ICMJE DISCLOSURE FORM

Date: 11/10/2021
Your Name: Lisa Christopher-Stine
Manuscript Title: Presence and Implications of anti-ACE2 IgM Antibodies in anti-MDA5 Dermatomyositis
Manuscript Number (if known): ACROR-21-160

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.) | x None |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Pfizer | Paid to the institution; clinical trial support |
| | | Corbus | Paid to the institution; clinical trial support |
| | | Kezar | Paid to the institution; clinical trial support |
| 3 | Royalties or licenses | Inova Diagnostics | Royalties for IP related to anti-HMGCR assay |
| 4 | Consulting fees | Janssen | Consultant; paid to me |
| | | Boehringer-Ingelheim | Consultant; paid to me |
| | | Mallinckrodt | Consultant; paid to me |
| | | EMD- Serono | Consultant; paid to me |
| | | ArgenX | Consultant; paid to me |
| | | Allogene | Consultant; paid to me |
| | | Octapharma | Consultant; paid to me |
| **Time frame: past 36 months** |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | x None |
| | | | |
|   | manuscript writing or educational events |       |
|---|----------------------------------------|-------|
| 6 | Payment for expert testimony           | Bendin Sumrall and Ladner LLC<br>Feldman, Kleidman Coffey & Sappe LLP<br>Downs Ward Bender Hauptmann & Herzog, P.A. |       |
| 7 | Support for attending meetings and/or travel | _x__None<br>_x__None |       |
| 8 | Patents planned, issued or pending      | Inova Diagnostics/RDL<br>Anti-HMGCR assay |       |
| 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 |       |

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: 11/10/2021

Your Name: Julie Paik

Manuscript Title: Presence and Implications of anti-ACE2 IgM Antibodies in anti-MDA5 Dermatomyositis

Manuscript Number (if known): ACOR-21-160

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.) No time limit for this item. | ☐ None |
| | K23AR073927 | |
| | | 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 |
| | Research grants for clinical trials from Pfizer Inc, Kezar Inc, CORBUS | |
| 3 | Royalties or licenses | ☐ None |
| | Uptodate | |
|   | 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 |
|   | | Pfizer, Roixvant, Guidepoint consultation, EMD-Serono, Schlesinger Inc |
| 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                                                                            |
|    |                                                                                           |                                                                                   |
|    |                                                                                           |                                                                                   |

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.
Date: 11/10/2021

Your Name: Akira Yoshida

Manuscript Title: Presence and Implications of anti-ACE2 IgM Antibodies in anti-MDA5 Dermatomyositis

Manuscript Number (if known): ACROR-21-160

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.

| Time frame: Since the initial planning of the work | Time frame: past 36 months |
|---------------------------------------------------|---------------------------|
| **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 |
| | Specifications/Comments (e.g., if payments were made to you or to your institution) |
| | Click the tab key to add additional rows. |

| ☒ None |
| ☒ None |

| ☒ None |

| ☒ 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                                                                            |
|    | ☒ None                                                                                       |                                                                                   |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services              | ☒ None                                                                            |
|    | ☒ None                                                                                       |                                                                                   |
| 13 | Other financial or non-financial interests                                                    | ☒ None                                                                            |
|    | ☒ 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: 11/11/2021

Your Name: Cheng Ting Lin

Manuscript Title: Presence and Implications of anti-ACE2 IgM Antibodies in anti-MDA5 Dermatomyositis

Manuscript Number (if known): ACROR-21-160

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.) No time limit for this item. | ☒ None |
|  |  | 
|  |  | 
|  |  | 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 |
|  |  |  |
|  |  |  |
| 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                                                                          |
|   | ☒ 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) | 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 | |

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: 11/10/2021

Your Name: Antony Rosen

Manuscript Title: Presence and Implications of anti-ACE2 IgM Antibodies in anti-MDA5 Dermatomyositis

Manuscript Number (if known): ACROR-21-160

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) |
| --- | --- |
| 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 |
| Bill and Melinda Gates Foundation | Funding to JHU (Johns Hopkins University) |
| Gates Philanthropy Partners | Funding to JHU |
| Stabler Foundation | Funding to JHU |
| Jerome L. Greene Foundation | Funding to JHU |

Time frame: Since the initial planning of the work

| Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| --- | --- |
|  |  |
|  |  |

Time frame: past 36 months

| Royalties or licenses | ☒ None |
| --- | --- |
|  |  |
|  |  |

ICMJE Disclosure Form
|   | 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 |
|   | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None |
|   | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
| 6 | Payment for expert testimony | ☒ None |
|   | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
| 7 | Support for attending meetings and/or travel | ☒ None |
|   | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
| 8 | Patents planned, issued or pending | ☐ None | ACE2 IgM autoantibodies as markers of severe COVID – patent submitted |
|   | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ None |
|   | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None |
|   | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
|   | 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                                                                           |

**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:  11/10/2021

Your Name:  Christopher Mecoli

Manuscript Title:  Presence and Implications of anti-ACE2 IgM Antibodies in anti-MDA5 Dermatomyositis

