Date:	5/24/2022
Your Name:	Shervin Assassi
Manuscript Title:	Effect of nintedanib on progression of systemic sclerosis-associated interstitial lung disease over 100 weeks: data from the SENSCIS trial
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)
		Time frame: Since the initial planning	of the work
1	All support for the present	□ None	
	manuscript (e.g., funding, provision	Boehringer Ingelheim International GmbH	Medical writing support provided by Fleishman Hillard
	of study materials, medical writing,		Click the tab key to add additional rows.
	article processing		Short and tab hay to data databasis.
	charges, etc.) No time limit for		
	this item.		
		Time frame: past 36 month	S
2	Grants or contracts from	None	
	any entity (if not	Momenta	To My Institution
	indicated in item	Boehringer Ingelheim	To My Institution
	#1 above).	Janssen	To My Institution
		NIH	To My Institution
		DoD Scleroderma Research Foundation	To My Institution To My Institution
		Scierodernia Research Foundation	To My Institution
3	Royalties or licenses	None	

4 Consulting fees None Boehringer Ingelheim Person	and Foods
Roehringer Ingelheim Dorson	aal Foos
T Doeningeringenein Person	iai rees
	ial Fees
Novartis Person	ial Fees
CSL Behring Person	al Fees
AbbVie Person	al Fees
AstraZeneca Person	al Fees
0 /	nal Fees
presentations, speakers North Carolina Rheumatology Association Person	al Fees
bureaus, manuscript writing or educational events	
6 Payment for \bowtie None	
expert testimony	
7 Support for	
meetings and/or	
travel	
8 Patents planned, 🖂 None	
issued or	
pending	
	_
9 Participation on a Data Safety None	
Monitoring Board or	
Advisory Board	
Auvisory Bodru	
10 Leadership or None	
fiduciary role in	
	d Volunteer
society, Scleroderma Foundation Medical Advisory Board Unpaid	d Volunteer
committee or	
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	
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:	5/19/2022	
Your Name:	Oliver Distler	
Manuscript Title:	Effect of nintedanib on progression of systemic sclerosis-associated interstitial lung disease over 100 weeks: data from the SENSCIS trial	
Manuscript Number (if known): Click or tap here to enter text.		
In the interest of transparency, we	e ask you to disclose all relationships/activities/interests listed below that are related to the	

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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.	□ None Boehringer Ingelheim International GmbH	Medical writing support provided by Fleishman Hillard
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	NoneKymeraMitsubishi TanabeBoehringer Ingelheim	Research Grants Research Grants Research Grants
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	· · · · · ·
		4P-Pharma	Consultancy fee for Scleroderma and its complications
		Abbvie	Consultancy fee for Scleroderma and its complications; consultancy fee for arthritides
		Acceleron	Consultancy fee for Scleroderma and its complications
		Alcimed	Consultancy fee for Scleroderma and its complications
		Altavant Sciences	Consultancy fee for Scleroderma and its complications
		Amgen	Consultancy fee for Scleroderma and its complications
		AnaMar	Consultancy fee for Scleroderma and its complications
		Arxx	Consultancy fee for Scleroderma and its complications
		AstraZeneca	Consultancy fee for Scleroderma and its complications
		Blade Therapeutics	Consultancy fee for Scleroderma and its complications
		Bayer	Consultancy fee for Scleroderma and its complications
		Boehringer Ingelheim	Consultancy fee for Scleroderma and its complications
		Corbus Pharmaceuticals	Consultancy fee for Scleroderma and its complications
		CSL Behring	Consultancy fee for Scleroderma and its complications
		4P Science	Consultancy fee for Scleroderma and its complications
		Galapagos	Consultancy fee for Scleroderma and its complications
		Glenmark	Consultancy fee for Scleroderma and its complications
		Horizon	Consultancy fee for Scleroderma and its complications
		Inventiva	Consultancy fee for Scleroderma and its complications
		Kymera	Consultancy fee for Scleroderma and its complications
		Lupin	Consultancy fee for Scleroderma and its complications
		Miltenyi Biotec	Consultancy fee for Scleroderma and its complications
		Mitsubishi Tanabe	Consultancy fee for Scleroderma and its complications
		MSD	Consultancy fee for Scleroderma and its complications
		Novartis	Consultancy fee for Scleroderma and its complications

		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)
		Prometheus Biosciences	Consultancy fee for Scleroderma and its complications
		Redx Pharma	Consultancy fee for Scleroderma and its complications
		Roivant	Consultancy fee for Scleroderma and its complications
		Sanofi	Consultancy fee for Scleroderma and its complications
		Topadur	Consultancy fee for Scleroderma and its complications
		Pfizer	Member scientific evaluation board
5	Payment or honoraria for	□ None	
	lectures, presentations,	Bayer	Speaker fee on Scleroderma and its complications
	speakers bureaus,	Boehringer Ingelheim	Speaker fee on Scleroderma and its complications
	manuscript writing or educational	Janssen	Speaker fee on Scleroderma and its complications
	events	Medscape	Speaker fee on Scleroderma and its complications
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or	None Non	
	travel		
8	Patents planned, issued or	□ None	
	pending	Patent issued "mir-29 for the treatment of systemic sclerosis" (US8247389, EP2331143)	
9	Participation on a Data Safety	None ■	
	Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in	□ None	
	other board,	FOREUM Foundation	Chair of Executive Committee
	society, committee or	ERS/EULAR Guidelines	Co-Chair
	COMMITTEE OF	EUSTAR	President

