

## ICMJE DISCLOSURE FORM

**Date:** 10/11/2022

**Your Name:** Laura Ross

**Manuscript Title:** Patient and physician global assessments of disease status in systemic sclerosis

**Manuscript Number (if known):** ACR-22-0577

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)						
<b>Time frame: Since the initial planning of the work</b>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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:** 10/11/2022

**Your Name:** Mandana Nikpour

**Manuscript Title:** Patient and physician global assessments of disease status in systemic sclerosis

**Manuscript Number (if known):** ACR-22-0577

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**Date:** 10/11/2022

**Your Name:** Julie D'Aoust

**Manuscript Title:** Patient and physician global assessments of disease status in systemic sclerosis

**Manuscript Number (if known):** ACR-22-0577

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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	
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## ICMJE DISCLOSURE FORM

**Date:** 10/11/2022

**Your Name:** Dinesh Khanna

**Manuscript Title:** Patient and physician global assessments of disease status in systemic sclerosis

**Manuscript Number (if known):** ACR-22-0577

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		Actelion	
		Acceleron	
		Amgen	
		Bayer	
		Boehringer-Ingelheim	
		Chemomab	
		CSL Behring	
		Genentech/Roche	
		Horizon	
		Paracrine Cell Therapy	
		Mitsubishi Tanabe	
Prometheus			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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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,	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

**Date:** 10/11/2022

**Your Name:** Peter A Merkel

**Manuscript Title:** Patient and physician global assessments of disease status in systemic sclerosis

**Manuscript Number (if known):** ACR-22-0577

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3	Royalties or licenses	<input type="checkbox"/> <b>None</b>	
		UpToDate	
4	Consulting fees	<input type="checkbox"/> <b>None</b>	
		AbbVie	
		AstraZeneca	
		Boehringer-Ingelheim	
		Bristol-Meyers Squibb	
		ChemoCentryx	
		CSL Behring	
		Dynacure	
		EMDSerono	
		Forbuis	
		Genentech/Roche	
		Genzyme/Sanofi	
		GlaxoSmithKline	
		Immagene	
		InflaRx	
		Janssen	
		Kiniksa	
		Kyverna	
		Magenta	
		MiroBio	
		Mitsubishi	
		Neutrolis	
		Novartis	
NS Pharma			
Pfizer			
Regeneron			
Sparrow			
Takeda			
Talaris			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	

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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	
		Kyverna	
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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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:** 10/11/2022

**Your Name:** John D Pauling

**Manuscript Title:** Patient and physician global assessments of disease status in systemic sclerosis

**Manuscript Number (if known):** ACR-22-0577

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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4	Consulting fees	<input type="checkbox"/> None	
		Janssen	
		AstraZeneca	
		Permeatus Inc	
		Boehringer-Ingelheim	
		Sojournix Pharma	
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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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**Manuscript Number (if known):** ACR-22-0577

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