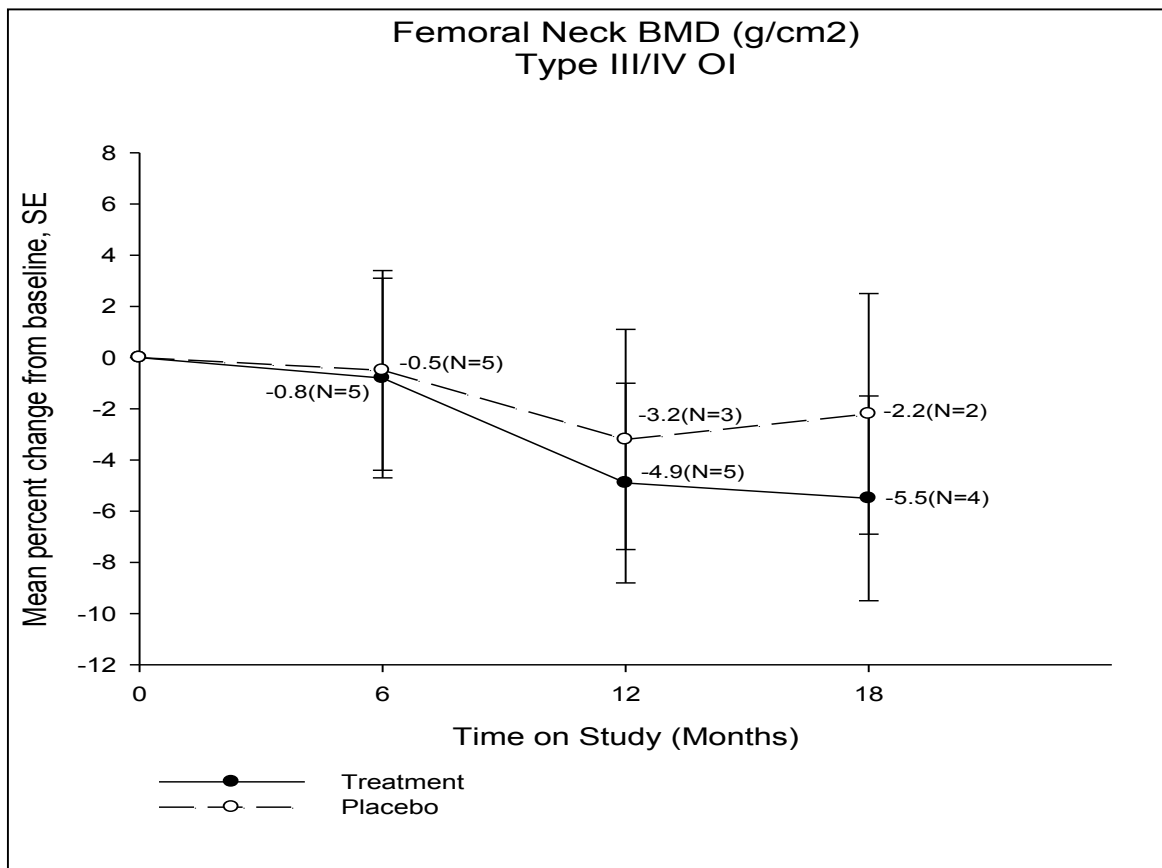
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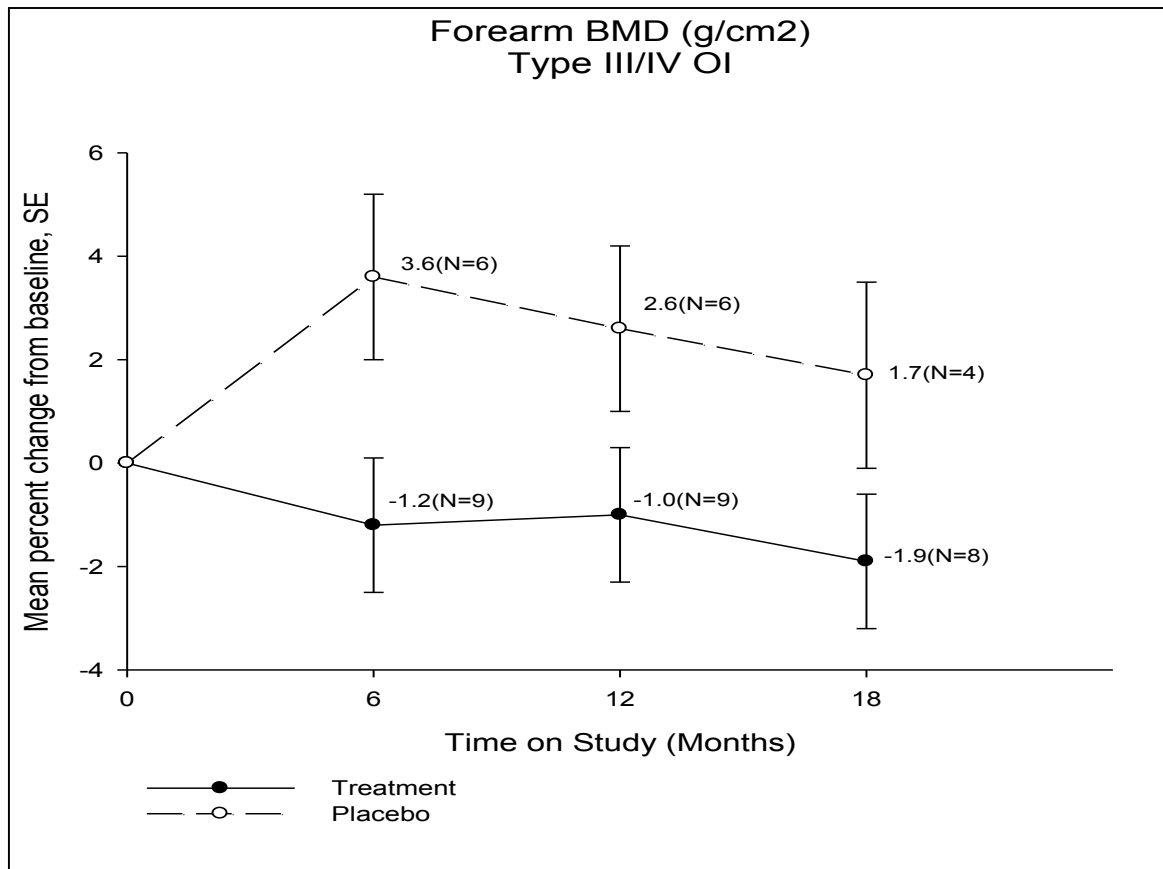
