Date:	7/20/2021
Your Name:	Karen Onel

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):____ar-21-0368.R1_____

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., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	XNone	

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

KOP

Date: July 20, 2021

Your Name: Daniel B. Horton Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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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.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	National Institute of Arthritis and Musculoskeletal and Skin Diseases of the National Institutes of Health Danisco USA, LLC	K23AR070286, in partial support of my professional time on this project Research grant from Danisco unrelated to JIA or rheumatology
	in item #1 above).	Diseases of the National Institutes of Health	-

3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	Childhood Arthritis and	Salary support for serving as JIA Vice-Chair
	in other board, society,	Rheumatology Research	
	committee or advocacy	Alliance	
	group, paid or unpaid		
11	Stock or stock options	None	
11			
12	Receipt of equipment,	None	
<u></u>	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date:	July	23, 2	021
Your Nar	me:	Dan	el J. Lovell
Manuscr	ipt Tit	tle:	2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging
Manuscr	ipt nu	ımbe	r (if known): ar-21-0368.R1

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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 init	tial planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pa	ast 36 months
2	Grants or contracts from	Bristol Myers Squibb	Principal Investigator, Abatacept, JIA, Contract w/CCHMC
	any entity (if not indicated in item #1 above).	Janssen	Co-PI, Golimumab, Contract w/CCHMC, not individual
		NIH/NIAMS	Co-Investigator, R01
		NIH/NICHD	Co-Investigator, R01
		Pfizer	Principal Investigator, Tofacitinib, JIA, Contract w/CCHMC
		Roche	Principal Investigator, Tocilizumab, sJIA, contract w/CCHMC
		Roche	Principal Investigator, Tocilizumab, JIA, contract w/CCHMC

3	Royalties or licenses	None	
4	Consulting fees	Astra Zeneca	Contract w/CCHMC, not individual
	5	Boehringer Ingelheim	Contract w/CCHMC, not individual
		GSK	Contract w/CCHMC, not individual
		Hoffman LaRoche	Contract w/CCHMC, not individual
		Novartis	Contract w/CCHMC, not individual, ended May 2021
		UBC	Contract w/CCHMC, not individual
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
-			
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or pending	None	
	Denticipation on a Data	Neze	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,	NOTE	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date:_____7-22-21_____ Your Name:____Susan Shenoi______

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	None	Pfizer Consultant (<10,000)

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

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

Date:2021-July-21_	
Your Name:	_Carlos Cuello

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):____ar-21-0368.R1_____

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	None	
Ţ	All support for the present manuscript (e.g., funding, provision of study materials,	ACR	Expert Methods Adviser; Single pay of less than \$2500 USD
	medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	x_None	

4	Consulting fees	x_None	
5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	x None	
	testimony		
7	Support for attending	x_None	
	meetings and/or travel		
8	Patents planned, issued or	x_None	
	pending		
•			
9	Participation on a Data	_xNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	x None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Receipt of equipment,	_xNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	x None	
	financial interests		

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

Date:____7/20/21_____ Your Name: Sheila T. Angeles-Han_____

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present		planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	NIH funding for my time and research
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	N/A

4	Consulting fees	None	N/A	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	N/A	
6	Payment for expert testimony	None	N/A	
7	Support for attending meetings and/or travel	None	N/A	
8	Patents planned, issued or pending	None	N/A	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	N/A	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	N/A	
11	Stock or stock options	None	N/A	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	N/A	
13	Other financial or non- financial interests	None	Sibling works at Pfizer	

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

Date:__7/22/2021_____ Your Name: Mara L Becker, MD MSCE

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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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	_XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated	1R01 HD089928	Payments to institution as a subcontract with Cincinnati
	in item #1 above).		Children's Hospital and Medical Center
		1U24TR001608-02	Payments made to Duke University
		HHSN275201800003I	Payments made to Duke University
		Task Order 6	

