

## ICMJE DISCLOSURE FORM

Date: November 28<sup>th</sup> 2022

Your Name:      Cecilia Beatrice Chighizola

Manuscript Title:      FLUCTUATION OF ANTI-DOMAIN 1 AND ANTI-β2 GLYCOPROTEIN I ANTIBODY TITERS OVER TIME IN PATIENTS WITH PERSISTENTLY POSITIVE ANTIPHOSPHOLIPID ANTIBODIES

Manuscript number (if known): ar-22-1268

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

The following questions apply to the author’s relationships/activities/interests as they relate to the **current manuscript only**.

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

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

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

4	Consulting fees	<u>    </u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> None	
8	Patents planned, issued or pending	<u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
11	Stock or stock options	<u>    </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> Werfen	Provided APS Action with kits for testing of aPL through an unrestricted grant – there was no involvement of Werfen in the design of this study, analysis of the data and/or preparation of this manuscript
13	Other financial or non-financial interests	<u>    </u> None	

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

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

## ICMJE DISCLOSURE FORM

Date: 28/11/2022

Your Name: FRANCESCA PREGNOLATO

Manuscript Title: FLUCTUATION OF ANTI-DOMAIN 1 AND ANTI-β2 GLYCOPROTEIN I ANTIBODY TITERS OVER TIME IN PATIENTS WITH PERSISTENTLY POSITIVE ANTIPHOSPHOLIPID ANTIBODIES

Manuscript number (if known): ar-22-1268

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

4	Consulting fees	<u>    </u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> None	
8	Patents planned, issued or pending	<u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
11	Stock or stock options	<u>    </u> None	
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ICMJE DISCLOSURE FORM

Date: 11/29th/22  
 Your Name: Danieli Andrade  
 Manuscript Title: Fluctuation of Anti-Domain 1 and Anti B2-glycoprotein I Antibody  
 Manuscript number (if known): Interacts over time in patients with persistently positive Antiphospholipid Antibodies  
 a R - 22 - 1268

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	<u>Research grant from CNPq Brazilian Funding Agency</u>
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	Lecture for Bristol-Myers Squibb Non Related Subject
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	Member of Rheumatology Society State of Sao Paulo APS ACTION Alliance (unpaid)
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	

*Auradade*

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.

*Ro*

## ICMJE DISCLOSURE FORM

Date: 26 Nov 2022

Your Name: Maria Tektonidou

Manuscript Title: FLUCTUATION OF ANTI-DOMAIN 1 AND ANTI-β2 GLYCOPROTEIN I ANTIBODY TITERS OVER TIME IN PATIENTS WITH PERSISTENTLY POSITIVE ANTIPHOSPHOLIPID ANTIBODIES

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

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

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



## ICMJE DISCLOSURE FORM

Date: NOVEMBER 26, 2022

Your Name: Vittorio Pengo

Manuscript Title: FLUCTUATION OF ANTI-DOMAIN 1 AND ANTI-β2 GLYCOPROTEIN I ANTIBODY TITERS OVER TIME IN PATIENTS WITH PERSISTENTLY POSITIVE ANTIPHOSPHOLIPID ANTIBODIES

Manuscript number (if known): ar-22-1268

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

4	Consulting fees	<u>    </u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Werfen Group, Milan, Italy	
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> None	
8	Patents planned, issued or pending	<u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
11	Stock or stock options	<u>    </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> Werfen	Provided APS Action with kits for testing of aPL through an unrestricted grant – there was no involvement of Werfen in the design of this study, analysis of the data and/or preparation of this manuscript
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## ICMJE DISCLOSURE FORM

Date: 28-11-2022

Your Name: Guillermo Ruiz-Irastorza

Manuscript Title: FLUCTUATION OF ANTI-DOMAIN 1 AND ANTI-β2 GLYCOPROTEIN I ANTIBODY TITERS OVER TIME IN PATIENTS WITH PERSISTENTLY POSITIVE ANTIPHOSPHOLIPID ANTIBODIES

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

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

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  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: 1/20/12