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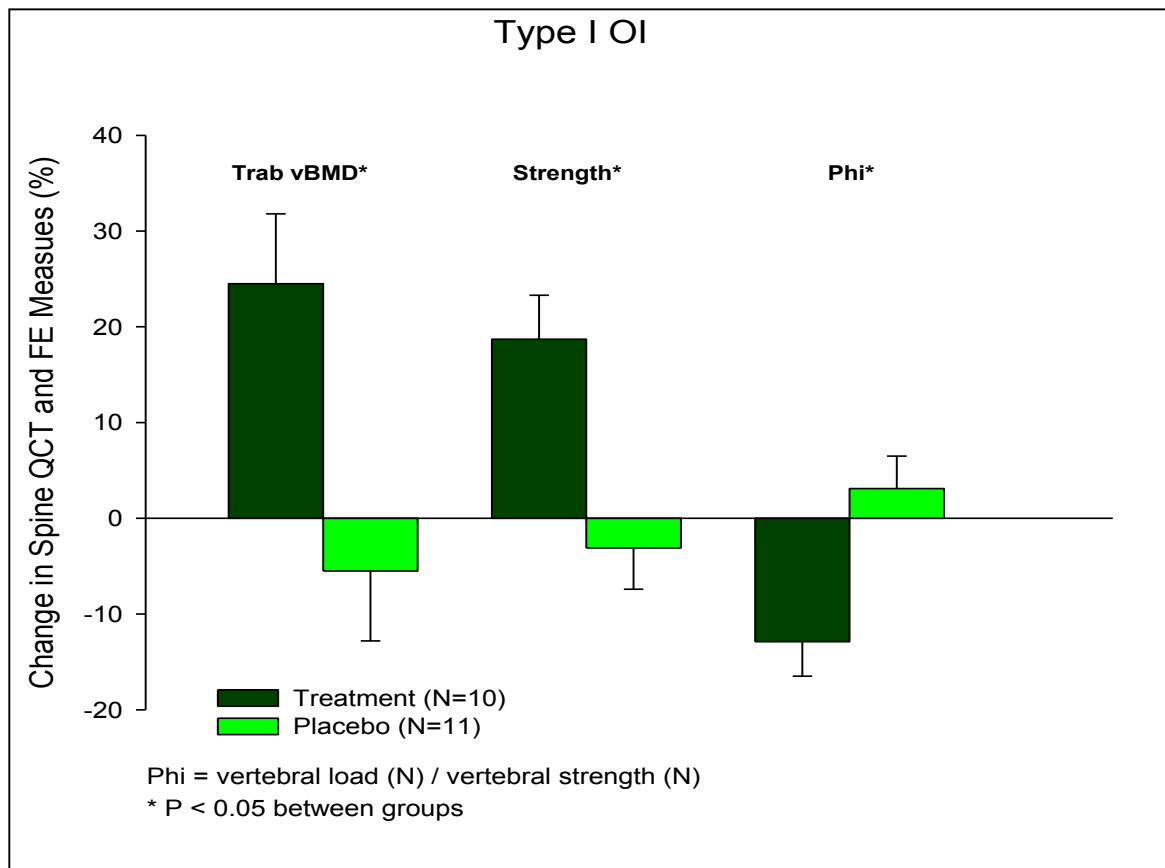
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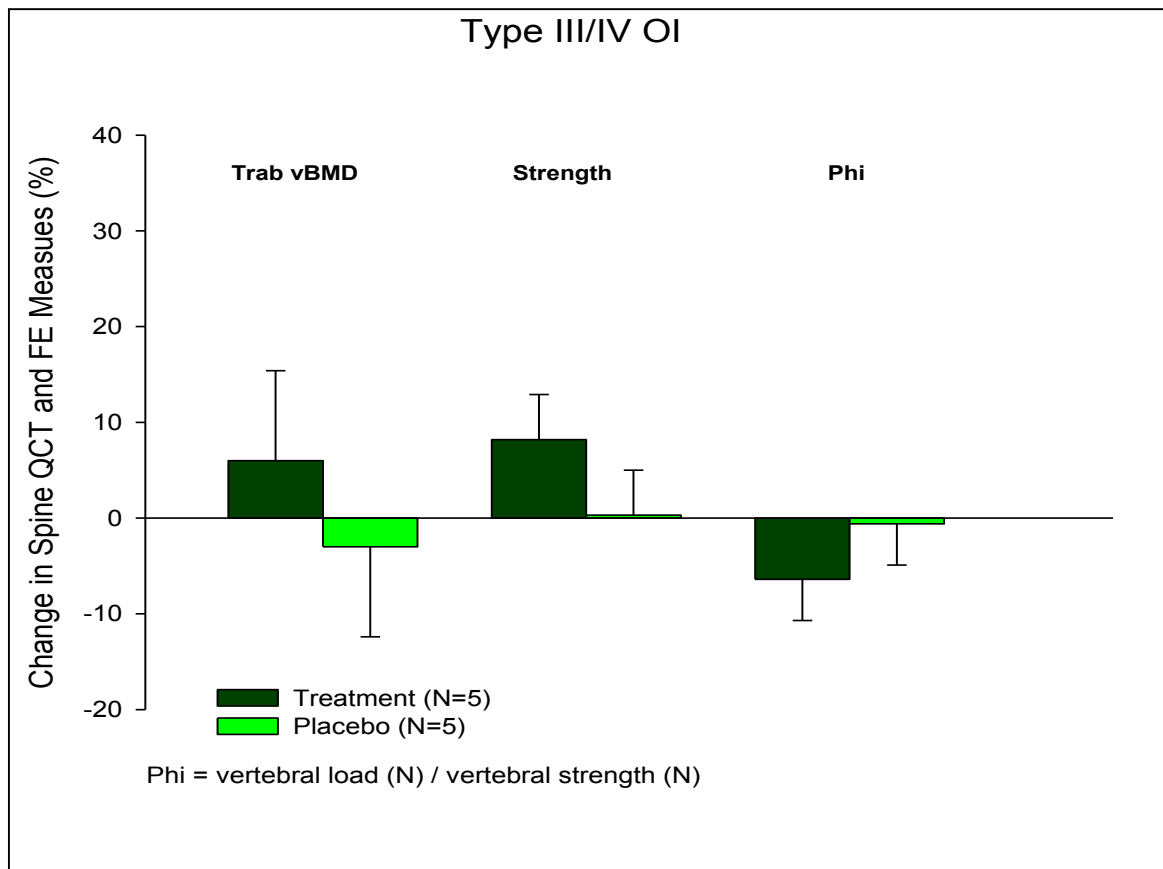