			Devente esta de la Della Universita
		Chair, CARRA JIA	Payments made to Duke University
		Committee	
3	Royalties or licenses	_XNone	
4	Consulting fees	X None	
	5		
5	Payment or honoraria for	X None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	_XNone	
	meetings and/or travel		
		CARRA meeting	Reimbursed me
		ACR PRYSM meeting	Reimbursed me
		(planning committee	
		member)	
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	None	
5	Safety Monitoring Board or	OPT-JIA: Ondansetron	No reimbursement
	Advisory Board		No reinibul sement
	Advisory board	Premedication Trial in	
		Juvenile Idiopathic	
		Arthritis (PI J. Guzman,	
		funding source,	
		Canadian Arthritis	
		Society) 2019-	
		Effect of obesity on	No reimbursement
		pantoprazole	
		pharmacokinetics and	
		pharmacodynamics in	
		children (PI V	
		Shakhnovich,	
		5K23DK115827-01) 2021-	
		Biologic Abatement and	No reimbursement
		Capturing Kids' Outcomes	
		and Flare Frequency in	
		Juvenile Spondyloarthritis	
		(BACK-OFF JSpA). (PI	
		Weiss, PCORI) 2021-	
10	Leadership or fiduciary role	None	
10	in other board, society,		Travel reimburged to me
1	in other board, society,	Member at Large for	Travel reimbursed to me
1		Rheumatology Research	

	committee or advocacy group, paid or unpaid	Foundation Board of Directors	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	None Chair of the FDA Arthritis Advisory Committee Member of the American Board of Pediatrics Subboard	Payments made to me Payments made to me

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

Date:	July 21, 2021_	
Your Name:	_Randy Q. Cron, MD, PhD	

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
4			
1	All support for the present	None	
	manuscript (e.g., funding,	SOBI	Supply of drug and placebo for clinical trial
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
		SOBI	Payments to me
		Novartis	Payments to me
		Sironax	Payments to me
5	Payment or honoraria for	None	
	lectures, presentations,	SOBI	Payments to me
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
_			
7	Support for attending meetings and/or travel	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
0	Deuticia etica en e Dete	Nerre	
9	Participation on a Data Safety Monitoring Board or	None Pfizer	
	Advisory Board	Pfizer	Payments to me
10	Leadership or fiduciary role	None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date:	August 24, 2021
Your Name:	Brian Feldman

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):____ar-21-0368.R1_____

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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.	xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	Cihr, cureJM, NovoNordisk
3	Royalties or licenses	None	HJHS version 2.1

4	Consulting fees	None	Pfizer, NovoNordisk
5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	xNone	
	testimony		
_			
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	x None	
	pending		
9	Participation on a Data	None	Pfizer, OPTUM
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	CureJM (MAB)
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	xNone	
12			
12	Receipt of equipment, materials, drugs, medical	xNone	
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		

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

Date:_July 26 2021______ Your Name:___Polly Ferguson, MD______

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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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	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	

4	Consulting fees	None	Consultant services to Novartis in 2020
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
	,		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
10	Advisory Board	X N	
10	Leadership or fiduciary role in other board, society,	XNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X_None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
12	services Other financial or non-	V Nana	
13	financial interests	_XNone	

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

Date: July 24, 2021 Your Name: Harry L. Gewanter, MD, FAAP, MACR

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA

Manuscript number (if known): ____ar-21-0368.R1______

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 <u>current manuscript only</u>.

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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)
	Ti	me frame: Since the initial pla	nnning 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	

		Time frame: past 36	months
2	Grants or contracts	None	
	from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures,	None	
	presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring	None	
	Board or Advisory Board		

10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	Own a variety of pharmaceutical stocks within a family trust and retirement accounts that are managed by an outside firms or are in mutual funds	Abbvie, Amgen, Johnson & Johnson, Merck, Pfizer
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

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

Date: July 20 th , 2021	
Your Name: Jaime Guzman	

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA):
Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA
Manuscript number (if known):ar-21-0368.R1

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

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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	_XXNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	_XXNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XXNone	

4	Consulting fees	XX None	
5	Payment or honoraria for	_XX None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XXNone	
	testimony		
7	Support for attending meetings and/or travel	_XXNone	
8	Patents planned, issued or	_XXNone	
	pending		
9	Participation on a Data	XX None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,	ACR	Volunteer member of the ACR criteria subcommittee
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XX None	
11	Stock of Stock Options		
12	Receipt of equipment,	XX None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	_XXNone	
	financial interests		

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

Page for Horonjeff

Date:	July 20, 2021	
Your Name:	Yukiko Kimura, MD	

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	CARRA, Inc Genentech	Salary support to my institution Research support paid to CARRA
3	Royalties or licenses	UpToDate®	

4	Consulting fees	None	
5	Payment or honoraria for	None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
Ū	testimony		
7	Support for attending meetings and/or travel	None	
	U		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
5	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Dessint of aquinment	Nono	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13		None	
	financial interests		
13	Other financial or non- financial interests	None	

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

Date:_____7/20/21_____ Your Name:_____Tzielan C. Lee______

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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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	_XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_XNone	

4	Consulting fees	_XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	_XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	_XNone	

