ICMJE DISCLOSURE FORM

Date: 3/28/2022

Your Name: Bengt Hoepken

Manuscript Title: Certolizumab Pegol Efficacy in Patients with Non Radiographic Axial Spondyloarthritis Stratified by Baseline MRI and C-Reactive Protein Status: An Analysis from the C-axSpAnd Study

Manuscript Number (if known): ACROR-21-230

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

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

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

| Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| **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 |
|  | Medical writing funded by UCB | |
|  | | Click the tab key to add additional rows. |
| **Time frame: past 36 months** |
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| 3 | Royalties or licenses                                                                                                                                                                                | ☒ None                                                                                                                                 |
| 4 | Consulting fees                                                                                                                                                                                     | ☒ None                                                                                                                                 |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events                                                                                      | ☒ None                                                                                                                                 |
| 6 | Payment for expert testimony                                                                                                                                                                        | ☒ None                                                                                                                                 |
| 7 | Support for attending meetings and/or travel                                                                                                                                                         | ☒ None                                                                                                                                 |
| 8 | Patents planned, issued or pending                                                                                                                                                                   | ☒ None                                                                                                                                 |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                                                                                                                   | ☒ None                                                                                                                                 |
| 10| Leadership or fiduciary role in other board,                                                                                                                                                          | ☒ None                                                                                                                                 |
| Number | Relationship or Interest | Selected Options | Specifics/Comments |
|--------|--------------------------|------------------|--------------------|
| 11     | Stock or stock options   | ☐ None           | UCB Pharma Long Term Stock Awards |
| 12     | Receipt of equipment,    | ☒ None           | None               |
|        | materials, drugs,        |                  |                    |
|        | medical writing, gifts   |                  |                    |
|        | or other services        |                  |                    |
| 13     | Other financial or non-  | ☐ None           | BH is an employee of UCB Pharma |
|        | financial interests       |                  |                    |

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### ICMJE DISCLOSURE FORM

**Date:** [3/28/2022]

**Your Name:** Philip Robinson

**Manuscript Title:** Certolizumab Pegol Efficacy in Patients with Non Radiographic Axial Spondyloarthritis Stratified by Baseline MRI and C-Reactive Protein Status: An Analysis from the C-axSpAnd Study

**Manuscript Number (if known):** ACROR-21-230

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 |
| | Medical writing funded by UCB | |
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| **Time frame: past 36 months** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None |
| | Janssen, Novartis and UCB Pharma | |
|   | 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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| 3 | Royalties or licenses                                                                      | ☒ None                                                                            |
|   |                                                                                           | |                                                                                   |
| 4 | Consulting fees                                                                           | ☐ None                                                                            |
|   | Personal fees from AbbVie, Atom Biosciences, Eli Lilly, Gilead, Janssen, Novartis, Roche, Pfizer and UCB Pharma | |                                                                                   |
| 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                                                                            |
|   | Bristol Myers Squibb, Lilly, Pfizer and Roche                                            | |                                                                                   |
| 8 | Patents planned, issued or pending                                                         | ☒ None                                                                            |
|   |                                                                                           | |                                                                                   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                         | ☒ 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) |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                                |
| 11 | Stock or stock options                                                                     | ☒ None                                                                                |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services            | ☒ None                                                                                |
| 13 | Other financial or non-financial interests                                                  | ☒ None                                                                                |

Please place an “X” next to the following statement to indicate your agreement:

☒ 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: 3/28/2022

Your Name: Atul Deodhar

Manuscript Title: Certolizumab Pegol Efficacy in Patients with Non Radiographic Axial Spondyloarthritis Stratified by Baseline MRI and C-Reactive Protein Status: An Analysis from the C-axSpAnd Study

Manuscript Number (if known): ACROR-21-230

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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 | Medical writing funded by UCB |
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| | 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 | AbbVie, Bristol Myers Squibb (BMS), Celgene, Eli Lilly, GSK, Novartis, Pfizer, UCB Pharma |
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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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 3 | Royalties or licenses | ☒ None |
| 4 | Consulting fees | ☐ None |
|   | AbbVie, Amgen, Aurinia, BMS, Celgene, Eli Lilly, GSK, Janssen, MoonLake, Novartis, Pfizer and UCB Pharma |  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None |
|   | Janssen, Novartis, Pfizer and UCB Pharma |  |
| 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 |
|   | 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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| 10 | **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid** | ☒ None                                                                           |
|   |                                                                                                 |                                                                                   |
| 11 | **Stock or stock options**                                                                     | ☒ None                                                                           |
|   |                                                                                                 |                                                                                   |
| 12 | **Receipt of equipment, materials, drugs, medical writing, gifts or other services**           | ☒ None                                                                           |
|   |                                                                                                 |                                                                                   |
| 13 | **Other financial or non-financial interests**                                                 | ☒ None                                                                           |
|   |                                                                                                 |                                                                                   |

Please place an “X” next to the following statement to indicate your agreement:

