Date: 11.3.2022

Your Name: Marta Casal Moura

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

Manuscript number (if known): ar-22-1160

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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
manuscr	ort for the present ript (e.g., funding, n of study materials,	_xNone	
processi	writing, article ng charges, etc.) limit for this item.		
No time	ilmit for this item.		
		Time frame: past	36 months
2 Grants o	r contracts from	xNone	
	ty (if not indicated ‡1 above).		
	s or licenses	_xNone	
4 Consulti	ng fees	xNone	

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

Date: 11/5/22

Your Name: Gwen Thompson

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

Manuscript number (if known): ar-22-1160

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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	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastxNone	36 months
4	Royalties or licenses Consulting fees	xNone	

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

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

Date: 11/7/2022

Your Name: Lynn A. Fussner, MD

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

Manuscript number (if known): ar-22-1160

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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
		Time 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	Vasculitis Foundation,	Grant funding from Vasculitis Foundation, Alpha-1
	any entity (if not indicated	Alpha-1 Foundation	Foundation, American Thoracic Society Foundation
	in item #1 above).	American Thoracic Society	
		Foundation	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Date: 11/4/2022

Your Name: Darlene Nelson

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

Manuscript number (if known): ar-22-1160

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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	planning of the work
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastXNone	36 months
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or		
-	educational events	37 11	
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	XNone	
	3		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	X_None	
	Safety Monitoring Board or		
4.0	Advisory Board	37 11	
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

Date: 11/04/2022

Your Name: Amber M. Hummel

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

Manuscript number (if known): ar-22-1160

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

Payment or honoraria for	xNone	
educational events		
Payment for expert	xNone	
testimony		
	xNone	
5 ,		
Patents planned, issued or	xNone	
pending		
Participation on a Data	xNone	
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	xNone	
Stock or stock options	xNone	
Receipt of equipment,	xNone	
materials, drugs, medical		
writing, gifts or other services		
Other financial or non-	xNone	
financial interests		
	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or nonx_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: November 11, 2022 Your Name: Dr. Dieter E. Jenne

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

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

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

D. Jeme

Date: Nov. 4, 2022

Your Name: Daniel Emerling

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

Manuscript number (if known): ar-22-1160

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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 initia	planning of the work
1	All support for the present		
	manuscript (e.g., funding, provision of study materials,	Atreca, Inc.	Consulting fees, stock and stock option ownership, and continued vesting of stock options
	medical writing, article	FlatironBio	Consulting fees
	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		
2	in item #1 above).	V None	
3	Royalties or licenses	XNone	
4	Consulting fees	Atreca, Inc	Consulting fees, stock and stock option ownership, and continue

vesting of stock options

		Flatiron	
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	Atreca, Inc.	Potential for support to travel for meeting and/or conferences related to consulting work noted in #1
8	Patents planned, issued or pending	Atreca, Inc. FlatironBio	Potential that consulting work noted in #1 leads to inventorship and thus name on possible future patent applications Potential that consulting work noted in #1 leads to inventorship and thus name on possible future patent
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	applications
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Antibody Society	Member of Legal and Ethics Committee, unpaid/voluntary
11	Stock or stock options	Atreca, Inc.	Consulting fees, stock and stock option ownership, and continue vesting of stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNone	
13	Other financial or non- financial interests	XNone	

Date: 11/7/22

Your Name: Fernando C Fervenza

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

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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.	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,	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 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	

Date: November 5, 2022

Your Name: Cees G.M.Kallenberg

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

Manuscript number (if known): ar-22-1160

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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	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
6	educational events Payment for expert	X None	
О	testimony	A Notice	
	Commony		
7	Support for attending	X None	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
- 10		77.41	
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,	X None	
	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	X None	
13	financial interests	ANUTE	
	manda merests		

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

Date: November 7, 2022 Your Name: Carol Langford

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

Manuscript number (if known): ar-22-1160

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None National Institutes of Health	Research grant to my institution
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Bristol-Myers Squibb GlaxoSmithKline AstraZeneca	Research grant to my institution Research grant to my institution Research grant to my institution
3	Royalties or licenses	_XNone	