		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)
	advocacy group, paid or unpaid	SCQM (Swiss Clinical Quality Management in Rheumatic Diseases) Swiss Academy of Medical Sciences (SAMW) Hartmann Müller Foundation	Member Board of Trustees Senate member Member Board of Trustees
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 Non	
Plea	ise place an "X" nex	t to the following statement to indicate your agreeme	ent:

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

Date:	5/19/2022
Your Name:	Yannick Allanore
Manuscript Title:	Effect of nintedanib on progression of systemic sclerosis-associated interstitial lung disease over 100 weeks: data from the SENSCIS trial
Manuscript Number (if known):	Click or tap here to enter text.
In the interest of transparency, w	a ask you to disclose all relationships (activities (interests listed helpy, that are related to the

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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 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 Boehringer Ingelheim International GmbH	Medical writing support provided by Fleishman Hillard Click the tab key to add additional rows.
		Time frame: past 36 month	is .
2	Grants or contracts from any entity (if not indicated in item #1 above).	None 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 Boehringer Ingelheim Sanofi	
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Boehringer Ingelheim Janssen AbbVie	
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 Boehringer Ingelheim Menarini Chemomab Curzion Medsenic Sanofi Prometheus	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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: \[\sum \text{I certify that I have answered every question and have not altered the wording of any of the questions on this form.} \]			

Date:			6/1/2022		
Your Name:			Takashi Ogura		
Manuscript Title:			Effect of nintedanib on progression of systemic sclerosis-associated interstitial lung disease over 100 weeks: data from the SENSCIS trial		
Mar	nuscript Number (if I	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activities		ript. "Rela of the mar e in doubt ps/activitie	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 nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
-	medication is not m	=		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
In item #1 below, report all suppo frame for disclosure is the past 36			·	ithout time limit. For all other items, the time	
			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	
	All support for the present		one		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Boehrir	nger Ingelheim International GmbH	Medical writing support provided by Fleishman Hillard	
				Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from	⊠ Noi	ne		
	any entity (if not indicated in item				
	#1 above).				
3	Royalties or licenses	⊠ No	one		

		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 Boehringer Ingelheim Japan, Inc.	Payment for lecture
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Boehringer Ingelheim Japan, Inc.	Participation on an Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			all entities with whom you have this nship 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: Certify that have answered every question and have not altered the wording of any of the questions on this form.			

Date:	6/6/2022
Your Name:	John Varga
Manuscript Title:	Effect of nintedanib on progression of systemic sclerosis-associated interstitial lung disease over 100 weeks: data from the SENSCIS trial
Manuscript Number (if known):	Click or tap here to enter text.

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			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	1 All support for the present		None	
	manuscript (e.g., funding, provision	Boel	nringer Ingelheim International GmbH	Medical writing support provided by Fleishman Hillard
	of study materials, medical writing, article processing			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		None	
	any entity (if not indicated in item	Boel	nringer Ingelheim	Grant: genetics of SSc ILD (co-investigator)
	#1 above).			

		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)
3	Royalties or licenses	None Non	
4	Consulting fees	□ None	
	J	Boehringer Ingelheim TeneoBio	Consulting. Personal payments, <10,000 Consultant. Personal payments
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None Non	
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 Non	
10	Leadership or fiduciary role in other board,	None ■	

		ame all entities with whom you have this lationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payme made to you or to your institution)	nts were		
	society, committee or advocacy group, paid or unpaid				
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:				
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	6/6/2022
Your Name:	Serena Vettori
Manuscript Title:	Effect of nintedanib on progression of systemic sclerosis-associated interstitial lung disease over 100 weeks: data from the SENSCIS trial
Manuscript Number (if known):	Click or tap here to enter text.
In the interest of transparency, w	a ack you to disclose all relationships (activities (interests listed helps) that are related to the

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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.	□ None Boehringer Ingelheim International GmbH Time frame: past 36 mont	Medical writing support provided by Fleishman Hillard Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None 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 Boehringer Ingelheim	
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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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: \[\sum \text{I certify that I have answered every question and have not altered the wording of any of the questions on this form.}			

