

## ICMJE DISCLOSURE FORM

Date: 07/20/2021

Your Name: Karen Onel

**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

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.

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

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

Please place an "X" next to the following statement to indicate your agreement:

*K. Q. P.*

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:** July 20, 2021

**Your Name:** Daniel B. Horton

**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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<b>Time frame: past 36 months</b>			
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

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	Childhood Arthritis and Rheumatology Research Alliance	Salary support for serving as JIA Vice-Chair
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.

## ICMJE DISCLOSURE FORM

Date: July 23, 2021

Your Name: Daniel J. Lovell

**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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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Bristol Myers Squibb	Principal Investigator, Abatacept, JIA, Contract w/CCHMC
		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
		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 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	

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

## ICMJJE DISCLOSURE FORM

Date: 7-22-21

Your Name: Susan Shenoj

**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  
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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	Pfizer Consultant (<10,000)
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	

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## ICMJE DISCLOSURE 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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging

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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	
		ACR	Expert Methods Adviser; Single pay of less than \$2500 USD
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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## ICMJE DISCLOSURE 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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging  
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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>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	NIH funding for my time and research
3	Royalties or licenses	None	N/A

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

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: 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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging  
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<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	
		1R01 HD089928	Payments to institution as a subcontract with Cincinnati Children's Hospital and Medical Center
		1U24TR001608-02	Payments made to Duke University

		HHSN275201800003I Task Order 6	Payments made to Duke University
		Chair, CARRA JIA Committee	Payments made to Duke University
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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	
		CARRA meeting	Reimbursed me
		ACR PRYSM meeting (planning committee member)	Reimbursed me
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		OPT-JIA: Ondansetron Premedication Trial in Juvenile Idiopathic Arthritis (PI J. Guzman, funding source, Canadian Arthritis Society) 2019-	No reimbursement
		Effect of obesity on pantoprazole pharmacokinetics and pharmacodynamics in children (PI V Shakhnovich, 5K23DK115827-01) 2021-	No reimbursement
		Biologic Abatement and Capturing Kids' Outcomes and Flare Frequency in Juvenile Spondyloarthritis (BACK-OFF JSpA). (PI Weiss, PCORI) 2021-	No reimbursement
10		<input type="checkbox"/> None	

	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Member at Large for Rheumatology Research Foundation Board of Directors	Travel reimbursed to me
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 type="checkbox"/> None	
		Chair of the FDA Arthritis Advisory Committee	Payments made to me
		Member of the American Board of Pediatrics Subboard	Payments made to me

Please place an "X" next to the following statement to indicate your agreement:

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## ICMJE DISCLOSURE 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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging

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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>	_____ None	
		SOBI	Supply of drug and placebo for clinical trial
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_____ None	
3	Royalties or licenses	_____ None	

4	Consulting fees	___ None	
		SOBI	Payments to me
		Novartis Sironax	Payments to me Payments to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
		SOBI	Payments to me
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	
		Pfizer	Payments to me
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	

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## ICMJE DISCLOSURE 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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging

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

4	Consulting fees	<input type="checkbox"/> None	Pfizer, NovoNordisk
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 type="checkbox"/> None	Pfizer, OPTUM
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	CureJM (MAB)
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	

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## ICMJE DISCLOSURE 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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging  
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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)
<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 checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	Consultant services to Novartis in 2020
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:** 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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging

**Manuscript number (if known):** \_\_\_\_ar-21-1046

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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<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>	None	

<b>Time frame: past 36 months</b>			
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, 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	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	

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: July 20<sup>th</sup>, 2021 \_\_\_\_\_

Your Name: Jaime Guzman \_\_\_\_\_

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

4	Consulting fees	<input checked="" type="checkbox"/> None	
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 type="checkbox"/> None	
		ACR	Volunteer member of the ACR criteria subcommittee
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.

Hold page for Horonjeff

## ICMJE DISCLOSURE FORM

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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging

**Manuscript number (if known):** ar-21-1046

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<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>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	CARRA, Inc	Salary support to my institution
		Genentech	Research support paid to CARRA
3	Royalties or licenses	UpToDate®	

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

## ICMJE DISCLOSURE 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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging  
**Manuscript number (if known):** ar-21-1046

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

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

## ICMJJE DISCLOSURE 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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging  
**Manuscript number (if known):** ar-21-1046

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

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

## ICMJE DISCLOSURE 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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging

**Manuscript number (if known):** ar-21-1046

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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>	<u>None</u>	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	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 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	___ None	Simcere
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	Miach Ortho (DSMB chair)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	CARRA, member of Research and Registry Oversight Committee
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: July 20, 2021

