

## ICMJE DISCLOSURE FORM

Date: 10/7/2022

Your Name: Yu Zuo, MD, MS

Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository

Manuscript number (if known): ar-22-1178

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.

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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.)<br><b>No time limit for this item.</b> | NIH (K08 AR080205)   | Research grant support  |
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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>None</u>  |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u>    </u> None |  |
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| 6  | Payment for expert testimony   | <u>    </u> None |  |
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| 7  | Support for attending meetings and/or travel   | <u>    </u> None |  |
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| 8  | Patents planned, issued or pending   | <u>    </u> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <u>    </u> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <u>    </u> None |  |
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| 11 | Stock or stock options   | <u>    </u> None |  |
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|    |  |                  |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <u>    </u> None |  |
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| 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: 10/9/22

Your Name: Sherwin Navaz

Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository

Manuscript number (if known): \_ar-22-1178

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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: 1/13/23

Your Name: Alex Tsodikov

Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository

Manuscript number (if known): \_ ar-22-1178

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: 1/14/2023

Your Name: Lyndsay Kluge

Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository

Manuscript number (if known): \_ ar-22-1178

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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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> None |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> <u>X</u> <input type="checkbox"/> 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: 1/13/23

Your Name: Amala Ambati

Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository

Manuscript number (if known): \_ ar-22-1178

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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| 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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## ICMJE DISCLOSURE FORM

Date: 1/16/2023

Your Name: Claire Hoy

Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository

Manuscript number (if known): ar-22-1178

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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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <u>X</u> None  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <u>X</u> None  |   |
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| 4   | Consulting fees  | <u>X</u> None  |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u> X </u> None |  |
| 6  | Payment for expert testimony   | <u> X </u> None |  |
| 7  | Support for attending meetings and/or travel   | <u> X </u> None |  |
| 8  | Patents planned, issued or pending   | <u> X </u> None |  |
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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: 10-7-22

Your Name: Srilakshmi Yalavarthi

Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository \_\_\_\_\_

Manuscript number (if known):\_ ar-22-1178

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| 6  | Payment for expert testimony   | <u>    </u> None |  |
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## ICMJE DISCLOSURE FORM

Date: 8<sup>th</sup> OCT 2022  
 Your Name: LAURA ANDREOLI  
 Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository  
 Manuscript number (if known): \_ ar-22-1178

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|    |  |                  |  |
| 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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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: October 7<sup>th</sup>, 2022  
 Your Name: Maria Tektonidou  
 Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository  
 Manuscript number (if known): ar-22-1178

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.)<br><b>No time limit for this item.</b> | None   |   |
|   |  |  |   |
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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: October 9, 2022

Your Name: D. Ware Branch

Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository

Manuscript number (if known): ar-22-1178

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.)<br><b>No time limit for this item.</b> | None  |   |
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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).   | TNF-alpha Blockade with Certolizumab to Prevent Pregnancy Complications in High-Risk Patients with APS<br>NIH/NIAMS<br>R21AR21069189-03S1<br>Role: Co-Principal Investigator (with Dr. JE Salmon, MD) | Payments to my institution  |
|   |  | 05/11/16-Present:<br>Certolizumab to Prevent Pregnancy Complications in High-Risk Patients with APS or SLE  | Payments to my institution  |