Your Name: A. Michael Belmont

Manuscript Title: FLUCTUATION OF ANTI-DOMAIN 1 AND ANTI-β2 GLYCOPROTEIN I ANTIBODY TITERS OVER TIME IN PATIENTS WITH PERSISTENTLY POSITIVE ANTIPHOSPHOLIPID ANTIBODIES

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

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

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

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## ICMJE DISCLOSURE FORM

Date: November 30<sup>th</sup> 2022

Your Name:      Maria Gerosa

Manuscript Title:      FLUCTUATION OF ANTI-DOMAIN 1 AND ANTI-β2 GLYCOPROTEIN I ANTIBODY TITERS OVER TIME IN PATIENTS WITH PERSISTENTLY POSITIVE ANTIPHOSPHOLIPID ANTIBODIES

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## ICMJE DISCLOSURE FORM

Date: November 29, 2022

Your Name: Paul R Fortin

Manuscript Title: FLUCTUATION OF ANTI-DOMAIN 1 AND ANTI-β2 GLYCOPROTEIN I ANTIBODY TITERS OVER TIME IN PATIENTS WITH PERSISTENTLY POSITIVE ANTIPHOSPHOLIPID ANTIBODIES

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	Please see attached for list of peer-review and public funding agencies from Lupus Canada, Canadian Rheumatology Association, Canadian Institutes of Health Research, the Arthritis Society (Canada), Sociétés interconseils (Canada), COVID-19 Immunity Task Force (Canada), Kidney Foundation of Canada

3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	One presentation sponsored by AstraZeneca on unmet needs in lupus
			One presentation on treatment of lupus sponsored by GSK
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 type="checkbox"/> None	Methods and Kits for Diagnosing Systemic Autoimmune Rheumatic Diseases. Patents #: PCT/CA2022/050849. Quebec. Fortin P, Boilard E, Becker Y. V/Réf. : n/a - N/Réf.: 000819-0436
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	AstraZeneca Lupus Advisory Board
			GSK Lupus Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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## 2. Grants or contracts from any entity (if not indicated in item #1 above).

- 2022-2023 **Co-Investigator.** *Megakaryocyte: a new player in systemic lupus erythematosus.* Lupus Fondation of America, Inc. (USA) / 2022 Lupus Canada Catalyst Grant. 40,000 CAD  
**PI:** Éric Boilard
- 2022-2024 **Co-Investigator.** *Personalized therapy in lupus pregnancies.* Canadian Rheumatology association (CRA). 114,000 CAD  
**PI:** Ann Elaine Clarke. **Co-Investigator:** Bernatsky S, Touma Z, Grunbaum A, Hanly J, Peschken C, Laskin C, Costedoat N, Urowitz M, Proulx L.
- 2022-2027 **Co-Investigator.** *Impact of vascular injury derived exosomes in Lupus Nephritis.* Canadian Institutes of Health Research (CIHR). 577,575 CAD  
**PI:** Mélanie Dieudé. **Co-Investigator:** Éric Boilard, Héloïse Cardinal
- 2022-2023 **Co-Principal Investigator.** *Booster dose of mRNA SARS-CoV-2 vaccine versus non mRNA vaccine for people living with systemic autoimmune rheumatic diseases without adequate humoral response post standard mRNA vaccination.* Canadian Institutes of Health Research (CIHR). 995.312 CAD.  
**CO-PI:** Gaston De Serres, Ines Colmegna. **co-investigators:** Bazin R, Dionne M, Hudson M, Bernatsky S, Finzi A, Kaufmann D, Bourré-Tessier J, Flamand L, Libman M, Dieudé M, Goard C, Mendel A.
- 2022-2023 **Co-Investigator.** *Co-developing a flexible cAre delivery model for Rheumatic Inflammation diseases.* CIHR Planning & Dissemination Grant –ICS (Winter 2022). 20,000 CAD.  
**PI:** Diane Lacaille, **co-investigators** : Bansback N, Barber C, Barnabe C, Bartlett S, Da Costa, Hazlewood G, Hoens A, Koehn C, Li L, Oelke N. **Patient Partners:** Collins J (APAB), Gervais F (PIRA). **Collaborators:** Au D, Bardi M, Bessette L, Caron M, Eastwood C, Kur J, MacMullan P, Patrick P, Shojania K.
- 2022-2025 **Co-Investigator.** *FcgRI as a potential therapeutic target in inflammatory arthritis.* Arthritis Society Strategic Operating Grant competition.  
**PI:** Marc POULIOT
- 2021-2022 **Co-Principal Investigator.** COVID-19 Vaccine in Immunosuppressed Adults with Autoimmune Diseases. Ministère de la Santé et des Services Sociaux (MSSS). 808,000 CAD.
- 2021 – 2023 **Co-Investigator.** The Université Laval SARS-CoV-2 variant Research Network (UNICORN). Secrétariat Inter-Conseils (Canada) (CRSH, CRSNG, IRSC). 100,000 CAD [Grant]  
**PI:** Louis Flamand, **co-investigators:** Marc Brisson, Vincent Raymond, Denis Leclerc, Mariana Baz, Paul R. Fortin, Eric Boilard, Nicolas Flamand, Marc Pouliot, Ève Dubé, Yannick Doyon.
- 2021 – 2022 **Co-Investigator.** Safety immunogenicity of Covid-19 vaccines in systemic immune mediated inflammatory Diseases (SUCCEED).

