

ICMJE DISCLOSURE FORM

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 SENSICIS 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.

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)	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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Momenta</td> <td style="width: 50%;">To My Institution</td> </tr> <tr> <td>Boehringer Ingelheim</td> <td>To My Institution</td> </tr> <tr> <td>Janssen</td> <td>To My Institution</td> </tr> <tr> <td>NIH</td> <td>To My Institution</td> </tr> <tr> <td>DoD</td> <td>To My Institution</td> </tr> <tr> <td>Scleroderma Research Foundation</td> <td>To My Institution</td> </tr> </table>	Momenta	To My Institution	Boehringer Ingelheim	To My Institution	Janssen	To My Institution	NIH	To My Institution	DoD	To My Institution	Scleroderma Research Foundation	To My Institution
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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)
4	Consulting fees	<input type="checkbox"/> None	
		Boehringer Ingelheim	Personal Fees
		Corbus	Personal Fees
		Novartis	Personal Fees
		CSL Behring	Personal Fees
		AbbVie	Personal Fees
		AstraZeneca	Personal Fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Integrity CE	Personal Fees
		North Carolina Rheumatology Association	Personal Fees
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 checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Scleroderma Clinical Trial Consortium	Unpaid Volunteer
		Scleroderma Foundation Medical Advisory Board	Unpaid Volunteer

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></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%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></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: 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 SENCIS 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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4	Consulting fees	<input type="checkbox"/> None	
		4P-Pharma	Consultancy fee for Scleroderma and its complications
		Abbvie	Consultancy fee for Scleroderma and its complications; consultancy fee for arthritides
		Accelaron	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 lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Bayer	Speaker fee on Scleroderma and its complications
		Boehringer Ingelheim	Speaker fee on Scleroderma and its complications
		Janssen	Speaker fee on Scleroderma and its complications
		Medscape	Speaker fee on Scleroderma and its complications
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 type="checkbox"/> None	
		Patent issued "mir-29 for the treatment of systemic sclerosis" (US8247389, EP2331143)	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or	<input type="checkbox"/> None	
		FOREUM Foundation	Chair of Executive Committee
		ERS/EULAR Guidelines	Co-Chair
		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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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.

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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 SENCIS 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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ICMJE DISCLOSURE 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 SENSICIS trial

Manuscript Number (if known): Click or tap here to enter text.

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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: 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 SENCIS 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.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE 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 SENCIS 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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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: 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 SENCIS 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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		Translate Bio (Sanofi)	Medical writing support
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

ICMJE DISCLOSURE 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 SENCIS 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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ICMJE DISCLOSURE 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 SENCIS 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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE 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 SENCIS trial

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE 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 SENCIS trial

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		Roche/Genentech	Personal
		AstraZeneca	Personal
		Bayer	Personal
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		Bristol-Myers Squibb	Personal
		Galapagos	Personal
		Galecto	Personal
		GlaxoSmithKline	Personal
		IQVIA	Personal
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