|   |  |   |                |
|---|--|---|----------------|
|   |  | UCB Pharma Inc<br>Role: <u>Principal Investigator</u>   |                |
| 3 | Royalties or licenses  | <u>None</u>   |                |
|   |  |   |                |
|   |  |   |                |
| 4 | Consulting fees  | Swanson, Martin & Bell<br>medical expert<br>consultancy   | Payments to me |
|   |  | Bendin Sumrall & Ladner<br>medical expert<br>consultancy  | Payments to me |
|   |  | Michigan Professional<br>Insurance Exchange<br>medical expert<br>consultancy  | Payments to me |
|   |  | Gershon, Willoughby &<br>Getz medical expert<br>consultancy   | Payments to me |
|   |  | Snow, Christensen &<br>Matineau medical expert<br>consultancy   | Payments to me |
| 5 | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>educational events | Grand Rounds, University<br>of Iowa, Obstetric<br>antiphospholipid<br>syndrome: A tale of two<br>patients   | Payments to me |
|   |  | Association of Idaho<br>Rheumatologists.<br>Obstetric antiphospholipid<br>syndrome  | Payments to me |
|   |  | Grand Rounds, Cornell<br>University/Hospital for<br>Special Surgery Division of<br>Rheumatology, Obstetric<br>antiphospholipid<br>syndrome: A tale of three<br>patients | Payments to me |
|   |  | Grand Rounds, University<br>of New York, Stonybrook   | Payments to me |
| 6 | Payment for expert<br>testimony  | <u>None</u>   |                |
|   |  |   |                |
|   |  |   |                |
| 7 | Support for attending<br>meetings and/or travel  | <u>None</u>   |                |
|   |  |   |                |
|   |  |   |                |
| 8 | Patents planned, issued or<br>pending  | <u>None</u>   |                |
|   |  |   |                |
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|----|---|---|--|
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                 | Member, Data Safety and Monitoring Board (DSMB), Carotenoid Supplementation During Pregnancy: Ocular and Systemic Effects (NCT03750968). Grant No 1R21EY029857-01; Bernstein, S; May 1, 2019-April 30, 2021 |  |
|    |   | Member, Data Safety and Monitoring Board (DSMB), Surveillance and Treatment to Prevent Fetal Atrioventricular Block Likely to Occur Quickly (STOP BLOQ) (NCT04474223).                                      |  |
| 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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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: 11/03/2022

Your Name: Esther Rodríguez ALmaraz

Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository

Manuscript number (if known): ar-22-1178

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.)<br><b>No time limit for this item.</b> | __X__ None   |   |
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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).   | __X__ None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | __X__ None   |   |
|   |  |  |   |
| 4   | Consulting fees  | __X__ None   |   |
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|----|--|--|--|
| 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:

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: October 7, 2022

Your Name: Michelle Petri MD MPH

Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository

Manuscript number (if known): ar-22-1178

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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
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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 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   |   |
|   |  |  |   |
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|----|---|---|--|
| 7  | Support for attending meetings and/or travel  | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
|    |   |   |  |
|    |   |   |  |
| 8  | Patents planned, issued or pending  | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
|    |   |   |  |
|    |   |   |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                 | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
|    |   |   |  |
|    |   |   |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
|    |   |   |  |
|    |   |   |  |
| 11 | Stock or stock options  | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
|    |   |   |  |
|    |   |   |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
|    |   |   |  |
|    |   |   |  |
| 13 | Other financial or non-financial interests  | <input checked="" type="checkbox"/> X <input type="checkbox"/> 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: 12 OCTOBER 2022

Your Name: RICARD CERVERA

Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository

Manuscript number (if known): ar-22-1178

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.)<br><b>No time limit for this item.</b> | X None   |   |
|   |  |  |   |
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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).   | 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   |   |
|   |  |  |   |
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|----|---|--------|--|
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                 | X None |  |
|    |   |        |  |
|    |   |        |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |  |
|    |   |        |  |
|    |   |        |  |
| 11 | Stock or stock options  | X None |  |
|    |   |        |  |
|    |   |        |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | X None |  |
|    |   |        |  |
|    |   |        |  |
| 13 | Other financial or non-financial interests  | X None |  |
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**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: October 10, 2022  
 Your Name: Rohan Willis  
 Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository  
 Manuscript number (if known): \_ ar-22-1178

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.)<br><b>No time limit for this item.</b> | None   |   |
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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   |   |
|   |  |  |   |

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|----|--|------------------|--|
|    |  |                  |  |
| 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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|    |  |                  |  |
| 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: \_\_\_\_\_ October 7, 2022 \_\_\_\_\_

Your Name: \_\_\_\_\_ David R. Karp, MD, PhD \_\_\_\_\_

Manuscript Title: \_\_\_\_\_ Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository \_\_\_\_\_