- COVID-19 Immunity Task Force. 3,187,905 CAD [Grant]  
 PI: Sasha Bernatsky, co-investigators: Vinod Chandran, Dawn Bowdish, Carol Hitchon, Anne-Claude GINGRAS, Nigil Haroon, Robert Inman, Richard Cook, Gilaad Kaplan, Allison McGeer, Vincent Pigué, Proton Rahman, Mark Silverberg, Tania Watts, Bindee Kuriya, Stephanie Garner, Maggie Larché, John Marshall, Ishac Nazy, Antonio Avina-Zubieta, Cheryl Barnabe, Gilles Boire, Ines Colmegna, Glen Hazelwood, Diane Lacaille, Jessica Widdifield, Karen Colwill, Heidi Wood.
- 2020 – 2025 **Co-Principal Investigator.** Platelets and neutrophils: the two culprits mediating pain in inflammatory arthritis. Canadian Institutes of Health Research. 910,350 CAD [Grant]  
 PI: Éric Boilard, co-investigators: Clémence Belleannée, Steeve Lacroix
- 2020 – 2023 **Principal Investigator.** The impact of antimalarial drugs in arthritis patients exposed to SARS-CoV-2-the CoVIRAL project. The Arthritis Society. COVID-20-001. 300,000 CAD [Grant]  
 Co- Principal Investigators: Eric Boilard, Deborah Da Costa
- 2020 – 2023 **Co-Principal Investigator.** Platelets and neutrophils: The two culprits mediating pain in inflammatory arthritis. The Arthritis Society. 360,000 CAD [Grant] Declined due to overlap with CIHR.  
 PI: Éric Boilard, co-applicants: Yotis Senis, Clémence Belleannée, Steve Lacroix, Louis Bessette
- 2020 – 2023 **Collaborator.** Impact of the autoimmune anti-LG3 response on Lupus Nephritis. Kidney foundation of Canada. 180,000 CAD [Grant]  
 PI: Mélanie Dieudé, Co-applicant: Heloise Cardinal, Collaborators: Eric Boilard, Marie Josee Hebert, Joyce Rauch
- 2020 – 2022 **Collaborator.** Work disability and function in systematic lupus erythematosus: a national mixed-methods sequential explanatory study. Canadian Initiative for Outcomes in Rheumatology cAre. 117, 098 CAD [Grant]  
 PI: Behdin Nowrouzi-Kia, Zahi Touma
- 2019 – 2022 **Principal Investigator.** Mapping anti-mitochondrial antibodies in systemic lupus erythematosus. Canadian Institutes of Health Research. 416,280 CAD [Grant]

## ICMJE DISCLOSURE FORM

Date: 26 November 2022

Your Name: D. Ware Branch, MD

Manuscript Title: FLUCTUATION OF ANTI-DOMAIN 1 AND ANTI-β2 GLYCOPROTEIN I ANTIBODY TITERS OVER TIME IN PATIENTS WITH PERSISTENTLY POSITIVE ANTIPHOSPHOLIPID ANTIBODIES

