### ICMJE DISCLOSURE FORM

Date:\_August 18, 2021

Your Name:\_Leslie Crofford \_\_\_\_\_

Manuscript Title: Clinical and molecular findings after autologous stem cell transplantation or cyclophosphamide for scleroderma: handling missing longitudinal data \_\_\_\_\_\_

Manuscript number (if known): ACR-21-0329 \_\_\_\_\_

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

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

manuscript only.

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.

	Name all entities with	Specifications/Comments
	whom you have this	(e.g., if payments were made to you or to your institution)
	relationship or indicate	
	none (add rows as needed)	
	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.) <b>No time limit for this item.</b>	X None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pas X_ None	
3	Royalties or licenses	X None	
4	Consulting fees	_X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
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	X None	
11	Stock or stock options	X None	

12	Receipt of equipment, materials, drugs, medical writing, gifts or other	X None	
	services		
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.

## ICMJE DISCLOSURE FORM

Date:_August 18, 2021
Your Name:_M.E. Csuka
Manuscript Title:_Clinical and molecular findings after autologous stem cell transplantation or cyclophosphamide for scleroderma: handling missing longitudinal data

Manuscript number (if known): ACR-21-0329 \_\_\_\_\_

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related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third

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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	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as needed)	
		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.) <b>No time limit for this item.</b>	X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	_X None	
	educational events		
6	Payment for expert testimony	_X None	

7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	_X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
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.

ICMJE DISCLOSURE FORM

Date:\_August 18, 2021

Your Name:\_Jennifer Franks \_\_\_\_\_

Manuscript Title: Clinical and molecular findings after autologous stem cell transplantation or cyclophosphamide for scleroderma: handling missing longitudinal data

Manuscript number (if known): ACR-21-0329 \_\_\_\_\_

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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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.)	Burroughs-Wellcome PUP Big Data in the Life Sciences Training Program	Dartmouth College
	No time limit for this item.	National Institutes of Health BD2K T32 5T32LM012204-03	Dartmouth College

		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in	x None	
	item #1 above).		
3	Royalties or licenses	x None	
5			
4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations,	x None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	x None	
	,		
	-		
7	Support for attending meetings and/or travel		
		American College of Rheumatology (ACR) Student Achievement Award	Support for travel to ACR annual meeting
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or	x None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	x None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical	x None	

	writing, gifts or other services		
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.

ICMJE DISCLOSURE FORM

Date:\_August 18, 2021

\_\_\_\_\_ Your Name:\_Daniel Furst

Manuscript Title: Clinical and molecular findings after autologous stem cell transplantation or

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)
--	---

## cyclophosphamide for scleroderma: handling missing longitudinal data

Manuscript number (if known): ACR-21-0329

	Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding,	XNone		
	provision of study materials, medical writing,			
	article processing charges,			
	etc.) No time limit for this item.			
	No time limit for this item.			
		Time frame: past	36 months	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Amgen, Corbus, CSL Behring, Galapagos, Gilead, GSK, Horizon, Kadmon, Novartis, Pfizer, Roche/Genetech, Talaris	Grant/Research Support
3	Royalties or licenses	XNone	
4	Consulting fees	Amgen, Corbus, Galapagos, Horizon, Kadmon, Pfizer, Talaris	Consultant
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Speakers Bureau	CME Only
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
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	X None	
11	Stock or stock options	X None	
12	12 Receipt of equipment, materials, drugs, medical writing, gifts or other	X_ None	
	services		
13	Other financial or nonfinancial 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.

## ICMJE DISCLOSURE FORM

Date:\_August 18, 2021

Your Name:\_George Georges \_\_\_\_\_

Manuscript Title: Clinical and molecular findings after autologous stem cell transplantation or cyclophosphamide for scleroderma: handling missing longitudinal data \_\_\_\_\_\_

Manuscript number (if known): ACR-21-0329 \_\_\_\_\_

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

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

# manuscript only.

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		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,	x_ None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past 3	36 months
2	Grants or contracts from any entity (if not indicated in	x_ None	
	item #1 above).		
3	Royalties or licenses	x None	

4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_x None	
6	Payment for expert testimony	x None	
7	Comment from state - 11	N N	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	_x None	
9	Participation on a Data Safety Monitoring Board or	_x None	
	Advisory Board		
10	Leadership or fiduciary role	Nono	
10	in other board, society,	_x None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_x None	
16			
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
10	services Other financial or non-	Nee	
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.