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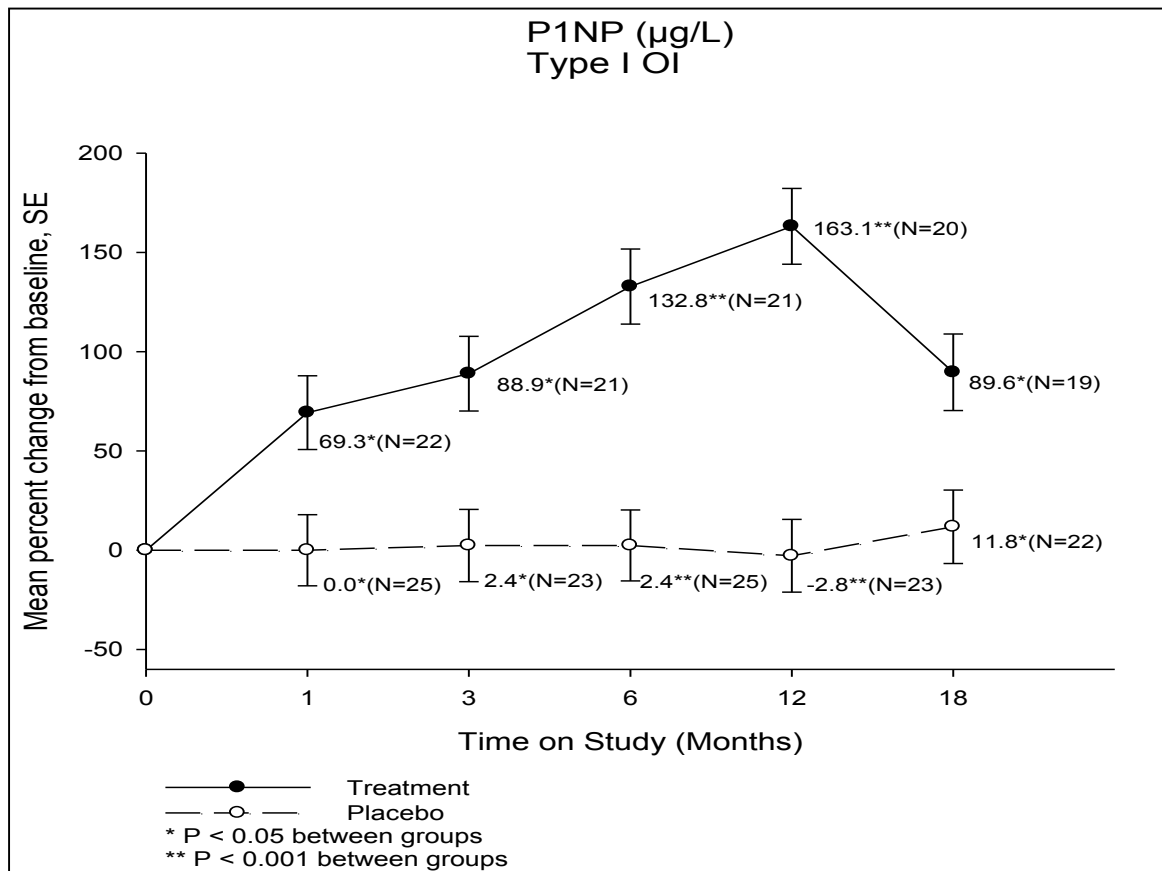
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