Manuscript number (if known): ar-22-1268

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		TNF-alpha Blockade with Certolizumab to Prevent Pregnancy Complications in High-Risk Patients with APS NIH/NIAMS R21AR21069189-03S1	Payments made to institution

		Role: Co-Principal Investigator (with Dr. JE Salmon, MD)	
		05/11/16-Present: Certolizumab to Prevent Pregnancy Complications in High-Risk Patients with APS or SLE UCB Pharma Inc Role: Principal Investigator	Payments made to institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Member, UCB Women with Inflammatory Disease Advisory Board. Meeting 09/12/2020.	Payment made to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Grand Rounds, University of Iowa, Obstetric antiphospholipid syndrome: A tale of two patients. October 27, 2020	Payment made to me
		Obstetric antiphospholipid syndrome: Diagnosis, treatment, controversies. American Society for Clinical Laboratory Service Region VIII Annual Seminar, October 20, 2020	Payment made to me
		Association of Idaho Rheumatologists. Obstetric antiphospholipid syndrome. December 4, 2021.	Payment made to me
		Grand Rounds, Cornell University/Hospital for Special Surgery Division of Rheumatology, Obstetric antiphospholipid syndrome: A tale of three patients May 26, 2021	Payment made to me
		Grand Rounds, University of New York, Stonybrook, November 3, 2021	Payment made to me
		FWGBD conference, Thrombotic antiphospholipid syndrome. September 25, 2022	Payment made to me
6	Payment for expert testimony	<input type="checkbox"/> None	
		Swanson, Martin & Bell medical expert consultancy	Payment made to me
		Bendin Sumrall & Ladner medical expert consultancy	Payment made to me
		Michigan Professional Insurance Exchange medical expert consultancy	Payment made to me
		Gershon, Willoughby & Getz medical expert consultancy	Payment made to me
		Snow, Christensen & Martineau medical expert consultancy	Payment made to me
7	Support for attending	<input checked="" type="checkbox"/> None	

	meetings and/or 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	
		Member, Data Safety and Monitoring Board (DSMB), Carotenoid Supplementation During Pregnancy: Ocular and Systemic Effects (NCT03750968), 2019-2022	Payment made to institution
		Member, Data Safety and Monitoring Board (DSMB), Surveillance and Treatment to Prevent Fetal Atrioventricular Block Likely to Occur Quickly (STOP BLOQ) (NCT04474223), 2021-present	Payment made to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

## ICMJE DISCLOSURE FORM

Date: \_\_\_\_\_ 27<sup>th</sup> November 2022 \_\_\_\_\_

Your Name: \_\_\_\_\_ LAURA ANDREOLI \_\_\_\_\_

Manuscript Title: **\_ FLUCTUATION OF ANTI-DOMAIN 1 AND ANTI-β2 GLYCOPROTEIN I ANTIBODY TITERS OVER TIME IN PATIENTS WITH PERSISTENTLY POSITIVE ANTIPHOSPHOLIPID ANTIBODIES**

Manuscript number (if known): ar-22-1268

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

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



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

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

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

## ICMJE DISCLOSURE FORM

Date: November 27, 2022

Your Name: Michelle Petri MD MPH

Manuscript Title: FLUCTUATION OF ANTI-DOMAIN 1 AND ANTI-β2 GLYCOPROTEIN I ANTIBODY TITERS OVER TIME IN PATIENTS WITH PERSISTENTLY POSITIVE ANTIPHOSPHOLIPID ANTIBODIES

Manuscript number (if known): ar-22-1268

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input 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: 27-NOV-2022

Your Name: RICARD CERVERA

Manuscript Title: FLUCTUATION OF ANTI-DOMAIN 1 AND ANTI-β2 GLYCOPROTEIN I ANTIBODY TITERS OVER TIME IN PATIENTS WITH PERSISTENTLY POSITIVE ANTIPHOSPHOLIPID ANTIBODIES