George Georges

#### ICMJE DISCLOSURE FORM

Date:\_August 18, 2021

### Your Name:\_Ellen Goldmuntz

Manuscript Title: Clinical and molecular findings after autologous stem cell transplantation or cyclophosphamide for scleroderma: handling missing longitudinal data \_\_\_\_\_\_

Manuscript number (if known): ACR-21-0329 \_\_\_\_\_

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

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

manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains

to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items,

the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) 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.) <b>No time limit for this item.</b>	_X None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastX None	36 months
3	Royalties or licenses	X None	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	

	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	12 Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
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.

# ICMJE DISCLOSURE FORM

Date:\_August 18, 2021

Your Name: Lynette Keyes-Elstein

Manuscript Title: Clinical and molecular findings after autologous stem cell transplantation or cyclophosphamide for scleroderma: handling missing longitudinal data \_\_\_\_\_\_

Manuscript number (if known): ACR-21-0329

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

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

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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,	NIH/NIAID/DAIT	Payment to institution in support of statistical and clinical coordinating center work.
	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 any entity (if not indicated in	NIH/NIAID/DAIT	Award numbers: N01-Al25481, HHSN272200900057C, and 1UM2Al117870.
	item #1 above).		
3	Royalties or licenses	X None	

4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
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	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	X None	

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

### ICMJE DISCLOSURE FORM

Date:\_August 18, 2021

Your Name: Dinesh Khanna \_\_\_\_\_

Manuscript Title: Clinical and molecular findings after autologous stem cell transplantation or cyclophosphamide for scleroderma: handling missing longitudinal data

Manuscript number (if known): ACR-21-0329 \_\_\_\_\_

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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 initia	I planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X None	
		Time from a set	26 months
2		Time frame: past	
2	Grants or contracts from any entity (if not indicated in	Pfizer	Investigator initiated trial
	item #1 above).	BMS	Investigator initiated trial
		Boehringer Ingelheim	Investigator initiated trial
		Bayer	Investigator initiated trial
		Horizon	Investigator initiated trial
3	Royalties or licenses	X None	
4	Consulting fees	Acceleron, Boehringer Ingelheim, CSL Behring, Chemomab Horizon, Prometheus, Theraly, Genentech Roche	Consultant
5	Payment or honoraria for lectures, presentations, speakers bureaus,	X None	
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	_X None	
9	Participation on a Data	X None	

	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_X None	
11	Stock or stock options	Eicos Sciences, Inc	Stock
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non- financial interests	Chief Medical Officer, Eicos Sciences	Company officer

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form.

# ICMJE DISCLOSURE FORM

Date:\_August 18, 2021

Your Name: Viktor Martyanov \_\_\_\_\_\_

Manuscript Title: Clinical and molecular findings after autologous stem cell transplantation or cyclophosphamide for scleroderma: handling missing longitudinal data \_\_\_\_\_\_

Manuscript number (if known): ACR-21-0329 \_\_\_\_\_

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

4	Consulting fees	<u>X</u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>X</u> None	
6	Payment for expert testimony	<u>X</u> None	
7	Support for attending meetings and/or travel	<u>X</u> None	
8	Patents planned, issued or pending	<u>X</u> None	
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	<u>X</u> None	
11	Stock or stock options	<u>X</u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>X</u> None	
13	Other financial or non- financial interests	<u>X</u> None	

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

### ICMJE DISCLOSURE FORM

Date:\_August 18, 2021

Your Name: Maureen Mayes

Manuscript Title: Clinical and molecular findings after autologous stem cell transplantation or cyclophosphamide for scleroderma: handling missing longitudinal data

Manuscript number (if known): ACR-21-0329 \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are

