ICMJE DISCLOSURE FORM

Date: 5/29/2022

Your Name: Chelsie Fleischer

Manuscript Title: Preferences and Insights for Participation in a Rheumatoid Arthritis Clinical Prevention Trial: A Mixed Methods Study

Manuscript Number (if known): ACROR-22-038.R1

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) |
|---|---|
| **Time frame: Since the initial planning of the work** | |
| 1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None |
| | [ ] Click the tab key to add additional rows. |
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| 3 Royalties or licenses | ☒ None |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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** |
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 11 | Stock or stock options [☒] None |                                                                                   |
|    |                                                                                                 |                                                                                  |
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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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[☒] 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: 5/31/2022

Your Name: Christopher C Striebich

Manuscript Title: Preferences and Insights for Participation in a Rheumatoid Arthritis Clinical Prevention Trial

Manuscript Number (if known): ACROR-22-038

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|------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ❌ None |
|      | No time limit for this item.                                                                |                                                                                   |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above).                    | ❌ None |
| 3    | Royalties or licenses                                                                       | ❌ None |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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                                                                           |
|   |                                                                                                 |                                                                                  |
|   | Stock or stock options | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------|-----------------------------------------------------------------------------------|
| 11 | ☒ None | |
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| 12 | ☒ None | |
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| 13 | ☒ None | |
|   |   | |

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Date: 5/31/2022

Your Name: Kevin D. Deane

Manuscript Title: Preferences and Insights for Participation in a Rheumatoid Arthritis Clinical Prevention Trial: A Mixed Methods Study

Manuscript Number (if known): ACROR-22-038.R1

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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| **Time frame: Since the initial planning of the work** | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | ☐ None |
| | William P. Arend Endowment for Rheumatology Research | This is an endowed chair provided to author Kevin Deane and it supported this work |
| | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None |
| | NIH/NIAID | Supported the parent StopRA trial but provided no funding to support this work |
| 3 | Royalties or licenses | ☒ None |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | **Consulting fees**                                                                                |                                                                                   |
|   | ☐ None                                                                                           |                                                                                   |
|   | Dr. Deane has received funds and research materials from Inova; these have supported research in RA in general, but have not been related to this work |                                                                                   |
| 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                                                                                           |                                                                                   |
|   | 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) |
|---|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| **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 |
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**ICMJE DISCLOSURE FORM**

**Date:** 5/1/2022

**Your Name:** Mark Harrison

**Manuscript Title:** Preferences and Insights for Participation in a Rheumatoid Arthritis Clinical Prevention Trial

**Manuscript Number (if known):** ACROR-22-038

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| | |
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| 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                                                                          |
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| 11| Stock or stock options                                                                                                           | ☒ None                                                                                                                                 |
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| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                                                   | ☒ None                                                                                                                                 |
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| 13| Other financial or non-financial interests                                                                                       | ☒ None                                                                                                                                 |
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ICMJE DISCLOSURE FORM

**Date:** 5/29/2022

**Your Name:** Chelsie Fleischer

**Manuscript Title:** Preferences and Insights for Participation in a Rheumatoid Arthritis Clinical Prevention Trial: A Mixed Methods Study

**Manuscript Number (if known):** ACROR-22-038.R1

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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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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                                                                                         |                                                                                  |
Name all entities with whom you have this relationship or indicate none (add rows as needed)

|   | Stock or stock options | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------|----------------------------------------------------------------------------------|
| 11 | ☒ None | ☒ None |

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|---|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 12 | ☒ None | ☒ None |

|   | Other financial or non-financial interests | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------|----------------------------------------------------------------------------------|
| 13 | ☒ None | ☒ None |

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Date: 5/29/2022

Your Name: Sharon White

Manuscript Title: Preferences and Insights for Participation in a Rheumatoid Arthritis Clinical Prevention Trial: A Mixed Methods Study

Manuscript Number (if known): ACROR-22-038.R1

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| | | |

| **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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|   |                                                                 |                                                                              |
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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 |
|   |                                                                 |                                                                              |
| 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 <br>☒ None |                                                                                   |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services <br>☒ None |                                                                                   |
| 13 | Other financial or non-financial interests <br>☒ None |                                                                                   |

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Date: 5/29/2022

Your Name: Katherine Ketcham

Manuscript Title: Preferences and Insights for Participation in a Rheumatoid Arthritis Clinical Prevention Trial: A Mixed Methods Study

Manuscript Number (if known): ACROR-22-038.R1

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| ☒ | None |
| | Click the tab key to add additional rows. |

| Time frame: past 36 months |
| Grants or contracts from any entity (if not indicated in item #1 above). |
| ☒ | None |

| Royalties or licenses |
| ☒ | None |
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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                                                                               |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                               |
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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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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date: 5/29/2022

Your Name: Vasilisa Kormendi

Manuscript Title: Preferences and Insights for Participation in a Rheumatoid Arthritis Clinical Prevention Trial: A Mixed Methods Study

Manuscript Number (if known): ACROR-22-038.R1

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Date: 5/29/2022

Your Name: Alvina Zhang

Manuscript Title: Preferences and Insights for Participation in a Rheumatoid Arthritis Clinical Prevention Trial: A Mixed Methods Study

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Date: 5/29/2022
Your Name: Marie Feser
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Date: 5/29/2022

Your Name: Elizabeth Bemis

Manuscript Title: Preferences and Insights for Participation in a Rheumatoid Arthritis Clinical Prevention Trial: A Mixed Methods Study

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