4	Consulting fees	_XNone	
	-		
5	Payment or honoraria for	None	
	lectures, presentations,	Ohio Association of	Speaker Honorarium
	speakers bureaus,	Rheumatology	
	manuscript writing or educational events	McGraw Hill	Associate Editor – Harrison's Principles of Internal Medicine
		California Rheumatology Alliance	Speaker Honorarium
		American Academy of Allergy, Asthma and Immunology	Speaker Honorarium
6	Payment for expert	_XNone	
	testimony		
7	Support for attending	_XNone	
	meetings and/or travel		
	Data at a planta di la constant	V None	
8	Patents planned, issued or	_XNone	
	pending		
9	Participation on a Data	X None	
	Safety Monitoring Board or	_ANONC	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,	American College of	Treasurer, Board of Directors
	committee or advocacy	Rheumatology	
	group, paid or unpaid		
11	Stock or stock options	_XNone	
12	Receipt of equipment,	_XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13		X None	
13	Other financial or non- financial interests	_^NONE	
	manda merests		

Date:

Your Name: William Joseph McCune

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

Manuscript number (if known): ar-22-1160

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

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

5	Payment or honoraria for 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	_xNone	
8	Patents planned, issued or pending	_xNone	
	periumb		
9	Participation on a Data	x_None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	xNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_xNone	
12	Receipt of equipment,	x None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	xNone	
	financial interests		

Date: 11/7/2022				
Your Name:	Peter A. Merkel, MD, MPH			
Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies to Proteinase 3				
Manuscript Number (if known):	Manuscript Number (if known): _ar-22-1160			
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 Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the None present manuscript (e.g., Genentech funding, provision of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or None contracts from any entity (if not AstraZeneca, Boeringher-Ingelheim, Bristol-Myers indicated in item Squibb, ChemoCentryx, CSL Behring, Dynacure, #1 above). EMDSerono, Forbius, GlaxoSmithKline, Immagene, InflaRx, Jannsen, Jubilant, Kyverna, Magenta, MiroBio, Mitsubishi, Neutrolis, Novartis, NS Pharma, Otsuka, Q32, Regeneron, Sparrow, Takeda

		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	None UpToDate	
4	Consulting fees	□ None	
		AstraZeneca, Boeringher-Ingelheim, Bristol-Myers Squibb, ChemoCentryx, CSL Behring, Dynacure, EMDSerono, Forbius, GlaxoSmithKline, Immagene, InflaRx, Jannsen, Jubilant, Kyverna, Magenta, MiroBio, Mitsubishi, Neutrolis, Novartis, NS Pharma, Otsuka, Q32, Regeneron, Sparrow, Takeda	Payments made to me.
5	Payment or	None	
	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	⊠ None	
	expert testimon,		
7	Support for	□ None	
	attending meetings and/or travel	ChemoCentryx	
8	Patents planned, issued or	⊠ None	
	issued or pending		
9	Participation on a Data Safety	⊠ None	
	Monitoring		

		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)
	Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None Kyverna	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	ise place an "X" nex	t to the following statement to indicate your agreeme	ent:
	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

Date: 11/4/2022

Your Name: Paul Monach

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

Manuscript number (if known): ar-22-1160

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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).	x_None	
3	Royalties or licenses	x_None	
4	Consulting fees	HiBio, ChemoCentryx	Consulting

5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
_			
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or	xNone	
	pending		
9	Participation on a Data	Kiniksa	Clinical endpoint committee for a trial
9	Safety Monitoring Board or	Kiniksa	Clinical endpoint committee for a trial
9	=	Kiniksa	Clinical endpoint committee for a trial
9	Safety Monitoring Board or Advisory Board Leadership or fiduciary role	KiniksaxNone	Clinical endpoint committee for a trial
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society,		Clinical endpoint committee for a trial
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role		Clinical endpoint committee for a trial
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy		Clinical endpoint committee for a trial
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	Clinical endpoint committee for a trial
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	Clinical endpoint committee for a trial
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	xNone	Clinical endpoint committee for a trial
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	xNone	Clinical endpoint committee for a trial
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	xNone	Clinical endpoint committee for a trial
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other	xNone	Clinical endpoint committee for a trial
10 11 12	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	xNonexNonexNone	Clinical endpoint committee for a trial

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

Date: 11/09/22 Your Name: Phil Seo

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

Manuscript number (if known): ar-22-1160

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

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

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

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

Date:

Your Name: Robert Spiera, MD

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

Manuscript number (if known): ar-22-1160

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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 NIAID-Immune Tolerance Network via UCSF/ITN	Research Support Paid to HSS
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Roche-Genentech Astra-Zeneca GSK Kadmon	Research Support Paid to HSS