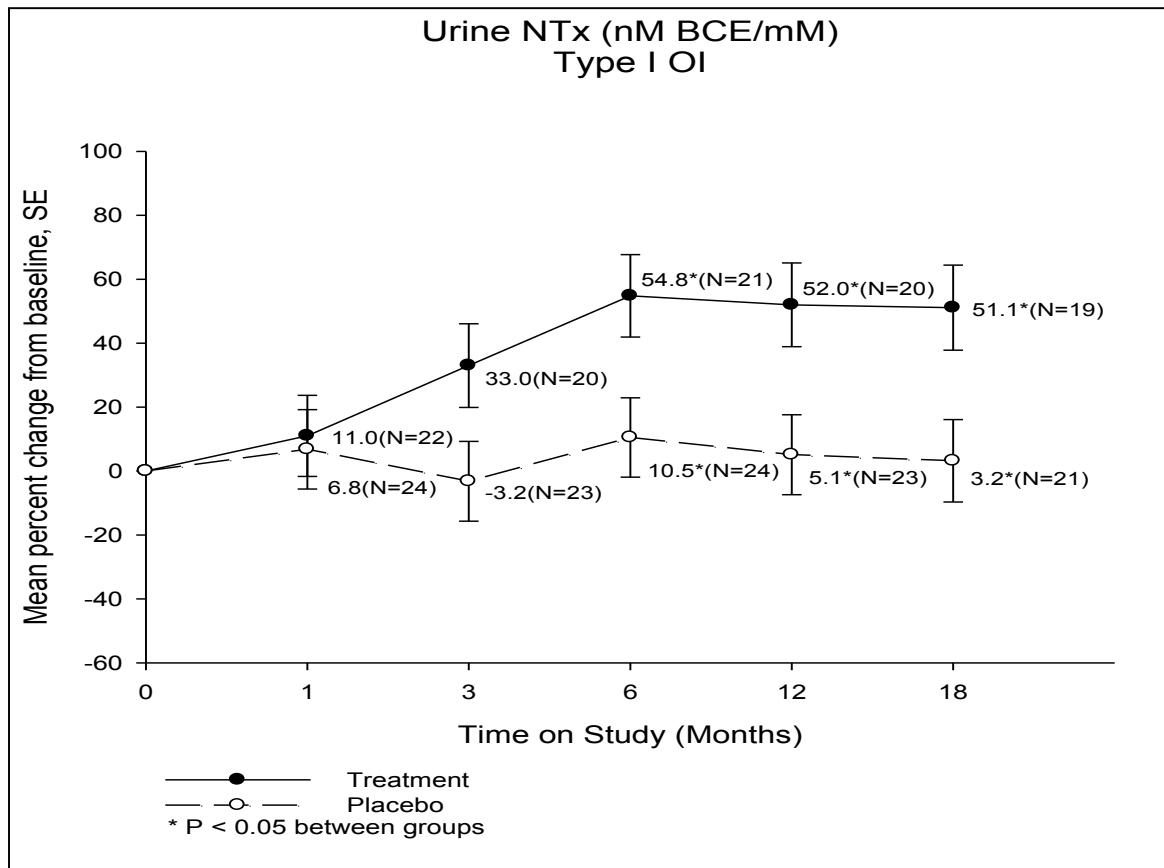
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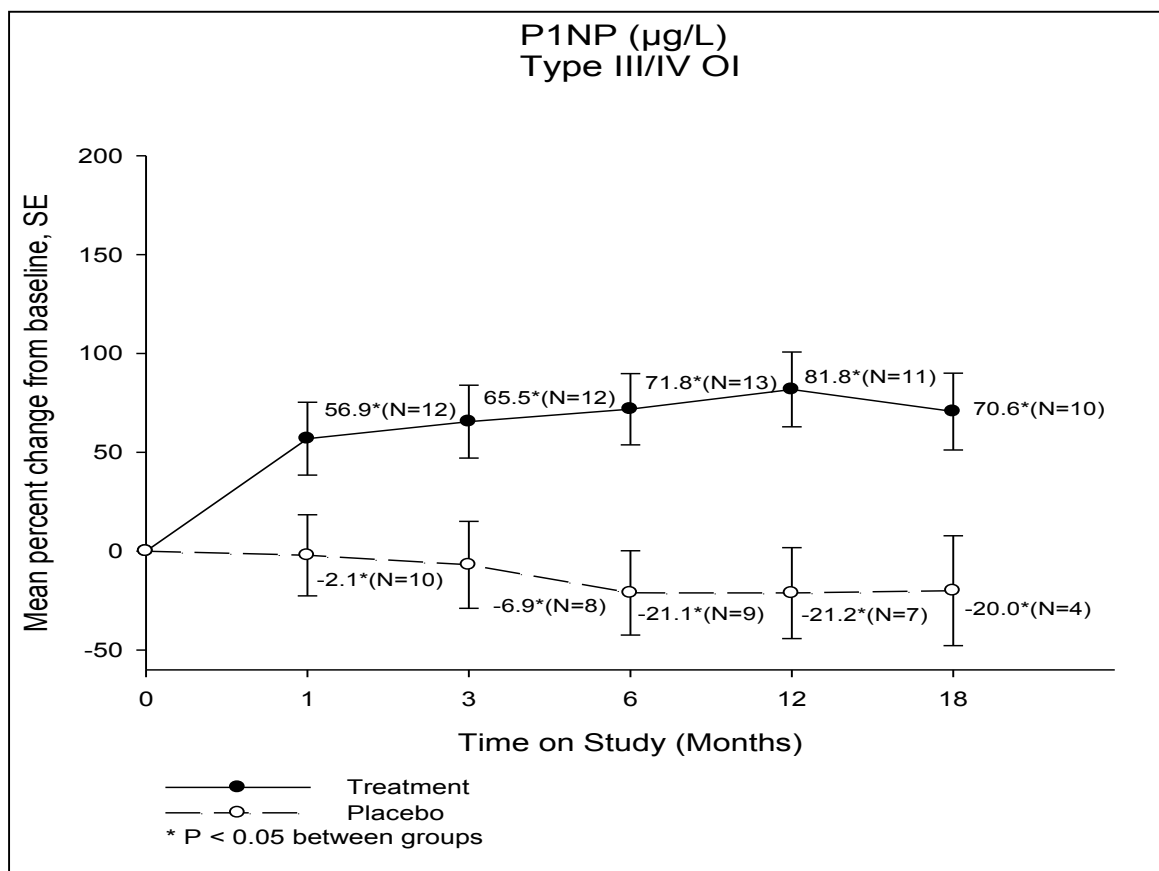
Supplementary Figure 3A.