Manuscript number (if known): \_\_\_\_\_ \_ ar-22-1178 \_\_\_\_\_

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.)<br><b>No time limit for this item.</b> | <u>__X__</u> None  |   |
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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>__X__</u> None  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <u>__X__</u> None  |   |
|   |  |  |   |
| 4   | Consulting fees  | <u>__X__</u> None  |   |
|   |  |  |   |

|    |  |  |  |
|----|--|--|--|
|    |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <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:

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: 10/7/2022  
 Your Name: Quan-Zhen Li  
 Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository  
 Manuscript number (if known): ar-22-1178

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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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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   |   |
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| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |
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| 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:

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: \_\_\_\_\_ 10/10/12 \_\_\_\_\_  
 Your Name: \_\_\_\_\_ DORUK ERKAN \_\_\_\_\_  
 Manuscript Title: \_\_\_\_\_ Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository \_\_\_\_\_  
 Manuscript number (if known): \_\_\_\_\_ \_ ar-22-1178 \_\_\_\_\_

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.)<br><b>No time limit for this item.</b> | None   |   |
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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).   | ACR/EULAR  | APS (payment made to the institution)   |
|   |  | NIH/NIAID  | APS (payment made to the institution)   |
| 3   | Royalties or licenses  | Up-to-Date   | APS (payment made to me)  |
|   |  |  |   |
| 4   | Consulting fees  | None   |   |
|   |  |  |   |

|    |  |          |  |
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|    |  |          |  |
| 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: 10/7/2022

Your Name: Jason S. Knight, MD, PhD

Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository

Manuscript number (if known): ar-22-1178

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.)<br><b>No time limit for this item.</b> | <u>R01HL134846</u>   | Research grant support  |
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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>  |   |
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| 4   | Consulting fees  | <u>None</u>  |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u>    </u> None |  |
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| 6  | Payment for expert testimony   | <u>    </u> None |  |
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| 7  | Support for attending meetings and/or travel   | <u>    </u> None |  |
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| 8  | Patents planned, issued or pending   | <u>    </u> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <u>    </u> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <u>    </u> None |  |
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|    |  |                  |  |
| 11 | Stock or stock options   | <u>    </u> None |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <u>    </u> None |  |
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| 13 | Other financial or non-financial interests   | <u>    </u> None |  |
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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:** 10/12/2022

**Your Name:** Danieli Andrade

**Manuscript Title:** Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository

**Manuscript Number (if known):** ar-22-1178

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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| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
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| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
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| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 150px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>   |  |  |  |  |                               |  |  |  |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 150px;">Lecture for Bristol-Meyers-Squibb, non-related subject</td> <td> </td> </tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>  | Lecture for Bristol-Meyers-Squibb, non-related subject   |  |  |  |                               |  |  |  |  |
| Lecture for Bristol-Meyers-Squibb, non-related subject   |  |  |  |  |  |  |                               |  |  |  |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 150px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>   |  |  |  |  |                               |  |  |  |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 150px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>   |  |  |  |  |                               |  |  |  |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 150px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>   |  |  |  |  |                               |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 150px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>   |  |  |  |  |                               |  |  |  |  |
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| 10   | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 150px;">Brazilian Society of Rheumatology<br/>Rheumatology Society – State of São Paulo<br/>APS Action Alliance for Clinical Trials &amp; Intl. Networking</td> <td> </td> </tr> <tr> <td>Member of Antiphospholipid Syndrome Committee (unpaid)</td> <td> </td> </tr> <tr> <td>Scientific Committee (unpaid)</td> <td> </td> </tr> <tr> <td>Scientific Steering Committee (Unpaid)</td> <td> </td> </tr> </table> | Brazilian Society of Rheumatology<br>Rheumatology Society – State of São Paulo<br>APS Action Alliance for Clinical Trials & Intl. Networking |  | Member of Antiphospholipid Syndrome Committee (unpaid) |  | Scientific Committee (unpaid) |  | Scientific Steering Committee (Unpaid) |  |  |
| Brazilian Society of Rheumatology<br>Rheumatology Society – State of São Paulo<br>APS Action Alliance for Clinical Trials & Intl. Networking |  |  |  |  |  |  |                               |  |  |  |  |
| Member of Antiphospholipid Syndrome Committee (unpaid)   |  |  |  |  |  |  |                               |  |  |  |  |
| Scientific Committee (unpaid)  |  |  |  |  |  |  |                               |  |  |  |  |
| Scientific Steering Committee (Unpaid)   |  |  |  |  |  |  |                               |  |  |  |  |

|           |  | 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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|           |  |  |   |
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |