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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your institution)
		relationship or indicate	
		none (add rows as needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	_X None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
2		Time frame: past	
2	Grants or contracts from any	Medtelligence	Conference speaker on autoantibodies (payment to me)
	entity (if not indicated in item #1 above).	Actelion Pharma	Grant reviewer for Young Investigator program (payment to me)
	item ini abovej.	Mitsubishi-Tanabe	Member, Scientific Advisory Board (payment to me);
			Clinical Trial Investigator (payment to Institution)
		Boehringer-Ingelheim	Member, Scientific Advisory Board (payment to me);
			Clinical Trial Investigator (payment to Institution)
		EICOS	Advisory Board Member (payment to me)
			Clinical Trial Investigator (payment to Instutition)
		Corbus	Clinical Trial Investigator (payment to Institution)
		Horizon	Clinical Trial Investigator (payment to Institution)
3	Royalties or licenses	X None	
4	Consulting fees	X None	
Г	Doumant or honororia for	X None	
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	

9	Participation on a Data Safety Monitoring Board or	_X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	_X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
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.

# ICMJE DISCLOSURE FORM

Date:\_August 18, 2021

Your Name: Peter McSweeney \_\_\_\_\_

Manuscript Title: Clinical and molecular findings after autologous stem cell transplantation or cyclophosphamide for scleroderma: handling missing longitudinal data \_\_\_\_\_

Manuscript number (if known): ACR-21-0329 \_\_\_\_\_

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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	_X None	
	processing charges, etc.)		
	No time limit for this item.		
	No time limit for this item.		
		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 lectures, presentations,	x None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	Colorado Blood Cancer Institute	Paid travel and accommodation for study meetings.
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or	_x None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	x None	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	_x None	
10	Descript of any inclusion	. News	
12	Receipt of equipment, materials, drugs, medical	x_ None	
	writing, gifts or other services		
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.

### ICMJE DISCLOSURE FORM

Date:\_August 18, 2021

Your Name: Richard Nash \_\_\_\_\_

Manuscript Title: Clinical and molecular findings after autologous stem cell transplantation or cyclophosphamide for scleroderma: handling missing longitudinal data

Manuscript number (if known): ACR-21-0329 \_\_\_\_\_

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

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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your institution)
		relationship or indicate	
		none (add rows as needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	X 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 any	X None	
	entity (if not indicated in		
	item #1 above).		
3	Royalties or licenses	X None	
5	Novumes of neerises		
4	Consulting fees	X None	
5	Payment or honoraria for	X None	
5	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel		
	0,		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role	X None	
-	in other board, society,		

	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
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.

### ICMJE DISCLOSURE FORM

Date:\_August 17, 2021

Your Name: Ashley Pinckney \_\_\_\_\_

Manuscript Title: Clinical and molecular findings after autologous stem cell transplantation or cyclophosphamide for scleroderma: handling missing longitudinal data \_\_\_\_\_\_

Manuscript number (if known): ACR-21-0329 \_\_\_\_\_

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manuscript only.

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	Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your institution)
All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X None	
	Time frame: past 3	36 months
Grants or contracts from any entity (if not indicated in item #1 above).	X None	
Royalties or licenses	X None	
Consulting fees	X None	
	<ul> <li>manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)</li> <li>No time limit for this item.</li> <li>Grants or contracts from any entity (if not indicated in item #1 above).</li> <li>Royalties or licenses</li> </ul>	whom you have this relationship or indicate none (add rows as needed)All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)X NoneNo time limit for this itemX NoneGrants or contracts from any entity (if not indicated in item #1 above)X NoneRoyalties or licensesX NoneModel and the set of the processing of the process from any entity (if not indicated in item #1 above)X NoneRoyalties or licensesX None

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	X None
7	Support for attending meetings and/or travel	X None
8	Patents planned, issued or pending	X None
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	X None
11	Stock or stock options	X None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None
13	Other financial or non- financial interests	X None

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form.

### ICMJE DISCLOSURE FORM

Date: August 18, 2021	
Your Name: Robert Simms _	
Manuscript Title:_Clinical an	d molecular findings after autologous stem cell transplantation or cyclophosphamide for scleroderma
handling missing longitudina	l data

Manuscript number (if known): ACR-21-0329 \_\_\_\_\_

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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,	X None	

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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	No time inne for this item.		
		Time frame: past	36 months
2	Grants or contracts from any	X_ None	
2			
	entity (if not indicated in		
	item #1 above).		
3	Royalties or licenses	_X None	
4	Consulting food	V. None	
4	Consulting fees	X None	
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6			
6	Payment for expert	_X None	
	testimony		
7	Support for attending	_X None	
	meetings and/or travel		
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8	Patents planned, issued or	_X None	
	pending		
0	Dentisia etiene en e Dete	V. News	
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	
11	Stock of Stock options	_X None	
12	Receipt of equipment,	X None	

	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- financial interests	X None	

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form.

