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 <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	X None	
T	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	X_None	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events	V Nono	
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	XNone	
,	meetings and/or travel		
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	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	X None	
11	Stock of stock options		
12	Receipt of equipment,	X None	
	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.

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): 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)	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).	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	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	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		
	0 F/F		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	Nono	
13		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, 2021
Your Na	me: 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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		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 ini	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.		
		-	ast 36 months
2	Grants or contracts from	Bristol Myers Squibb	Principal Investigator, Abatacept, JIA, Contract w/CCHMC
	any entity (if not indicated	Janssen	Co-PI, Golimumab, Contract w/CCHMC, not individual
	in item #1 above).	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	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,		
	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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging Manuscript number (if known):____ar-21-1046_____

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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	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	Pfizer Consultant (<10,000)
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	XNone	
	group, paid or unpaid		
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): 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,	ACR	Expert Methods Adviser; Single pay of less than \$2500
	provision of study materials,		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	xNone	

4	Consulting fees	x None	
4	Consulting lees		
5	Payment or honoraria for	xNone	
	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	
	meetings and/or traver		
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	x None	
9	Safety Monitoring Board or	xNone	
	Advisory Board		
10	Leadership or fiduciary role	_xNone	
	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:_____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 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 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, 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	None	N/A
5	lectures, presentations,		
	speakers bureaus, manuscript writing or		
6	educational events Payment for expert	None	N/A
	testimony		
7	Support for attending meetings and/or travel	None	N/A
8	Patents planned, issued or	None	N/A
	pending		
9	Participation on a Data	None	N/A
	Safety Monitoring Board or		
10	Advisory Board Leadership or fiduciary role	None	N/A
10	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	N/A
11			
12	Receipt of equipment,	None	N/A
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	Sibling works at Pfizer
	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: 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 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)	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 1R01 HD089928 1U24TR001608-02	Payments to institution as a subcontract with Cincinnati Children's Hospital and Medical Center Payments made to Duke University

			Device entermade te Dudue Huturenter
		HHSN275201800003I Task Order 6	Payments made to Duke University
		Chair, CARRA JIA	Payments made to Duke University
		Committee	
3	Royalties or licenses	_XNone	
4	Consulting food	X None	
4	Consulting fees	_XNone	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	X None	
<i>'</i>	meetings and/or travel		
		CARRA meeting	Reimbursed me
		ACR PRYSM meeting	Reimbursed me
		(planning committee member)	
8	Patents planned, issued or	X None	
Ū	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or	OPT-JIA: Ondansetron	No reimbursement
	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		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	_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): 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 initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present	None	
T	All support for the present manuscript (e.g., funding, provision of study materials,	SOBI	Supply of drug and placebo for clinical trial
	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	

Consulting fees	Nana	
Consulting fees	None	
	SOBI	Payments to me
	Novartis	Payments to me
	Sironax	Payments to me
Payment or honoraria for	None	
	SOBI	Payments to me
-		
	Nana	
estimony		
Support for attending	None	
Patents planned, issued or	None	
pending		
Participation on a Data	None	
Safety Monitoring Board or	Pfizer	Payments to me
•		
	None	
in other board, society,		
	NI	
Stock of stock options	None	
Receipt of equipment	None	
	None	
-		
services		
Other financial or non-	None	
financial interests		
	ectures, presentations, peakers bureaus, nanuscript writing or ducational events ayment for expert estimony upport for attending neetings and/or travel atents planned, issued or ending articipation on a Data afety Monitoring Board or dvisory Board eadership or fiduciary role n other board, society, ommittee or advocacy roup, paid or unpaid tock or stock options ecceipt of equipment, naterials, drugs, medical writing, gifts or other ervices ther financial or non-	Sironax ayment or honoraria for ectures, presentations, peakers bureaus, hanuscript writing or ducational events ayment for expert estimony upport for attending heetings and/or travel atents planned, issued or ending articipation on a Data afety Monitoring Board or dvisory Board eadership or fiduciary role n other board, society, committee or advocacy roup, paid or unpaid tock or stock options eccipt of equipment, haterials, drugs, medical rriting, gifts or other ervices ther financial or non- Sironax Sironax Sironax SOBI SOBI SOBI SOBI SOBI SOBI SOBI SOBI

__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): 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)	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	Cihr, cureJM, NovoNordisk
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	HJHS version 2.1

4	Consulting fees	None	Pfizer, NovoNordisk
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 meetings and/or travel	xNone	
	meetings and/or traver		
8	Patents planned, issued or	xNone	
	pending		
0		N I	
9	Participation on a Data Safety Monitoring Board or	None	Pfizer, OPTUM
	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	x None	
12	Receipt of equipment,	x_None	
	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 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 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 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	
З	Royalties or licenses	XNone	

4	Consulting fees	None	Consultant services to Novartis in 2020
5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
Ū	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
0			
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	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 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.