		Poohringer	Doggarch Cupport Daid to UCC		
		Boehringer Ingelheim	Research Support Paid to HSS		
			Daggargh Cupport Daid to HCC		
		Chemocentryx	Research Support Paid to HSS		
		Corbus	Research Support Paid to HSS		
		Formation Biologics	Research Support Paid to HSS		
		Novartis	Research Support Paid to HSS		
		Inflarx	Research Support Paid to HSS		
		Principia	Research Support Paid to HSS		
3	Royalties or licenses	_xNone			
	- 1				
4	Consulting fees	None	D		
		GSK	Payment made to me		
		Regeneron	Payment made to me		
		Abbvie	Payment made to me		
		Sanofi	Payment made to me		
		Chemocentryx	Payment made to me		
		Novartis	Payment made to me		
		Galderma	Payment made to me		
		Vera	Payment made to me		
		Chemomab	Payment made to me		
		Boehringer	Payment made to me		
		Ingelheim			
		BMS	Payment made to me		
5	Payment or honoraria for	None	,		
	lectures, presentations,	GSK	Payment made to me		
	speakers bureaus,	Abbvie	Payment made to me		
	manuscript writing or	Sanofi	Payment made to me		
	educational events	Chemocentryx	Payment made to me		
		Novartis	Payment made to me		
		Galderma	Payment made to me		
		BMS	Payment made to me		
6	Payment for expert	xNone	rayment made to me		
	testimony				
	,				
7	Support for attending	x_None			
	meetings and/or travel				
8	Patents planned, issued or	xNone			
	pending				
	-				
9	Participation on a Data	_xNone			
	Safety Monitoring Board or Advisory Board				
	Auvisory Board				

10	Leadership or fiduciary role in other board, society,	_xNone	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	xNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	xNone	
	financial interests		

Please place an "X" next to the following statement to indicate your agreement	Please !	place an	"X"	next to	the	following	statement	to in	dicate v	vour ag	greemen	t:
--	----------	----------	-----	---------	-----	-----------	-----------	-------	----------	---------	---------	----

Date: Novembeer 7, 2022

Your Name: E. William St.Clair MD

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

Manuscript number (if known): ar-22-1160

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	ii	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	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.	X None	
	14:	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	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	

Date: 10-Nov-2022

Your Name: Steven R. Ytterberg, M.D.

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

Manuscript number (if known): ar-22-1160

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

5	Payment or honoraria for lectures, presentations,	xNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	xNone	
	testimony		
7	Support for attending meetings and/or travel	xNone	
8	Patents planned, issued or pending	xNone	
9	Participation on a Data	xNone	
	Safety Monitoring Board or		
10	Advisory Board	Nava	
10	Leadership or fiduciary role in other board, society,	xNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment, materials, drugs, medical	xNone	
	writing, gifts or other services		
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: 11/7/2022

Your Name: John H. Stone M.D.MPH

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

Manuscript number (if known): ar-22-1160

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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).	NIH Sanofi Horizon	
3	Royalties or licenses	XNone	

		Bristol Myers Squibb	
		Horizon	
		Sanofi	
		PPD	
4	Consulting fees	Genentech/Roche	
		Chemocentryx	
		Argenx	
		AstraZeneca	
		Amgen	
		Alentis	
		Grunenthal	
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
	meetings and, or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	Sanofi	PMR Advisory board, fee to individual
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	77 A1	
11	Stock or stock options	X_None	
42	Descript of anythment	V. Nava	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Date:	14/22	n 1
Your Name:	William	Robinsan

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

Manuscript number (if known): ar-22-1160

1 1

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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	l 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	t 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	

	T	
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

Date: 11/7/22

Your Name: Ulrich Specks

Manuscript Title: Activation of a Latent Epitope Causing Differential Binding of Anti-Neutrophil Cytoplasmic Antibodies

to Proteinase 3

Manuscript number (if known): ar-22-1160

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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	NIH	To my institution
	manuscript (e.g., funding,	Genentech	To my institution
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
	Time frame: past 36 months		36 months
2	Grants or contracts from	NIH	To my institution
	any entity (if not indicated	ChemoCentryx	To my institution
	in item #1 above).	InflRx	To my institution
3	Royalties or licenses	xNone	
4	Consulting fees	ChemoCentryx	To my Institution and Personal

5	lectures, presentations,	x_None	
	speakers bureaus,		
	manuscript writing or educational events		
-		x None	
6	Payment for expert testimony	x_None	
	testimony		
7	Support for attending	x None	
	meetings and/or travel		
	0.1.1,1.1.1		
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
10	Advisory Board	Nana	
10	Leadership or fiduciary role in other board, society,	xNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	xNone	
12	Receipt of equipment,	_xNone	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non- 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.