Manuscript Number (if known):  ACROR-21-160

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.) No time limit for this item. | ☐ None                                                                            |
|   | K23AR075898                                                                                     |                                   |
|   | Jerome L Greene Foundation                                                                      |                                   |
|   | Bill and Melinda Gates Foundation                                                              |                                   |
|   | No time limit for this item.                                                                   |                                   |

|   | 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                                                                            |
|   |                                                                                                 |                                                                                  |
|   | 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  
Boehringer Ingelheim | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None | |
| 6 | Payment for expert testimony | ☐ None  
National Vaccine Injury Compensation Program - HHS | |
| 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)

| Question | Entity | 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                                                                 |

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: 11/10/2021

Your Name: Hironari Hanaoka

Manuscript Title: Presence and Implications of anti-ACE2 IgM Antibodies in anti-MDA5 Dermatomyositis

Manuscript Number (if known): ACROR-21-160

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,     | ☒ None                                                                           |
| medical writing, article processing charges, etc.)                                          |                                                                                  |
| No time limit for this item.                                                                 |                                                                                  |
|                                                                                             | 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                                                                           |
|                                                                                             |                                                                                  |
| 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                  |                                                                                      |
|   |                         |                                                                                      |

|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 12 | ☒ None                                                                       |                                                                                      |
|   |                                                                             |                                                                                      |

|   | Other financial or non-financial interests                                    | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 13 | ☒ 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: 11/10/2021

Your Name: Masataka Kuwana

Manuscript Title: Presence and Implications of anti-ACE2 IgM Antibodies in anti-MDA5 Dermatomyositis

Manuscript Number (if known): ACROR-21-160

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.)  
No time limit for this item. | ☒ None |
| | | 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 |
| | | |
| 3 | Royalties or licenses | ☐ None |
| | MBL | Holding a patent on anti-MDA5 antibody kit |
|   | 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 | |
|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | Specifications/Comments (e.g., if payments were made to you or to your institution) |
| 12 | ☒ None | |
|   | Other financial or non-financial interests | Specifications/Comments (e.g., if payments were made to you or to your institution) |
| 13 | ☒ 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: November 12, 2021  
Your Name: Sonye Danoff  
Manuscript Title: Presence and Implications of anti-ACE2 IgM Antibodies in anti-MDA5 Dermatomyositis  
Manuscript number (if known): ACROR-21-160

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) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| **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 | |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | BMS  
Site PI of Myositis-ILD Trial  
Boehringer-Ingelheim  
Site PI of IN-BUILD and IN-BUILD-ON Trial  
Genentech/Roche  
Central Coordinating Committee (TRAIL Trial) | |
| 3 | Royalties or licenses | None  
UpToDate  
Co-Author on SLE- and Myositis-ILD, DAH Syndromes | |
| 4 | Consulting fees | None  
Boehringer-Ingelheim  
Advisory Boards on PF-ILD, SSc-ILD  
Lupin Pharma  
Advisory Board on ILD | |
|   | Description                                                                 | X | Company/Event                                      |
|---|-----------------------------------------------------------------------------|---|---------------------------------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None France Foundation Multiple presentations     |
| 6 | Payment for expert testimony                                                 | X | None                                              |
| 7 | Support for attending meetings and/or travel                                  |   | None Boehringer-Ingelheim Travel to present lectures in Australia |
| 8 | Patents planned, issued or pending                                           | X | None                                              |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            |   | None Galecto DSMB Galactic Trial Galapagos DSMB ISABELA Trial |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid |   | None Pulmonary Fibrosis Foundation Senior Medical Advisor and Interim CMO ATS BOD |
| 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                                              |

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:** 11/10/2021

**Your Name:** Livia Casciola-Rosen

**Manuscript Title:** Presence and Implications of anti-ACE2 IgM Antibodies in anti-MDA5 Dermatomyositis

**Manuscript Number (if known):** ACROR-21-160

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 |
| | Bill & Melinda Gates Foundation (BMGF), Gates Philanthropy Partners, the Donald and Dorothy Stabler Foundation, the Jerome L. Greene Foundation and the Huayi and Siuling Zhang Discovery Fund. This study was supported in part by NIH grants P30-AR070254, R01 AR-073208 (to L.C.R and A.R), 1K23AR075898 (to C.M.), K23AR0739 (to J.J.P), and Japan Agency for Medical Research and Development 21ek0109531h0001 (to M.K.). |
| **Time frame:** past 36 months | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |
| | ☒ None |
| #  | Relationship/Activity                                                                 | Yes/No | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|--------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------|
| 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 | Patent application filed “Detection of ACE2 IgM autoantibodies as markers of severity and mechanism in COVID19 patients” (C16408) |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                    | ☒ None |                                                                                   |
| 10 | Leadership or fiduciary role in                                                      | ☒ 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) |
|---|---|
| other board, society, committee or advocacy group, paid or unpaid | |

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:

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