## ICMJE DISCLOSURE FORM

Date:\_August 18, 2021

Your Name: E William St Clair \_\_\_\_\_

Manuscript Title: Clinical and molecular findings after autologous stem cell transplantation or cyclophosphamide for scleroderma: handling missing longitudinal data \_\_\_\_\_\_

Manuscript number (if known): ACR-21-0329 \_\_\_\_\_

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending	X None	

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

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form.

ICMJE DISCLOSURE FORM

Date:\_\_\_\_August 18, 2021 \_\_\_\_\_\_

Your Name:\_Keith Sullivan

Manuscript Title:\_Clinical and molecular findings after autologous stem cell transplantation or cyclophosphamide for scleroderma: handling missing longitudinal data \_\_\_\_\_

Manuscript number (if known): ACR-21-0329 \_\_\_\_\_

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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)
		Time frame. Since the initial	
1	All support for the present		
	manuscript (e.g., funding,	NIAID, NIH	Duke University
	provision of study materials,		N01-AI05419 and HHSN 272201100025C
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		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	Jasper Therapeutics Xenikos Magenta Therapeutics Talaris Therapeutics	Consultant
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 pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Kiadis Pharma	Independent Data Monitoring Committee
	Auvisol y Doard		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	X None	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other		
12	services	V None	
13	Other financial or non- financial interests	X None	

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## ICMJE DISCLOSURE FORM

Date:\_August 18, 2021

\_\_\_\_\_ Your Name: Beverly Welch

Manuscript Title: Clinical and molecular findings after autologous stem cell transplantation or cyclophosphamide for scleroderma: handling missing longitudinal data

\_\_\_\_ Manuscript number (if known): ACR-21-0329

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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)
		Time frame: Since the mitial	
1	All support for the present manuscript (e.g., funding, provision of study materials,	X None	
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	X None	
	in item #1 above).		
3	Royalties or licenses	X None	
4	Consulting fees	_X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert testimony	X_ None	

-			
7	Support for attending meetings and/or travel	X_ None	
8	Patents planned, issued or pending	X_ None	
0	Dertisiantian en e Data	V Nore	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X_ None	
	writing, gifts or other services		
13	Other financial or nonfinancial interests	X None	

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## ICMJE DISCLOSURE FORM

Date:\_August 18, 2021

Your Name: Michael L. Whitfield

Manuscript Title: Clinical and molecular findings after autologous stem cell transplantation or cyclophosphamide for scleroderma: handling missing longitudinal data \_\_\_\_\_\_

Manuscript number (if known): ACR-21-0329 \_\_\_\_\_

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	whom you have this	(e.g., if payments were made to you or to your institution)
	relationship or indicate	
	none (add rows as needed)	
Time frame: Since the initial planning of the work		

1	All support for the present manuscript (e.g., funding,	Scleroderma Research Foundation	To Dartmouth College
	provision of study materials, medical writing, article	Dr. Ralph and Marian Falk Medical Research Trust	To Dartmouth College
	processing charges, etc.) No time limit for this item.	Burroughs-Wellcome PUP Big Data in the Life Sciences Training Program	To Dartmouth College
		National Institutes of Health BD2K T32 5T32LM012204-03	To Dartmouth College
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past x None	
3	Royalties or licenses	x None	
4	Consulting fees	x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	x None	
	manuscript writing or educational events		
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
	pending		
9	Participation on a Data	x None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	x None	

	committee or advocacy group, paid or unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	Scientific Founder, Celdara Medical LLC	Company officer

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## ICMJE DISCLOSURE FORM

Date:\_August 18, 2021

Your Name: Tammara Wood \_\_\_\_\_

Manuscript Title: Clinical and molecular findings after autologous stem cell transplantation or cyclophosphamide for scleroderma: handling missing longitudinal data \_\_\_\_\_

Manuscript number (if known): ACR-21-0329

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		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 lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	x None	
8	Patents planned, issued or pending	x None	
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	x None	
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	x None	
13	Other financial or non- financial interests	x None	

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form.