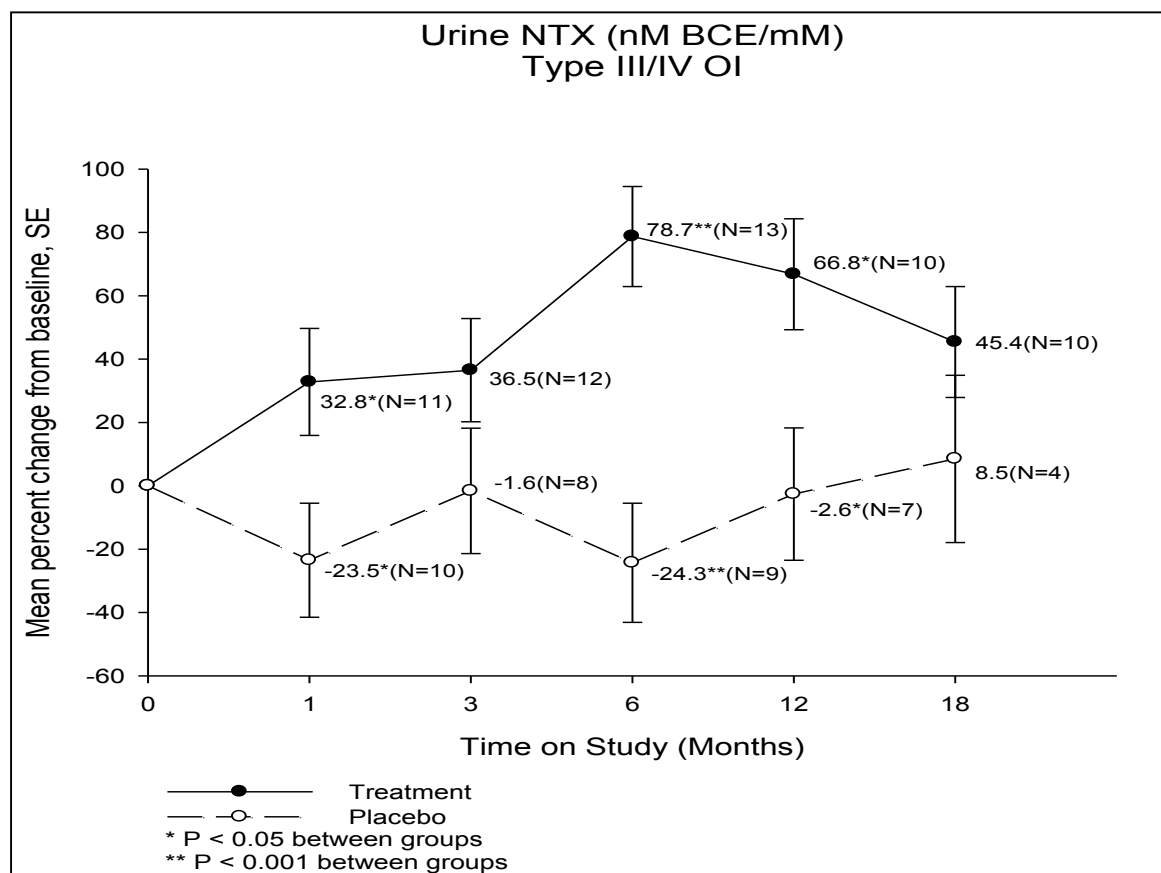
Supplementary Figure 3B.



