

## ICMJE DISCLOSURE FORM

Date: 5/15/2020

Your Name: Kazuki Yoshida

Manuscript Title: Passive Smoking Throughout the Life Course and the Risk of Incident Rheumatoid Arthritis in Adulthood Among Women

Manuscript number (if known): ar-21-0542

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None	
		NIH U01CA176726	Support to Nurses' Health Study II
		NIH R01CA67262	Support to Nurses' Health Study II
		NIH U01HL145386	Support to Nurses' Health Study II
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		NIAMS K23AR076453	Career development award to KY
		RRF K Bridge	Career development award to KY
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		OM1, Inc	Consulting fee to KY.

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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	

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: May 17, 2021

Your Name: Jiaqi Wang

Manuscript Title: Passive Smoking Throughout the Life Course and the Risk of Incident Rheumatoid Arthritis in Adulthood Among Women

Manuscript number (if known): ar-21-0542

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4	Consulting fees	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

Date: May 17, 2021  
 Your Name: Susan Malspeis  
 Manuscript Title: Passive Smoking Throughout the Life Course and the Risk of Incident Rheumatoid Arthritis in Adulthood Among Women  
 Manuscript number (if known): ar-21-0542

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## ICMJE DISCLOSURE FORM

Date: May 16, 2021

Your Name: Nathalie E. Marchand

Manuscript Title: Passive Smoking Throughout the Life Course and the Risk of Incident Rheumatoid Arthritis in Adulthood Among Women

Manuscript number (if known): ar-21-0542

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## ICMJE DISCLOSURE FORM

Date: 5/17/2021

Your Name: Bing Lu

Manuscript Title: Passive Smoking Throughout the Life Course and the Risk of Incident Rheumatoid Arthritis in Adulthood Among Women

Manuscript number (if known): ar-21-0542

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## ICMJE DISCLOSURE FORM

Date: May 16, 2021

Your Name: Lauren C. Prisco

Manuscript Title: Passive Smoking Throughout the Life Course and the Risk of Incident Rheumatoid Arthritis in Adulthood Among Women

Manuscript number (if known): ar-21-0542

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## ICMJE DISCLOSURE FORM

Date: May 16, 2021

Your Name: Lily W. Martin

Manuscript Title: Passive Smoking Throughout the Life Course and the Risk of Incident Rheumatoid Arthritis in Adulthood Among Women

Manuscript number (if known): ar-21-0542

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## ICMJE DISCLOSURE FORM

Date: 5/16/2021

Your Name: Julia Ford

Manuscript Title: Passive Smoking Throughout the Life Course and the Risk of Incident Rheumatoid Arthritis in Adulthood Among Women

Manuscript number (if known): ar-21-0542

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## ICMJE DISCLOSURE FORM

Date: May 15, 2021

Your Name: Karen H Costenbader

Manuscript Title: Passive Smoking Throughout the Life Course and the Risk of Incident Rheumatoid Arthritis in Adulthood Among Women

Manuscript number (if known): ar-21-0542

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## ICMJE DISCLOSURE FORM

Date: 05/21/2021

Your Name: Elizabeth W. Karlson

Manuscript Title: Passive Smoking Throughout the Life Course and the Risk of Incident Rheumatoid Arthritis in Adulthood Among Women

Manuscript number (if known): ar-21-0542

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		R01AR057327	
		R01AR119246	
		P30 AR070253	
		U01 HG008685	
		1OT2OD026553	
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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.

## ICMJE DISCLOSURE FORM

Date: 5/15/2021

Your Name: Jeffrey Sparks

Manuscript Title: Passive Smoking Throughout the Life Course and the Risk of Incident Rheumatoid Arthritis in Adulthood Among Women

Manuscript number (if known): ar-21-0542

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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