Date:	6/9/2022
Your Name:	Bruno Crestani
Manuscript Title:	Effect of nintedanib on progression of systemic sclerosis-associated interstitial lung disease over 100 weeks: data from the SENSCIS trial
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 o	of the work
1	present manuscript (e.g., funding, provision of study materials, medical writing,		Medical writing support provided by Fleishman Hillard Click the tab key to add additional rows.
	article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Bristol Myers Squibb Boehringer Ingelheim Roche	
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 made to you or to your institution)	
4	Consulting fees	□ None	
		Apellis	payment to me
5	Payment or honoraria for	□ None	
	lectures,	Boehringer Ingelheim	payment to me
	presentations,	Bristol Myers Squibb	payment to me
	speakers bureaus,	Roche	payment to me
	manuscript	Sanofi Novartis	payment to me
	writing or	AstraZeneca	payment to me
	educational	Chiesi	payment to me
	events	Cirical	payment to me
6	Payment for expert testimony	⊠ None	
7	Support for attending	⊠ None	
	meetings and/or travel		
issued	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data Safety	⊠ None	
	Monitoring		
	Board or		
	Advisory Board		
10	Leadership or fiduciary role in	⊠ None	
	other board,		
	society, committee or		
	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 Translate Bio (Sanofi)	Medical writing support
13	Other financial or non-financial interests	None	
	Please place an "X" next to the following statement to indicate your agreement:		
X	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	5/25/2022
Your Name:	Florian Voss
Manuscript Title:	Effect of nintedanib on progression of systemic sclerosis-associated interstitial lung disease over 100 weeks: data from the SENSCIS trial
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: Since the initial planning	of the work
1	All support for the present	□ None	
	manuscript (e.g., funding, provision	Boehringer Ingelheim International GmbH	Medical writing support provided by Fleishman Hillard
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Boehringer Ingelheim Pharma GmbH & Co. KG	Employee 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 ■	

		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)
3	Royalties or licenses	None	
4	Consulting fees	None Non	
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 Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	None	

		ame all entities with whom you have this lationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payme made to you or to your institution)	nts were
	society, committee or advocacy group, paid or unpaid		
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:		
\boxtimes	I certify that I have	swered every question and have not altered the wording of any of the questions on this form.	

Date:	5/25/2022
Your Name:	Margarida Alves
Manuscript Title:	Effect of nintedanib on progression of systemic sclerosis-associated interstitial lung disease over 100 weeks: data from the SENSCIS trial
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)
		Time frame: Since the initial planning of	of the work
1	All support for the present	□ None	
	manuscript (e.g., funding, provision		Medical writing support provided by Fleishman Hillard
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		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None	
4	Consulting fees	None Non	
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 Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	None	

			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)
	society, committee or advocacy group, paid or unpaid			
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:	5/25/2022	
Your Name:	Susanne Stowasser	
Manuscript Title:	Effect of nintedanib on progression of systemic sclerosis-associated interstitial lung disease over 100 weeks: data from the SENSCIS trial	
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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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	□ None	
	manuscript (e.g., funding, provision	Boehringer Ingelheim International GmbH	Medical writing support provided by Fleishman Hillard
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Boehringer Ingelheim International GmbH	Employee 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	

		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)
3	Royalties or licenses	None	
4	Consulting fees	None Non	
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 Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board,	None	

			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)
	society, committee or advocacy group, paid or unpaid			
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:	5/19/2022	
Your Name:	Toby M Maher	
Manuscript Title:	Effect of nintedanib on progression of systemic sclerosis-associated interstitial lung disease over 100 weeks: data from the SENSCIS trial	
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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		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.,	□ None Boehringer Ingelheim International GmbH	Medical writing support provided by Fleishman	
	funding, provision		Hillard	
	of study materials, medical writing,		Click the tab key to add additional rows.	
	article processing charges, etc.) No time limit for this item.			
		Time frame: past 36 mont	hs	
2	Grants or contracts from	None ■		
	any entity (if not indicated in item			
	#1 above).			
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	
		Boehringer Ingelheim	Personal
		Roche/Genentech	Personal
		AstraZeneca	Personal
		Bayer	Personal
		Blade Therapeutics	Personal
		Bristol-Myers Squibb	Personal
		Galapagos	Personal
		Galecto	Personal
		GlaxoSmithKline	Personal
		IQVIA	Personal
		Pliant	Personal
		Respivant	Personal
		Theravance	Personal
L !		Veracyte	Personal
5	Payment or honoraria for	□ None	
	lectures,	Boehringer Ingelheim	Personal
	presentations,	Roche/Genentech	Personal
	speakers		
	bureaus,		
	manuscript		
	writing or		
	educational		
	events		
6	Payment for expert testimony None		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned,	⊠ None	
	issued or	None	
	pending		
	p 51.14.11.8		
0	Darticipation	M None	
9	Participation on a Data Safety	None	
	Monitoring		
	Board or		
	Advisory Board		
	,		

			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)
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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: \[\sum \text{I certify that I have answered every question and have not altered the wording of any of the questions on this form.} \]			

3 8/26/2021 ICMJE Disclosure Form