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

Date:_____August 2, 2021 Your Name:___Katherine Murphy, MPH

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
Э	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
	Detents along addissured an	News	
8	Patents planned, issued or pending	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
10	Descipt of equipment	News	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date:____7/21/2021____ Your Name:___Peter A. Nigrovic, MD___

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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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	
	Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	AbbVie, Novartis, Pfizer, BMS

3	Royalties or licenses	None	UpToDate
			American Academy of Pediatrics
4	Consulting fees	None	BMS, Cerecor, Miach Ortho, Pfizer, Quench Bio, Sigilon, Sobi, Novartis, Simcere, Exo Therapeutics, XBiotech
5	Payment or honoraria for	_XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
	-		
7	Support for attending	None	Simcere
	meetings and/or travel		
8	Patents planned, issued or	_XNone	
	pending		
0	Deuticia eticar en e Dete	Neze	Minch Orth - (DCMD - hoir)
9	Participation on a Data Safety Monitoring Board or	None	Miach Ortho (DSMB chair)
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	CARRA, member of Research and Registry Oversight Committee
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12		_XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	_XNone	
	financial interests		

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

Date: July 20, 2021 Your Name: Michael Ombrello

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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 All work supported by Intramural Research Program of National Institute of Arthritis and Musculoskeletal and Skin Diseases	Award Z01-AR-041198	
	Time frame: past 36 months			
2		XNone		

	Grants or contracts from		
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	X_None	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	X None	
Ŭ	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
-	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
42	Descipt of any inclusion	V. News	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

Date:	7/2	21/2	021

Your Name:_____Consuelo Diana Egla Rabinovich MD MPH

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
_		needed) Time fromo: Since the initial	nlanning of the work
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	Abbvie	Research contract with the university for trial
	any entity (if not indicated	UCB Pharma	Research contract with the university for trial
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	NoneNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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	

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

Date:_____7/29/21_____ Your Name:_____Melissa Tesher______

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) 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.	_xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	

4	Consulting fees	xNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	Member of Editorial Board for PREP Rheumatology, run by the American Academy of Pediatrics. I am paid less than \$500/year for this work.
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	None	Support from CARRA for attendance at in person meetings
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	x_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	Member of Ethics Committee, CARRA
11	Stock or stock options	x_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x_None	
13	Other financial or non- financial interests	x_None	

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

Date: 2021-July-20 Your Name: Marinka Twilt

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	xNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	xNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	xNone	

4	Consulting fees	xNone	
5	Payment or honoraria for	x None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	x None	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data	x None	
9	Safety Monitoring Board or	_xNone	
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	x_None	
	-		
12	Receipt of equipment, materials, drugs, medical	xNone	
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		

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

Date:_____July 23, 2021_____ Your Name: Marisa S Klein-Gitelman

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.	_xNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	xNone	
3	Royalties or licenses	xNone	
4	Consulting fees	_xNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	x None	
0	pending		
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	_xNone	
10	Leadership or fiduciary role	None	Recent board member, ACR
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	x_None	
12	Receipt of equipment,	_xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	xNone	
	financial interests		

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

Date:_July 27, 2021				
Your Name:	_Fatima Barbar-Smiley_			

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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.	x_None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	x_None	
3	Royalties or licenses	x_None	

4	Consulting fees	xNone	
5	Payment or honoraria for	x None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	N 1	
6	Payment for expert testimony	xNone	
	testimony		
7	Support for attending	x_None	
	meetings and/or travel		
	Detents along addissured an		
8	Patents planned, issued or pending	x_None	
	pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	xNone	
10			
12	Receipt of equipment, materials, drugs, medical	xNone	
	writing, gifts or other		
	services		
13	Other financial or non-	x_None	
	financial interests		

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

Date: 7/22/2021 Your Name: Ashley Cooper

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_xNone	
3	Royalties or licenses	xNone	

4	Consulting fees	xNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	xNone	
6	Payment for expert testimony	xNone	
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	xNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNone	
13	Other financial or non- financial interests	xNone	

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

Date:_____July 27, 2021_____ Your Name:_____Barbara Edelheit, MD______

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
_			
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
Ū	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date:_7/	/21	/2021
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Your Name: _____Miriah Gillispie Taylor_

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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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 of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	<u>MGT</u> None	
4	Consulting fees	<u>MGT</u> None	