Manuscript number (if known): ar-22-1268

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

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

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

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

## ICMJE DISCLOSURE FORM

Date: 11/26/22

Your Name: Jason S. Knight

Manuscript Title: FLUCTUATION OF ANTI-DOMAIN 1 AND ANTI-β2 GLYCOPROTEIN I ANTIBODY TITERS OVER TIME IN PATIENTS WITH PERSISTENTLY POSITIVE ANTIPHOSPHOLIPID ANTIBODIES

Manuscript number (if known): ar-22-1268

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

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

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## ICMJE DISCLOSURE FORM

Date: November 29, 2022

Your Name: Rohan Willis

Manuscript Title: FLUCTUATION OF ANTI-DOMAIN 1 AND ANTI-β2 GLYCOPROTEIN I ANTIBODY TITERS OVER TIME IN PATIENTS WITH PERSISTENTLY POSITIVE ANTIPHOSPHOLIPID ANTIBODIES

Manuscript number (if known): ar-22-1268

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



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

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## ICMJE DISCLOSURE FORM

Date: 27<sup>th</sup> November 2022

Your Name: Maria Efthymiou

Manuscript Title: FLUCTUATION OF ANTI-DOMAIN 1 AND ANTI-β2 GLYCOPROTEIN I ANTIBODY TITERS OVER TIME IN PATIENTS WITH PERSISTENTLY POSITIVE ANTIPHOSPHOLIPID ANTIBODIES

Manuscript number (if known): ar-22-1268

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

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

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

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

## ICMJE DISCLOSURE FORM

Date: 29 November 2022

Your Name: Hannah Cohen

Manuscript Title: FLUCTUATION OF ANTI-DOMAIN 1 AND ANTI-β2 GLYCOPROTEIN I ANTIBODY TITERS OVER TIME IN PATIENTS WITH PERSISTENTLY POSITIVE ANTIPHOSPHOLIPID ANTIBODIES

Manuscript number (if known): ar-22-1268

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	Springer Nature: Royalties as editor of ‘Disorders of	

		Thrombosis and Hemostasis in Pregnancy' 2nd Edition	
4	Consulting fees	UCB Biopharma	paid to University College London Hospitals (UCLH) Charity
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Honorarium for lecture from Technoclone	paid to UCLH Charity
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	Advisory Board Member (Roche)	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chair, Subcommittee on Lupus anticoagulant/ Antiphospholipid antibodies of the International Society on Thrombosis and Haemostasis Scientific and Standardisation Committee	unpaid
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ Werfen	Provided APS Action with kits for testing of aPL through an unrestricted grant – there was no involvement of Werfen in the design of this study, analysis of the data and/or preparation of this manuscript
13	Other financial or non-financial interests	___ None	

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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: 11/25/22

Your Name: Doruk Erkan

Manuscript Title: **FLUCTUATION OF ANTI-DOMAIN 1 AND ANTI-β2 GLYCOPROTEIN I ANTIBODY TITERS OVER TIME IN PATIENTS WITH PERSISTENTLY POSITIVE ANTIPHOSPHOLIPID ANTIBODIES**

Manuscript number (if known): ar-22-1268

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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		NIH/NIAID	Institution
		GSK	Institution
		Exagen	Institution
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4	Consulting fees	Chugai	Me
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		Aurinia	Me
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
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	___ Wefen	Provided APS Action with kits for testing of aPL through an unrestricted grant – there was no involvement of Wefen in the design of this study, analysis of the data and/or preparation of this manuscript
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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: 28/11/2022

Your Name: Maria Laura Bertolaccini

Manuscript Title: FLUCTUATION OF ANTI-DOMAIN 1 AND ANTI- $\beta$ 2 GLYCOPROTEIN I ANTIBODY TITERS OVER TIME IN PATIENTS WITH PERSISTENTLY POSITIVE ANTIPHOSPHOLIPID ANTIBODIES

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_____ None	
6	Payment for expert testimony	_____ None	
7	Support for attending meetings and/or travel	_____ None	
8	Patents planned, issued or pending	_____ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_____ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_____ None	
11	Stock or stock options	_____ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Werfen	Provided APS Action with kits for testing of aPL through an unrestricted grant – there was no involvement of Werfen in the design of this study, analysis of the data and/or preparation of this manuscript
13	Other financial or non-financial interests	_____ None	

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

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