Your Name: Michael Ombrello

**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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<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>	<u>    </u> None	
		All work supported by Intramural Research Program of National Institute of Arthritis and Musculoskeletal and Skin Diseases	Award Z01-AR-041198
<b>Time frame: past 36 months</b>			
2		<u>  X  </u> None	

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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: 7/21/2021

Your Name: Consuelo Diana Eglá Rabinovich MD MPH

**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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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>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Abbvie	Research contract with the university for trial
		UCB Pharma	Research contract with the university for trial
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	

Please place an "X" next to the following statement to indicate your agreement:

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

## ICMJJE DISCLOSURE FORM

Date: 7/29/21

Your Name: Melissa Teshler

**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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<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 checked="" type="checkbox"/> None	
<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	
3	Royalties or licenses	<input type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	Support from CARRA for attendance at in person meetings
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	Member of Ethics Committee, CARRA
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:** 2021-July-20  
**Your Name:** Marinka Twilt

**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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<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>	__x__ None	
<b>Time frame: past 36 months</b>			
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	<input type="checkbox"/> <u>x</u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <u>x</u> None	
6	Payment for expert testimony	<input type="checkbox"/> <u>x</u> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u>x</u> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u>x</u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u>x</u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u>x</u> None	
11	Stock or stock options	<input type="checkbox"/> <u>x</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <u>x</u> None	
13	Other financial or non-financial interests	<input type="checkbox"/> <u>x</u> 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.

## ICMJE DISCLOSURE 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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging  
**Manuscript number (if known):** ar-21-1046

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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<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	
3	Royalties or licenses	<input type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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 type="checkbox"/> None	Recent board member, ACR
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: July 27, 2021

Your Name: Fatima Barbar-Smiley

**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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> x <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> x <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> x <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> x <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> x <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> x <input type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> x <input type="checkbox"/> None	
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13	Other financial or non-financial interests	<input type="checkbox"/> x <input type="checkbox"/> 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.

## ICMJE DISCLOSURE 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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging  
**Manuscript number (if known):** ar-21-1046

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13	Other financial or non-financial interests	<input type="checkbox"/> <u> x </u> None	

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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: July 27, 2021

Your Name: Barbara Edelheit,  
 MD \_\_\_\_\_

**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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3	Royalties or licenses	None	

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8	Patents planned, issued or pending	<u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
11	Stock or stock options	<u>    </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
13	Other financial or non-financial interests	<u>    </u> None	

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## ICMJE DISCLOSURE FORM

Date: 7/21/2021

Your Name: Miriah Gillispie Taylor

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

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

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  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: 7/26/21  
 Your Name: Kimberly Hays

**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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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	

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.

K. Hays

## ICMJE DISCLOSURE FORM

Date: 7/26/21

Your Name: Melissa Mannion

**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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<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	
		Rheumatology Research Foundation Norman B	

		Gaylis Clinical Investigator Award (start July 2020)	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE 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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging  
**Manuscript number (if known):** ar-21-1046

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6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
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**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: 7/26/21  
 Your Name: Elaine Flanagan

**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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<b>Time frame: past 36 months</b>			
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
11	Stock or stock options	<u>    </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
13	Other financial or non-financial interests	<u>    </u> None	

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## ICMJJE DISCLOSURE 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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging  
**Manuscript number (if known):** ar-21-1046

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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	

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

## ICMJE DISCLOSURE 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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging  
**Manuscript number (if known):** ar-21-1046

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<b>Time frame: past 36 months</b>			
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, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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13	Other financial or non-financial interests	___ None	

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## ICMJE DISCLOSURE 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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging  
**Manuscript number (if known):** ar-21-1046

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<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	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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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 type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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## ICMJJE DISCLOSURE FORM

Date: 07/27/2021

Your Name: Rebecca Trachtman

**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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<b>Time frame: past 36 months</b>			
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3	Royalties or licenses	None	

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## ICMJE DISCLOSURE FORM

Date: 07.21.2021

Your Name: Marat Turgunbaev

**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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## ICMJE DISCLOSURE FORM

Date: 8/5/2021

Your Name: Keila Veiga

**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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## ICMJE DISCLOSURE FORM

Date: Aug 3, 2021

Your Name: Amy Turner

**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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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>	American College of Rheumatology	I am a full time ACR employee – Senior Director, Quality – who oversees all ACR guideline work, including this JIA project
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	

3	Royalties or licenses	___ None	
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## ICMJJE DISCLOSURE FORM

Date: 07/23/21

Your Name: James Reston

**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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