**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: 10-12-2022  
 Your Name: H. Michael Belmont  
 Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository  
 Manuscript number (if known): ar-22-1178

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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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.)<br><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   |   |

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|----|--|--|--|
| 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:

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: 13<sup>th</sup> October 2022

Your Name: Maria Laura Bertolaccini

Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository

Manuscript number (if known): ar-22-1178

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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|---|--|--|---|
| <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.)<br><b>No time limit for this item.</b> | ___ None   |   |
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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   |   |
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| 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: 10/Oct/2022

Your Name: Guilherme Ramires de Jesús

Manuscript Title: \_\_\_ Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository \_\_\_

Manuscript number (if known): \_ ar-22-1178 \_\_\_\_\_

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.)<br><b>No time limit for this item.</b> | __X__ None   |   |
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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).   | __X__ None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | __X__ None   |   |
|   |  |  |   |
| 4   | Consulting fees  | UCB Pharma   |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> X None |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> X None |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> X None |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> X None |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | UCB Pharma                                 |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> X None |  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> X None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input checked="" type="checkbox"/> X None |  |
| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> X 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.

*Guilhem de V*



## ICMJE DISCLOSURE FORM

Date: 10/10/22  
 Your Name: Katarina Kmetova  
 Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository  
 Manuscript number (if known): \_ ar-22-1178

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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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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   |   |
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| 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:

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: 15 October 2022

Your Name: Guillermo Ruiz-Irastorza

Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository

Manuscript number (if known): \_ ar-22-1178

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.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> None  |   |
|   |  | <input checked="" type="checkbox"/>  |   |
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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<br><input checked="" type="checkbox"/>                         |   |
| 3   | Royalties or licenses  | <input type="checkbox"/> None<br><input checked="" type="checkbox"/>                         |   |
| 4   | Consulting fees  | <input type="checkbox"/> None<br><input checked="" type="checkbox"/>                         |   |

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

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.



Guillermo Ruiz-Iratorza

## ICMJE DISCLOSURE FORM

Date: Oct 7 2022

Your Name: Savino Sciascia

Manuscript Title: MD PhD Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository

Manuscript number (if known): ar-22-1178

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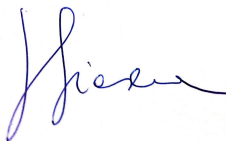
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   |  | 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.)<br><b>No time limit for this item.</b> | <u>None</u>  |   |
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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>  |   |
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| 4   | Consulting fees  | <u>None</u>  |   |
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| 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:

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



Torino, 07 October 7, 2022

## ICMJE DISCLOSURE FORM

Date: October 7, 2022

Your Name: Paul R Fortin

Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository

Manuscript number (if known): \_ ar-22-1178

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

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

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|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <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.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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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  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input type="checkbox"/> None  |   |
|   |  |  |   |
| 4   | Consulting fees  | <input type="checkbox"/> None  |   |
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| 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:

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: 10/28/21

Your Name: Maria Gerosa

Manuscript Title: Anti-NET antibodies in antiphospholipid antibody-positive patients: Results from the APS ACTION International Clinical Database and Repository

Manuscript number (if known): \_ ar-22-1178

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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|---|--|--|---|
| <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.)<br><b>No time limit for this item.</b> | <u>__X__</u> None  |   |
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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>__X__</u> None  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <u>__X__</u> None  |   |
|   |  |  |   |
| 4   | Consulting fees  | <u>__X__</u> None  |   |
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| 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:

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