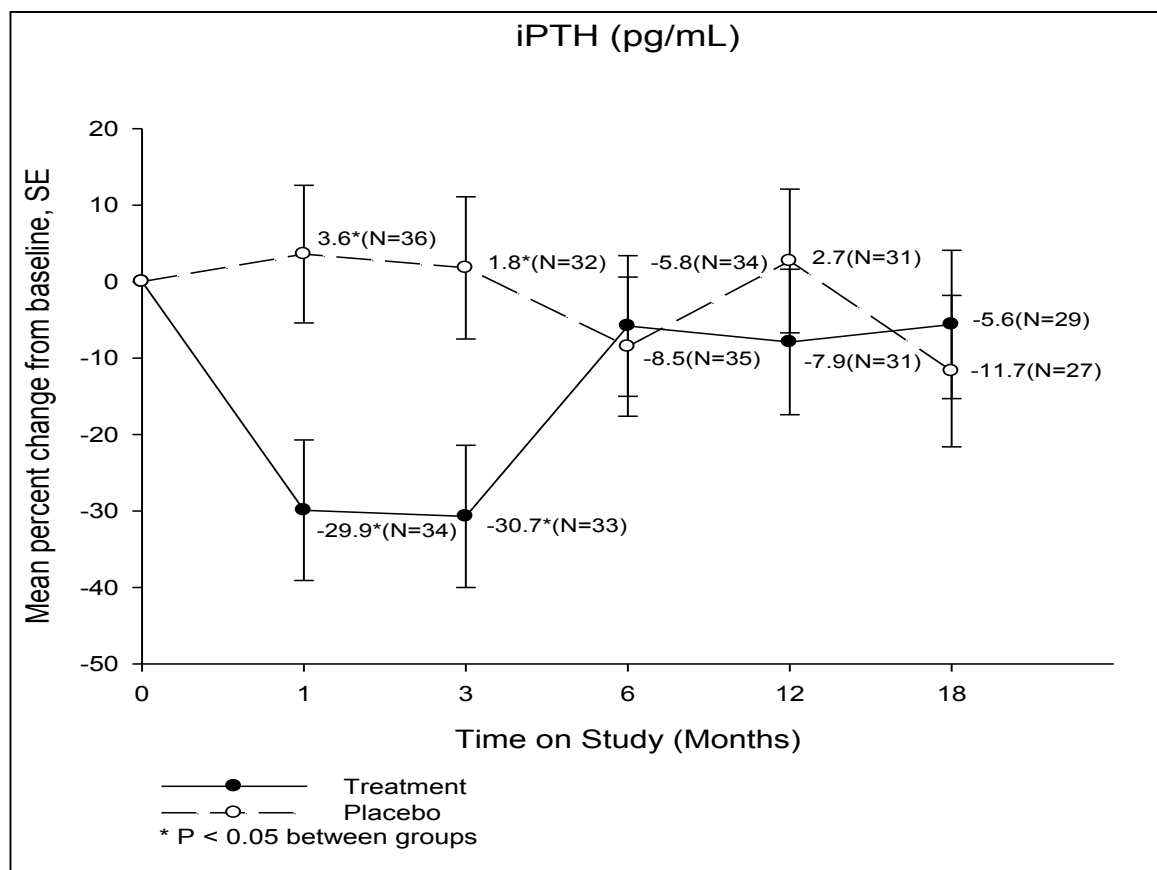
Supplementary Figure 3C.



