

ICMJE DISCLOSURE FORM

Date: 3/4/2022

Your Name: Elana Bernstein

Manuscript Title: Computed Tomography of the Chest to Screen for Interstitial Lung Disease in Patients with Systemic Sclerosis at Expert Scleroderma Centers in the United States

Manuscript Number (if known): ACROR-21-238.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)										
Time frame: Since the initial planning of the work												
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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.				
	Click the tab key to add additional rows.											
Time frame: past 36 months												
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">Boehringer Ingelheim</td><td>Payments made to institution</td></tr> <tr><td>Pfizer</td><td>Payments made to institution</td></tr> <tr><td>Kadmon</td><td>Payments made to institution</td></tr> <tr><td>Eicos Sciences</td><td>Payments made to institution</td></tr> <tr><td>Corbus</td><td>Payments made to institution</td></tr> </table>	Boehringer Ingelheim	Payments made to institution	Pfizer	Payments made to institution	Kadmon	Payments made to institution	Eicos Sciences	Payments made to institution	Corbus	Payments made to institution
Boehringer Ingelheim	Payments made to institution											
Pfizer	Payments made to institution											
Kadmon	Payments made to institution											
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Corbus	Payments made to institution											

		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)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
		Boehringer Ingelheim	Payments made to me
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	
		Boehringer Ingelheim	Payments made to me
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None	

		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)
	society, committee or advocacy group, paid or unpaid		
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: 3/4/2022

Your Name: Shervin Assassi

Manuscript Title: Computed Tomography of the Chest to Screen for Interstitial Lung Disease in Patients with Systemic Sclerosis at Expert Scleroderma Centers in the United States

Manuscript Number (if known): ACROR-21-238.R1

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Boehringer Ingelheim	Personal Fees
		Corbus	Personal Fees
		Novartis	Personal Fees
		CSL Behring	Personal Fees
		Abbvie	Personal Fees
		AstraZeneca	Personal Fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Integrity CE	Personal Fees
		North Carolina Rheumatology Association	Personal Fees
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Scleroderma Clinical Trial Consortium</td> <td>Unpaid Volunteer</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Scleroderma Clinical Trial Consortium	Unpaid Volunteer					
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 3/4/2022

Your Name: Flavia Castelino, MD

Manuscript Title: Computed Tomography of the Chest to Screen for Interstitial Lung Disease in Patients with Systemic Sclerosis at Expert Scleroderma Centers in the United States

Manuscript Number (if known): ACROR-21-238.R1

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

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 3/4/2022

Your Name: Lorinda Chung

Manuscript Title: Computed Tomography of the Chest to Screen for Interstitial Lung Disease in Patients with Systemic Sclerosis at Expert Scleroderma Centers in the United States

Manuscript Number (if known): ACROR-21-238.R1

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4	Consulting fees	<input type="checkbox"/> None	
		Genetech	Paid to me
		Eicos Sciences	Paid to me
		Mitsubishi Tanabe	Paid to me
		Kyverna Jasper	Paid to me Paid to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Boehringer Ingelheim	Paid to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Boehringer Ingelheim	Directly paid for travel
		Eicos Sciences	Directly paid for travel
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	
		Reata DSMB	Paid to me
		Eicos Sciences	Paid to me
		Boehringer Ingelheim	Paid to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 3/4/2022

Your Name: Chase Correia, MD

Manuscript Title: Computed Tomography of the Chest to Screen for Interstitial Lung Disease in Patients with Systemic Sclerosis at Expert Scleroderma Centers in the United States

Manuscript Number (if known): ACROR-21-238.R1

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		Boehringer Ingelheim]	Payments made to me.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Boehringer Ingelheim]	Payments made to me.
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	
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LuICMJE DISCLOSURE FORM

Date: 3/4/2022

Your Name: Luke Evin

Manuscript Title: Computed Tomography of the Chest to Screen for Interstitial Lung Disease in Patients with Systemic Sclerosis at Expert Scleroderma Centers in the United States

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Scleroderma Research Foundation 28/7 Therapeutics Blade Therapeutics DigiTx Frontier Medicines Oncorus Therapeutics Umoja BioPharma Werewolf Therapeutics Trishula Therapeutics Phoyts </td> <td style="width: 50%; vertical-align: top;"> Chairman, Board of Directors Board of Directors Board of Directors Board of Directors Board of Directors Board of Directors Board of Directors Board of Directors Board of Directors Board of Directors </td> </tr> </table>	Scleroderma Research Foundation 28/7 Therapeutics Blade Therapeutics DigiTx Frontier Medicines Oncorus Therapeutics Umoja BioPharma Werewolf Therapeutics Trishula Therapeutics Phoyts	Chairman, Board of Directors Board of Directors Board of Directors Board of Directors Board of Directors Board of Directors Board of Directors Board of Directors Board of Directors Board of Directors							
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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)
11	Stock or stock options	<input type="checkbox"/> None Luke Evnin is a Member/Managing Director of several MPM Capital Funds and thus the beneficial owner of their underlying investments. He shares the power to acquire, dispose, hold and vote all shares. Luke disclaims beneficial ownership of all shares except to the extent of his pecuniary interest therein. Further information is available upon request.	
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: 3/4/2022