☒ 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: 3/28/2022

Your Name: Lars Bauer

Manuscript Title: Certolizumab Pegol Efficacy in Patients with Non Radiographic Axial Spondyloarthritis Stratified by Baseline MRI and C-Reactive Protein Status: An Analysis from the C-axSpAnd Study

Manuscript Number (if known): ACROR-21-230

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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| 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 |
| | Medical writing was funded by UCB. |
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| 3 | Royalties or licenses | ☒ None |  |
| 4 | Consulting fees | ☒ None |  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None |  |
| 6 | Payment for expert testimony | ☒ None |  |
| 7 | Support for attending meetings and/or travel | ☒ None |  |
| 8 | Patents planned, issued or pending | ☒ None |  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ None |  |
| 10 | Leadership or fiduciary role in other board, | ☒ 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) |
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| society, committee or advocacy group, paid or unpaid |
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| Stock or stock options | ☐ None |
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| UCB Pharma | Long Term Stock Awards |

| Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None |
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| Other financial or non-financial interests | ☐ None |
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# ICMJE DISCLOSURE FORM

**Date:** 3/28/2022

**Your Name:** Lianne S. Gensler

**Manuscript Title:** Certolizumab Pegol Efficacy in Patients with Non Radiographic Axial Spondyloarthritis Stratified by Baseline MRI and C-Reactive Protein Status: An Analysis from the C-axSpAnd Study

**Manuscript Number (if known):** ACROR-21-230

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| 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  
Medical writing funded by UCB  
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  
Novartis, Pfizer, UCB  
Payment to institution  
Payment to institution  
Payment to 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) |
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| 3 | Royalties or licenses                                                                      | ☒ None                                                                               |
|   |                                                                                           |                                                                                      |
| 4 | Consulting fees                                                                           | ☐ None                                                                               |
|   | AbbVie, Gilead, GSK, Janssen, Lilly, Novartis, Pfizer, UCB Pharma                         | Payment to me                                                                         |
| 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                                                                               |
|   |                                                                                           |                                                                                      |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☐  None                                                                                        |
|    | SPARTAN                                                                                     | Board, Executive Committee                                                      |
|    | ASAS                                                                                        | Executive committee                                                            |
| 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: 3/28/2022
Your Name: Mindy Kim
Manuscript Title: Certolizumab Pegol Efficacy in Patients with Non Radiographic Axial Spondyloarthritis Stratified by Baseline MRI and C-Reactive Protein Status: An Analysis from the C-axSpAnd Study
Manuscript Number (if known): ACROR-21-230

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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| | Medical writing was funded by UCB. Click the tab key to add additional rows. |
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| 3 | Royalties or licenses                                                                                          | ☒ None                                                                            |
|   |                                                                                                                 |                                                                                   |
| 4 | Consulting fees                                                                                                | ☒ None                                                                            |
|   |                                                                                                                 |                                                                                   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  | ☒ None                                                                            |
|   |                                                                                                                 |                                                                                   |
| 6 | Payment for expert testimony                                                                                    | ☒ None                                                                            |
|   |                                                                                                                 |                                                                                   |
| 7 | Support for attending meetings and/or travel                                                                   | ☒ None                                                                            |
|   |                                                                                                                 |                                                                                   |
| 8 | Patents planned, issued or pending                                                                               | ☒ None                                                                            |
|   |                                                                                                                 |                                                                                   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                              | ☒ None                                                                            |
|   |                                                                                                                 |                                                                                   |
|10 | Leadership or fiduciary role in other board,                                                                    | ☒ None                                                                            |
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| 11 | Stock or stock options |
| --- | --- |
| ☐ | None |
| ☒ | UCB Pharma | Long Term Stock Awards |

| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services |
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| ☒ | None |

| 13 | Other financial or non-financial interests |
| --- | --- |
| ☐ | None |
| ☒ | MK is an employee of UCB |

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ICMJE DISCLOSURE FORM

Date: 11/9/2021

Your Name: Martin Rudwaleit

Manuscript Title: Long-Term Safety and Clinical Outcomes of Certolizumab Pegol Treatment in Patients with Active Non-Radiographic Axial Spondyloarthritis: 3-Year Results from the Phase 3 CaxSpAnd Study

Manuscript Number (if known): ACROR-21-230

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 |
| | Medical writing was provided and funded by UCB as well as the study data. | |
| | 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 |

8/26/2021
|   | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 3 | Royalties or licenses                                                                            | ☒ None                                                                            |
| 4 | Consulting fees                                                                                 | ☐ None                                                                            |
|   | AbbVie, Celgene, Eli Lilly, Janssen, Novartis and UCB Pharma                                    |                                                                                  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None                                                                            |
|   | AbbVie, Boehringer Ingelheim, Eli Lilly, Novartis and UCB Pharma                                |                                                                                  |
| 6 | Payment for expert testimony                                                                    | ☒ None                                                                            |
| 7 | Support for attending meetings and/or travel                                                     | ☐ None                                                                            |
|   | Abbvie, Galapgos, Janssen, Novartis                                                             |                                                                                  |
| 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                                                                 | ☒ None                                                                            |
| Question                                                                 | Relationship/Comments |
|------------------------------------------------------------------------|-----------------------|
| Other board, society, committee or advocacy group, paid or unpaid      |                       |
| Stock or stock options                                                 | ☒ None                |
| Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None                |
| Other financial or non-financial interests                              | ☒ None                |