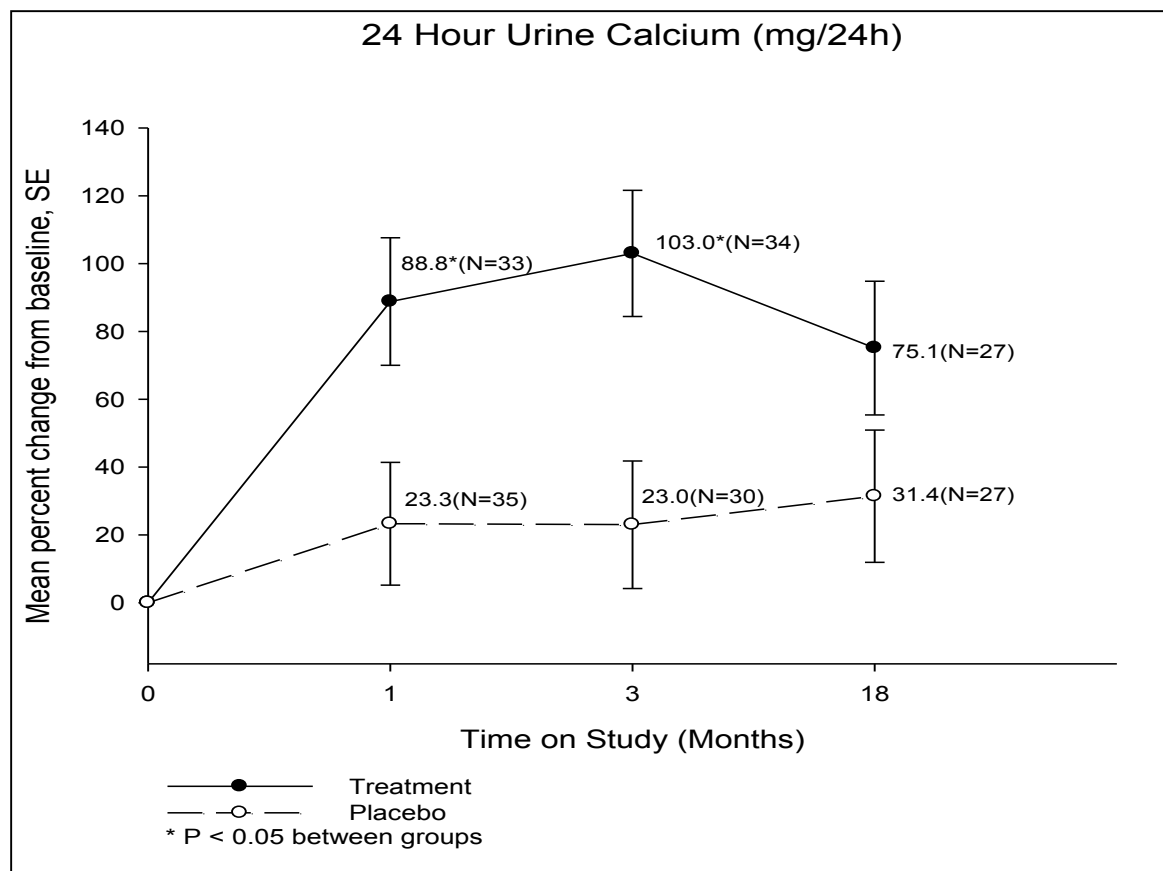
Supplementary Figure 3D.