Your Name: Tracy M. Frech

Manuscript Title: Computed Tomography of the Chest to Screen for Interstitial Lung Disease in Patients with Systemic Sclerosis at Expert Scleroderma Centers in the United States

Manuscript Number (if known): ACROR-21-238.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">VA Merit Award I01CX002111</td> <td style="width: 40%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	VA Merit Award I01CX002111				Click the tab key to add additional rows.	
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Time frame: past 36 months								
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"> </td> <td style="width: 40%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input 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 type="checkbox"/> None	
		Scleroderma Foundation Medical Advisory Board	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Steffens Scleroderma Foundation	
		Annual Meeting Planning Committee for ACR	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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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: 3/4/2022

Your Name: Jessica Gordon

Manuscript Title: Computed Tomography of the Chest to Screen for Interstitial Lung Disease in Patients with Systemic Sclerosis at Expert Scleroderma Centers in the United States

Manuscript Number (if known): ACROR-21-238.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 3/4/2022

Your Name: Brian Skaug

Manuscript Title: Computed Tomography of the Chest to Screen for Interstitial Lung Disease in Patients with Systemic Sclerosis at Expert Scleroderma Centers in the United States

Manuscript Number (if known): ACROR-21-238.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 3/4/2022

Your Name: Click or tap here to enter text. | Faye Hant

Manuscript Title: Computed Tomography of the Chest to Screen for Interstitial Lung Disease in Patients with Systemic Sclerosis at Expert Scleroderma Centers in the United States

Manuscript Number (if known): ACROR-21-238.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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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: 3/4/2022

Your Name: Laura K Hummers, MD, ScM

Manuscript Title: Computed Tomography of the Chest to Screen for Interstitial Lung Disease in Patients with Systemic Sclerosis at Expert Scleroderma Centers in the United States

Manuscript Number (if known): ACROR-21-238.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Time frame: past 36 months								
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/4/2022

Your Name: Nora Sandorfi, MD

Manuscript Title: Computed Tomography of the Chest to Screen for Interstitial Lung Disease in Patients with Systemic Sclerosis at Expert Scleroderma Centers in the United States

Manuscript Number (if known): ACROR-21-238.R1

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ICMJE DISCLOSURE FORM

Date: 3/4/2022

Your Name: Ami Shah

Manuscript Title: Computed Tomography of the Chest to Screen for Interstitial Lung Disease in Patients with Systemic Sclerosis at Expert Scleroderma Centers in the United States

Manuscript Number (if known): ACROR-21-238.R1

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ICMJE DISCLOSURE FORM

Date: 3/4/2022

Your Name: Victoria Shanmugam

Manuscript Title: Computed Tomography of the Chest to Screen for Interstitial Lung Disease in Patients with Systemic Sclerosis at Expert Scleroderma Centers in the United States

Manuscript Number (if known): ACROR-21-238.R1

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		American College of Rheumatology	Various committee roles

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ICMJE DISCLOSURE FORM

Date: 3/4/2022

Your Name: Virginia Steen, MD | Virginia Steen, MD

Manuscript Title: Computed Tomography of the Chest to Screen for Interstitial Lung Disease in Patients with Systemic Sclerosis at Expert Scleroderma Centers in the United States

Manuscript Number (if known): ACROR-21-238.R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		Boehringer Ingelheim	
		CSL Behring	
		Eicos, Galapagos	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Boehringer Ingelheim	
		Janssen	
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	
		Galapagos	CSL Behring
		Corbus	
		Boehringer Ingelheim	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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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Virginia Steen

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: 3/7/2022

Your Name: Dinesh Khanna

Manuscript Title: Computed Tomography of the Chest to Screen for Interstitial Lung Disease in Patients with Systemic Sclerosis at Expert Scleroderma Centers in the United States

Manuscript Number (if known): ACROR-21-238.R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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		Acceleron	
		Actelion	
		Amgen	
		Bayer	
		Boehringer Ingelheim	
		Chemomab	
		CSL Behring	
		Genentech/Roche	
		Horizon	
		Paracrine Cell Therapy	
		Mitsubishi Tanabe Pharma	
		Prometheus	
Theraly			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Eicos Sciences, Inc – a subsidiary of CiviBioPharma	Chief Medical Officer
11	Stock or stock options	<input type="checkbox"/> None	
		Eicos Science, Inc	Stock options
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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