Please place an “X” next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: [3/28/2022]

Your Name: Natasha de Peyrecave

Manuscript Title: Certolizumab Pegol Efficacy in Patients with Non Radiographic Axial Spondyloarthritis Stratified by Baseline MRI and C-Reactive Protein Status: An Analysis from the C-axSpAnd Study

Manuscript Number (if known): ACROR-21-230

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| ☐ None |
| Medical writing was funded by UCB. |
| | 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 |
| | |
| Entity Type                                      | Relationship | Specifications/Comments |
|-------------------------------------------------|--------------|------------------------|
| Royalties or licenses                           | ☒ None       |                        |
| Consulting fees                                 | ☒ None       |                        |
| Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None       |                        |
| Payment for expert testimony                    | ☒ None       |                        |
| Support for attending meetings and/or travel     | ☒ None       |                        |
| Patents planned, issued or pending              | ☒ None       |                        |
| Participation on a Data Safety Monitoring Board or Advisory Board | ☒ None       |                        |
| Leadership or fiduciary role in other board,    | ☒ 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) |
|---|---|
| society, committee or advocacy group, paid or unpaid | |

| Stock or stock options | None |
|---|---|
| ☐ | UCB Pharma |
| | Long Term Stock Awards |

| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
|---|---|
| ☒ | |

| Other financial or non-financial interests | None |
|---|---|
| ☐ | NdP is an employee of UCB |

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: 3/28/2022

Your Name: Martin Rudwaleit

Manuscript Title: Certolizumab Pegol Efficacy in Patients with Non Radiographic Axial Spondyloarthritis Stratified by Baseline MRI and C-Reactive Protein Status: An Analysis from the C-axSpAnd Study

Manuscript Number (if known): ACROR-21-230

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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|---|---|
| 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 | Medical writing was provided and funded by UCB as well as the study data. |
| | Click the tab key to add additional rows. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |
| ☐ None | AbbVie, Eli Lilly, Novartis and UCB Pharma |
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| 3 | Royalties or licenses  ☒ None                                                                 |                                                                                  |
|   | AbbVie, Eli Lilly, Novartis and UCB Pharma                                                    |                                                                                  |
| 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,  ☒ None                                           |                                                                                  |
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| society, committee or advocacy group, paid or unpaid | |
| Stock or stock options | ☒ None |
| Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None |
| 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: [3/28/2022]

Your Name: Thomas Kumke

Manuscript Title: Certolizumab Pegol Efficacy in Patients with Non Radiographic Axial Spondyloarthritis Stratified by Baseline MRI and C-Reactive Protein Status: An Analysis from the C-axSpAnd Study

Manuscript Number (if known): ACROR-21-230

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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                                                                             |
| | Medical writing was funded by UCB.                                                           |                                                                                   |
| |                                                                                               | 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                                                                             |
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| 3 | Royalties or licenses | ☒ None                                                                                 |
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| 4 | Consulting fees | ☒ None                                                                                 |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                                 |
|   | |                                                                                      |
| 6 | Payment for expert testimony | ☒ None                                                                                |
|   | |                                                                                      |
| 7 | Support for attending meetings and/or travel | ☒ None                                                                                 |
|   | |                                                                                      |
| 8 | Patents planned, issued or pending | ☒ None                                                                                 |
|   | |                                                                                      |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ None                                                                                 |
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|10 | Leadership or fiduciary role in other board, | ☒ None                                                                                 |
|   | |                                                                                      |
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| society, committee or advocacy group, paid or unpaid | |

11 Stock or stock options

- ☐ None

| UCB Pharma | Long Term Stock Awards |
|---|---|
|  | |

12 Receipt of equipment, materials, drugs, medical writing, gifts or other services

- ☒ None

|  | |
|---|---|
|  | |

13 Other financial or non-financial interests

- ☐ None

| TK is an employee of UCB | |
|---|---|
|  | |

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Date: 3/28/2022

Your Name: Walter P. Maksymowych

Manuscript Title: Certolizumab Pegol Efficacy in Patients with Non Radiographic Axial Spondyloarthritis Stratified by Baseline MRI and C-Reactive Protein Status: An Analysis from the C-axSpAnd Study

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|---|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 3 | Royalties or licenses | ☐ None |
|   | | |
| 4 | Consulting fees | ☐ None |
|   | AbbVie, Boehringer Ingelheim, Celgene, Galapagos, Gilead, Lilly, Novartis, Pfizer, and UCB Pharma, | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None |
|   | AbbVie, Janssen, Novartis, Pfizer, UCB | |
| 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 |
|   | | |
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) |
|---|-----------------------------------------------------------------------------------|
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid |
|   | ☒ None \[Chief Medical Officer for CARE Arthritis Limited\] |
| 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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