Supplementary Figure 4A.



Supplementary Figure 4B.



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jay	2. Surname (Last Name) Shapiro	3. Date 10-October-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Eric Orwoll
5. Manuscript Title Teriparatide treatment in adults with osteogenesis imperfecta		
6. Manuscript Identifying Number (if you know it) 71101		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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

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Section 5.

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

Lilly has supplied us with teriparatide for a mouse laboratory study that is not related to OI. There is no institutional or financial component, Lilly gave us the teriparatide for no charge. This study is independent of Lilly.

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6.

Disclosure Statement

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4. Intellectual Property.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Lee	3. Date 10-October-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Eric Orwoll
5. Manuscript Title Teriparatide treatment in adults with osteogenesis imperfecta		
6. Manuscript Identifying Number (if you know it) 71101		

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Oregon Health & Science University	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fee-for-service

Section 3. Relevant financial activities outside the submitted work.

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

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
O.N. Diagnostics, LLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employee/Equity

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Application No. 61/838,159	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Provisional application
Application No. 61/864,458	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Provisional application

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Dr. Lee reports personal fees from Oregon Health & Science University, during the conduct of the study; personal fees from O.N. Diagnostics, LLC, outside the submitted work; In addition, Dr. Lee has a patent Application No. 61/838,159 pending, and a patent Application No. 61/864,458 pending.

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1. Given Name (First Name)

Sandesh

2. Surname (Last Name)

Nagamani

3. Date

08-October-2013

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Eric Orwoll

5. Manuscript Title

Teriparatide treatment in adults with osteogenesis imperfecta

6. Manuscript Identifying Number (if you know it)

71101

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Dr. Nagamani has nothing to disclose.

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
OHSU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OHSU paid O.N. Diagnostics to perform the finite element analyses for this study.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting fees.
Amgen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting fees.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Wright Medical Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consulting fees.

Section 4. Intellectual Property -- Patents & Copyrights

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Application No. 61/864,458	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Provisional application.
Application No. 61/838,159	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Provisional application.

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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

I have a financial interest (and own equity) in O.N. Diagnostics, a company that provides research services to a number of pharma, academic, and other clients. I serve as a consultant to O.N. Diagnostics.

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.



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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 6.

Disclosure Statement

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

Dr. Keaveny reports other from OHSU, during the conduct of the study; other from Merck, other from Amgen, other from Wright Medical Technology, outside the submitted work; In addition, Dr. Keaveny has a patent Application No. 61/864,458 pending, and a patent Application No. 61/838,159 pending and I have a financial interest (and own equity) in O.N. Diagnostics, a company that provides research services to a number of pharma, academic, and other clients. I serve as a consultant to O.N. Diagnostics. .

Evaluation and Feedback

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

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Brendan

2. Surname (Last Name)
Lee

3. Date
08-October-2013

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Eric Orwoll

5. Manuscript Title
Teriparatide treatment in adults with osteogenesis imperfecta

6. Manuscript Identifying Number (if you know it)
71101

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 5.

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Section 6.

Disclosure Statement

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

Dr. Lee has nothing to disclose.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chaim	2. Surname (Last Name) Vanek	3. Date 08-October-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Eric Orwoll
5. Manuscript Title Teriparatide treatment in adults with osteogenesis imperfecta		
6. Manuscript Identifying Number (if you know it) 71101		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Eli Lilly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Osteogenesis Imperfecta	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Vanek reports grants from Eli Lilly, grants from Osteogenesis Imperfecta, during the conduct of the study; .

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4. Intellectual Property.

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

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Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Eric

2. Surname (Last Name)

Orwoll

3. Date

10-October-2013

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Teriparatide treatment in adults with osteogenesis imperfecta

6. Manuscript Identifying Number (if you know it)

71101

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Eli Lilly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Osteogenesis Imperfecta Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Eli Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Merck	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board

ICMJE Form for Disclosure of Potential Conflicts of Interest

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

Section 4. Intellectual Property -- Patents & Copyrights

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Janet

2. Surname (Last Name)
Reeder

3. Date
08-October-2013

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Teriparatide treatment in adults with osteogenesis imperfecta

6. Manuscript Identifying Number (if you know it)
71101

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Nothing to Disclose

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jodi

2. Surname (Last Name)

Lapidus

3. Date

09-October-2013

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Eric Orwoll

5. Manuscript Title

Teriparatide treatment in adults with osteogenesis imperfecta

6. Manuscript Identifying Number (if you know it)

71101

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Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name)

Mary

2. Surname (Last Name)

Mullins

3. Date

08-October-2013

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Eric Orwoll

5. Manuscript Title

Teriparatide treatment in adults with osteogenesis imperfecta

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1. Given Name (First Name)

Sandra

2. Surname (Last Name)

Veith

3. Date

10-October-2013

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Eric Orwoll

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Ying	2. Surname (Last Name) Wang	3. Date 08-October-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Eric Orwoll
5. Manuscript Title Teriparatide treatment in adults with osteogenesis imperfecta		
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