

ICMJE DISCLOSURE FORM

Date: 3/1/2022

Your Name: Monica Yang

Manuscript Title: **Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin**

Manuscript Number (if known): ACR-21-0839

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.

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

ICMJE DISCLOSURE FORM

Date: 3/1/2022

Your Name: Vivien Goh

Manuscript Title: **Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin**

Manuscript Number (if known): ACR-21-0839

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

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ICMJE DISCLOSURE FORM

Date: 3/1/2022

Your Name: Julia Lee

Manuscript Title: **Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin**

Manuscript Number (if known): ACR-21-0839

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Date: 3/1/2022

Your Name: Monica Espinoza

Manuscript Title: **Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin**

Manuscript Number (if known): ACR-21-0839

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Date: 3/1/2022

Your Name: Yiwei Yuan

Manuscript Title: **Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin**

Manuscript Number (if known): ACR-21-0839

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 3/1/2022

Your Name: Kathleen Arens

Manuscript Title: **Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin**

Manuscript Number (if known): ACR-21-0839

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

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ICMJE DISCLOSURE FORM

Date: 3/1/2022

Your Name: Zsuzsanna McMahan

Manuscript Title: **Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin**

Manuscript Number (if known): ACR-21-0839

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

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ICMJE DISCLOSURE FORM

Date: 3/1/2022

Your Name: Lauren Beussink Nelson

Manuscript Title: **Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin**

Manuscript Number (if known): ACR-21-0839

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ICMJE DISCLOSURE FORM

Date: 3/1/2022

Your Name: Monique Hinchcliff

Manuscript Title: **Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin**

Manuscript Number (if known): ACR-21-0839

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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Boehringer Ingelheim</td> <td>Payment to me to attend 2021 ACR meeting</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Boehringer Ingelheim	Payment to me to attend 2021 ACR meeting					
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 3/1/2022

Your Name: Lorinda Chung

Manuscript Title: **Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin**

Manuscript Number (if known): ACR-21-0839

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

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

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ICMJE DISCLOSURE FORM

Date: 3/1/2022

Your Name: Michael L. Whitfield

Manuscript Title: **Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin**

Manuscript Number (if known): ACR-21-0839

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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4	Consulting fees	<input type="checkbox"/> None	
		Celdara Medical LLC	
		Bristol-Myers Squibb	
		Corbus Pharmaceuticals	
		UCB Biopharma	
		Third Rock Ventures	
		Acceleron	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Abbvie	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 3/1/2022

Your Name: Sanjiv J. Shah

Manuscript Title: **Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin**

Manuscript Number (if known): ACR-21-0839

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ICMJJE DISCLOSURE FORM

Date: 3/1/2022

Your Name: Mary Carns

Manuscript Title: **Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin**

Manuscript Number (if known): ACR-21-0839

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9	Participation on a Data Safety	<input checked="" type="checkbox"/> None									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Monitoring Board or 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	

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

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

ICMJE DISCLOSURE FORM

Date: 3/1/2022

Your Name: Dinesh Khsanna

Manuscript Title: **Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin**

Manuscript Number (if known): ACR-21-0839

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by

the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
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ICMJE DISCLOSURE FORM

Date: 3/1/2022

Your Name: Rishi Aggarwal

Manuscript Title: Clinical Phenotypes of Patients with Systemic Sclerosis with Distinct Molecular Signatures in Skin

Manuscript Number (if known): ACR-21-0839

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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