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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)
	Tim	e frame: Since the initial plan	ning 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	None		
	entity (if not indicated in item #1 above).			
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 testimony	None		
7	Support for attending meetings and/or travel	None		
8	Patents planned, issued or pending	None		
	P 0.10110			
9	Participation on a Data Safety Monitoring Board or	None		
	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): 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 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.	XX None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XXNone	
3	Royalties or licenses	_XXNone	

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

Hold 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): 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 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	
		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	
	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,		
	committee or advocacy		
	group, paid or unpaid	N I	
11	Stock or stock options	None	
12	Dessint of any inmant	Nege	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
15	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:_____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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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)	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	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
0	testimony		
	cestimony		
7	Support for attending	X None	
	meetings and/or travel		
	C .		
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
10	Advisory Board	Y N	
10	Leadership or fiduciary role	XNone	
	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:_____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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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) 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	
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	None	
'	meetings and/or travel		
8	Patents planned, issued or	None	
0	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	News	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Dessint of equipment	Nege	
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): 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)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial	planning of the work		
1	All support for the present	None			
	manuscript (e.g., funding,				
	provision 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	AbbVie, Novartis, Pfizer, BMS		
	any entity (if not indicated				
	in item #1 above).				

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	_XNone	
	educational events		
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	None	Simcere
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	Miach Ortho (DSMB chair)
10	Leadership or fiduciary role	None	CARRA, member of Research and Registry Oversight
10	in other board, society, committee or advocacy		Committee
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12			
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.

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 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 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	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:7/21/2021	
 Your Name:	_Consuelo Diana Egla 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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		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	Abbvie	Research contract with the university for trial
	any entity (if not indicated in item #1 above).	UCB Pharma	Research contract with the university for trial
3	Royalties or licenses	None	

4	Consulting fees	None	
	5		
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
Ŭ	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	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descint of any integrat	Nono	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

_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): 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)	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	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	x_None	
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	None	Member of Ethics Committee, CARRA
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-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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		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	
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	x None
5	Payment or honoraria for	x None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	xNone
	testimony	
7	Support for attending	y Nono
/	meetings and/or travel	xNone
	meetings and/or traver	
8	Patents planned, issued or	x None
0	pending	
9	Participation on a Data	_xNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	x_None
	in other board, society,	
	committee or advocacy	
11	group, paid or unpaid Stock or stock options	x None
11		xNone
12	Receipt of equipment,	x None
	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:_____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_____

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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	x_None	

4	Consulting fees	_xNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	x_None	
0	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	None	Recent board member, ACR
11	group, paid or unpaid Stock or stock options	x None	
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:_____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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		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.	xNone	
		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	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	x_None
	Safety Monitoring Board or	
	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
	Stock of Stock options	
12	Receipt of equipment,	x None
	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: 7/22/2021 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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		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	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	xNone
/	meetings and/or travel	
	incettings and/or traver	
8	Patents planned, issued or	x None
0	pending	
9	Participation on a Data	x_None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	x_None
	in other board, society,	
	committee or advocacy	
11	group, paid or unpaid Stock or stock options	y Nono
11	Stock of Stock options	xNone
12	Receipt of equipment,	x None
	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:	_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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1	All support for the present	None	
	manuscript (e.g., funding,		
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	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	
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,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
11			
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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging Manuscript number (if known):____ar-21-1046_____

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

Í			ICMJE DISCLOSURE FORM
Date:	26	21	
Your Name:	Kin	berly	-laiys

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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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	
1.1			

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

Kithangs

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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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Rheumatology Research Foundation Norman B	

		Gaylis Clinical Investigator Award (start July 2020)	
3	Royalties or licenses	x_None	
4	Consulting fees	_xNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_xNone	
6	Payment for expert testimony	x_None	
7	Support for attending meetings and/or travel	x_None	
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	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:___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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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 pending	None	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
10		Nene	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12		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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging Manuscript number (if known):____ar-21-1046_____

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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	
-	Deverant er benererie for	Nege	
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	
9	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
	Stock of Stock Options		
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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging Manuscript number (if known):____ar-21-1046_____

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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 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	None	
0	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	News	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Dessint of equipment	Nege	
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:__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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	Γ	Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
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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 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	

_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): Recommendations for Non-Pharmacologic Therapies, Medication Monitoring, Immunizations, and Imaging Manuscript number (if known):____ar-21-1046_____

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	T	Time frame: Since the initial	planning of the work
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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	x_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	_xNone	

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

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 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	
5	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	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12		N	
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:_	_ 07.2 2	1.2021_		
Your N	lame:	Marat	Turgunbaev	

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4	Consulting fees	None	
5	Payment or honoraria for	None	
5	lectures, presentations,		
	speakers bureaus,		
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	educational events		
6	Payment for expert testimony	None	
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7	Support for attending	None	
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	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	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12		N	
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:_____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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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.		
	No time mint 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	
-	Deverse to a base service for	News	
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	Nana	
0	pending	None	
	P 0.10118		
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:_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.) No time limit for this item.	American College of Rheumatology	I am a full time ACR employee – Senior Director, Quality – who oversees all ACR guideline work, including this JIA project
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months

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		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
10	Advisory Board	N	
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:_____07/23/21_____ 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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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None	
-	Deverse to a base service for	News	
5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
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	-		
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
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