5	Payment or honoraria for	<u>MGT</u> None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	MGT None	
0	testimony	MGTNOTE	
	testimony		
7	Support for attending	MGT None	
	meetings and/or travel		
8	Patents planned, issued or	<u>MGT</u> None	
	pending		
9	Participation on a Data	<u>MGT</u> None	
	Safety Monitoring Board or		
10	Advisory Board	MCT N	
10	Leadership or fiduciary role in other board, society,	<u> </u>	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	MGT None	
12	Receipt of equipment,	MGTNone	
	materials, drugs, medical		
	writing, gifts or other		
12	services	NCT News	
13	Other financial or non- financial interests	<u>_MGT</u> None	
	mancial interests		

<u>X</u> I certify that I have answered every question and have not altered the wording of any of the questions on this form.

	i		ICMJE DISCL	OSURE FORM		
Date:	26	21				
Your Name:_	Kin	sber 1-	Haiys		······································	

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging Manuscript number (if known):_____ar-21-1046_____

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) al 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	
		Time frame: pas	t 36 months
2		None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	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	
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	

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

Klocys

Date:___7/26/21_____ Your Name: Melissa Mannion

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).	Rheumatology Research	
		Foundation Norman B	
		Gaylis Clinical Investigator	
		Award (start July 2020)	

3	Royalties or licenses	xNone	
4	Consulting fees	_xNone	
5	Doumont or honoraria for	v Nono	
5	Payment or honoraria for lectures, presentations,	_xNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
	-		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	_xNone	
	pending		
9	Participation on a Data Safety Monitoring Board or	xNone	
	Advisory Board		
10	Leadership or fiduciary role	x None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_xNone	
12	Receipt of equipment,	_xNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		

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

Date:___7/28/2021_____ Your Name: Rosemary Peterson

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
_			
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

Date:_____7/26/21_____ Your Name: Elaine Flanagan

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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3	Royalties or licenses	None	

4	Consulting fees	None	
-	Deursent er benererie fer	Nene	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
<i>,</i>	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

Date:_____7/26/2021_____ Your Name:____Nadine Saad______

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
-	Deursent er benererie fer	Nene	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
<i>,</i>	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

Date:July 21, 2021	
Your Name:_Nancy M. Sullivan_	

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):____ar-21-0368.R1_____

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

			1
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
-	pending		
9	Participation on a Data	None	
_	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
1	committee or advocacy		
1	group, paid or unpaid		
11	Stock or stock options	None	
	·		
12	Receipt of equipment,	None	
1	materials, drugs, medical		
1	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date:___7/23/21 Your Name:____Ann Marie Szymanski

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	x_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_xNone	

4	Consulting fees	xNone	
5	Payment or honoraria for	x None	
5	lectures, presentations,	_xNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	_xNone	
	testimony		
7	Support for attending	x_None	
	meetings and/or travel		
	Detents along addissured an		
8	Patents planned, issued or pending	_xNone	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_xNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
10			
12	Receipt of equipment, materials, drugs, medical	xNone	
	writing, gifts or other		
	services		
13	Other financial or non-	xNone	
	financial interests		

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

Date:_	_07/27	/2021	
Your N	ame:	Rebecca	Trachtman

Manuscript Title: 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis (JIA): Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint (TMJ) Arthritis and Systemic JIA Manuscript number (if known):___ar-21-0368.R1_____

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 <u>current</u> <u>manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	None	
	manuscript (e.g., funding,		
provision of study materials	provision of study materials, medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
-	Deursent er benererie fer	Nene	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
<i>,</i>	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

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

Date:_	_ 07.2 3	1.2021	
Your N	ame:	Marat Turgunbae	v

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3	Royalties or licenses	None	

4	Consulting fees	None	
_		••	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Compare the setter disc	News	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
0	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
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12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date:_____8/5/2021_____ Your Name:_____Keila Veiga______

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		Time frame: past	36 months
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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
0	Detents planned issued on	Nana	
8	Patents planned, issued or	None	
	pending		
0	Douticipation on a Data	None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
4.0			
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	Nezz	
11	Stock or stock options	None	
1.5			
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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

Date:_Aug 3, 2021	
Your Name:_Amy Turner	

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1	All support for the present manuscript (e.g., funding,	American College of Rheumatology	I am a full time ACR employee – Senior Director, Quality – who oversees all ACR guideline work, including this JIA
	provision of study materials, medical writing, article	The analology	project
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for	None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Current for attanding	Nege	
/	Support for attending meetings and/or travel	None	
	incettings and/or traver		
8	Patents planned, issued or	None	
	pending		
-			
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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Date:_____07/23/21_____ Your Name:_____James Reston______

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	processing charges, etc.) No time limit for this item.		
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		Time frame: past	36 months
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	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

			1
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
1	committee or advocacy		
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	·		
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