ICMJE DISCLOSURE FORM

Date: 5/10/2022
Your Name: Alexis Ogdie
Manuscript Title: Side Effects of Methotrexate and Tumor Necrosis Factor Inhibitors: Differences in Tolerability Among Patients With Psoriatic Arthritis and Rheumatoid Arthritis
Manuscript Number (if known): ACROR-22-007

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

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

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| **Time frame: Since the initial planning of the work** |
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| ☒ | Amgen Inc. |
| **Time frame: past 36 months** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |
| ✔ | None |
| | Amgen (to Forward), Abbvie (to Penn), Novartis (to Penn) and Pfizer (to Penn) Inc. |
| 3 | Royalties or licenses |
| ☐ | None |
| | Novartis to my husband |
|   | 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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| 4 | Consulting fees                                                                  | ☐ None                                                                           |
|   | AbbVie, Amgen, Bristol Myers Squibb, Celgene, Corrona, Eli Lilly, Gilead, GSK, Happify Health, Janssen, Novartis, Pfizer Inc, and UCB |                                                                                 |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None                                                                           |
|   | National Psoriasis Foundation, medical education companies, several academic institutions in the United States, TREG |                                                                                 |
| 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                                                                           |
|   | J Rheumatology                                                                   |                                                                                 |
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| | | [ ]                                                                                             |
| | | [ ]                                                                                             |
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| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None                                                                           |
| | | [ ]                                                                                             |
| | | [ ]                                                                                             |
| | | [ ]                                                                                             |
| **13** | Other financial or non-financial interests | ☒ None                                                                           |
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Date: 5/10/2022
Your Name: Ervant J. Maksabedian Hernandez
Manuscript Title: Side Effects of Methotrexate and Tumor Necrosis Factor Inhibitors: Differences in Tolerability Among Patients With Psoriatic Arthritis and Rheumatoid Arthritis
Manuscript Number (if known): ACROR-22-007

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| **Time frame: Since the initial planning of the work** |
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| 2 Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None |
| 3 Royalties or licenses | ☐ None |

| **Time frame: past 36 months** |
|---|---|
| 2 Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None |
| 3 Royalties or licenses | ☐ None |
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| 4 | Consulting fees                                                                                   | ☐ None                                                                            |
|   | ☐ None                                      |                                                                                   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None                                                                            |
|   | ☐ None                                      |                                                                                   |
| 6 | Payment for expert testimony                                                                    | ☐ None                                                                            |
|   | ☐ None                                      |                                                                                   |
| 7 | Support for attending meetings and/or travel                                                     | ☐ None                                                                            |
|   | ☐ None                                      |                                                                                   |
| 8 | Patents planned, issued or pending                                                              | ☐ None                                                                            |
|   | ☐ None                                      |                                                                                   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                | ☐ None                                                                            |
|   | ☐ None                                      |                                                                                   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☐ None                                                                            |
|   | ☐ None                                      |                                                                                   |
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Date: 5/10/2022

Your Name: Yomei Shaw

Manuscript Title: Side Effects of Methotrexate and Tumor Necrosis Factor Inhibitors: Differences in Tolerability Among Patients With Psoriatic Arthritis and Rheumatoid Arthritis

Manuscript Number (if known): ACROR-22-007

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| ☒ | No time limit for this item. |
| | Amgen Inc. |
| | My institution (FORWARD, The National Databank for Rheumatic Diseases) received funding. |
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| 3 | Royalties or licenses |
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| 6 | Payment for expert testimony                                                             |                                                                                  |
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**Date:** 5/10/2022  
**Your Name:** Bradley Stolshek  
**Manuscript Title:** Side Effects of Methotrexate and Tumor Necrosis Factor Inhibitors: Differences in Tolerability Among Patients With Psoriatic Arthritis and Rheumatoid Arthritis  
**Manuscript Number (if known):** ACROR-22-007

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No time limit for this item. | ☒ Amgen Inc.  
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|   |                     |                                               |
| 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 |
|   |                     |                                               |
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ICMJE DISCLOSURE FORM

Date: 4/27/2022

Your Name: Kaleb Michaud

Manuscript Title: Side Effects of Methotrexate and Tumor Necrosis Factor Inhibitors: Differences in Tolerability Among Patients With Psoriatic Arthritis and Rheumatoid Arthritis

Manuscript Number (if known): ACROR-22-007

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| ☐ | Rheumatology Research Foundation | Research award |
| | UFCW | Contract to institution |
| 3 | Royalties or licenses |
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| 4 | Consulting fees                                                                                  | ☒ None                                                                           |
|   |                                                                                                 |                                   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None                                                                           |
|   | RheumNow invited speaker                                                                        |                                   |
| 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                                                                           |
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| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                           |
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| 11 | Stock or stock options | ☒ None |
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| 13 | Other financial or non-financial interests | ☒ None |

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