ICMJE DISCLOSURE FORM

Date: 1/3/2022

Your Name: John M Bridges

Manuscript Title: Leukocyte Telomere Length and Childhood Onset of Systemic Lupus Erythematosus in the Black Women's Experiences Living with Lupus (BeWELL) Study

Manuscript Number (if known): ACROR-21-215.R1 [email ref: DL-RW-1-a]

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 |
| |  |
| **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                                                                            |
|   | American College of Rheumatology                                                              | Lupus Healthcare Initiative Speaker                                               |
| 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                                                                            |
|   | American College of Rheumatology                                                              | Attendance scholarships for national meetings                                     |
| 8 | **Patents planned, issued or pending**                                                          | ☑ None                                                                            |
| 9 | **Participation on a Data Safety Monitoring Board or Advisory Board**                          | ☑ None                                                                            |
| 10| **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid** | ☑ None                                                                            |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 11 | Stock or stock options | □ None                                                                 |
|    |                                                                             |                                                                                 |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | □ None                                                                       |
|    |                                                                             |                                                                                 |
| 13 | Other financial or non-financial interests | □ None                                                                        |
|    |                                                                             |                                                                                 |

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

Date: 1/3/2022

Your Name: Kara Chung

Manuscript Title: Leukocyte Telomere Length and Childhood Onset of Systemic Lupus Erythematosus in the Black Women’s Experiences Living with Lupus (BeWELL) Study

Manuscript Number (if known): ACROR-21-215.R1

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|                                                                                            |                                                                                   |
| Time frame: past 36 months                                                               |
| 2  Grants or contracts from any entity (if not indicated in item #1 above).               | ☑ None |
|                                                                                            |                                                                                   |
| 3  Royalties or licenses                                                                  | ☑ None |
|                                                                                            |                                                                                   |
|   | 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                                                                          |
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| 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: 1/3/2022

Your Name: Connor D. Martz

Manuscript Title: Leukocyte Telomere Length and Childhood Onset of Systemic Lupus Erythematosus in the Black Women’s Experiences Living with Lupus (BeWELL) Study

Manuscript Number (if known): ACROR-21-215.R1

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| | F31-AR076234 |
| **Time frame: past 36 months** |
| **2** Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None |
| | |
| | |
| **3** Royalties or licenses | ☒ None |
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|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 4 | Consulting fees                                                                                  | ☒ None                                                                          |
|   |                                                                                                 |                                                                                |
| 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.
ICMJE DISCLOSURE FORM

Date: 1/6/2022

Your Name: Emily Smitherman

Manuscript Title: Leukocyte Telomere Length and Childhood Onset of Systemic Lupus Erythematosus in the Black Women’s Experiences Living with Lupus (BeWELL) Study

Manuscript Number (if known): ACROR-21-215.R1 [email ref: DL-RW-1-a]

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| 1 | **Time frame: Since the initial planning of the work**                                        |                                                                                      |
|   | 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                                                                                |
| 2 | **Time frame: past 36 months**                                                                |                                                                                      |
|   | Grants or contracts from any entity (if not indicated in item #1 above).                      | ☒ None                                                                                |
|   | Lupus Foundation of America Career Development Award                                          | Institution                                                                           |
|   | Rheumatology Research Foundation Investigator Award                                          | Institution                                                                           |
|   | Childhood Arthritis and Rheumatology Research Alliance-Arthritis Foundation Small Grant & Implementation Science Design Grant – PI ; Transdisciplinary Grant co-I | 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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) |
|---|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 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 |

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

Date: 1/6/2022

Your Name: Cristina Drenkard

Manuscript Title: Leukocyte Telomere Length and Childhood Onset of Systemic Lupus Erythematosus in the Black Women’s Experiences Living with Lupus (BeWELL) Study

Manuscript Number (if known): ACROR-21-215.R1

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| ☑ | None |
| | |
| | |

| **Time frame: past 36 months** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |
| ☐ | None |
| CDC U01DP005119 | NIH R01MD010455-01 |
| CDC U01DP006488 | NIH R01AR070898-01 |
| NIH (R01AR065493-01 |

| 3 | Royalties or licenses |
| ☑ | None |
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| | |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                 | □ None                                                                          |
|   |                                                   | Glaxo Smith Kline                                                                | Payments 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                                                                          |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | □ None                                                                          |
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| 11 | Stock or stock options                                                                          | ☑ None                                                                              |
| 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: 1/4/2022

Your Name: Calvin Wu

Manuscript Title: Leukocyte Telomere Length and Childhood Onset of Systemic Lupus Erythematosus in the Black Women’s Experiences Living with Lupus (BeWELL) Study

Manuscript Number (if known): ACROR-21-215.R1

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| | | |
| **Time frame: past 36 months** | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☑ None |
| | | |
| **3** | Royalties or licenses | ☑ None |
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| 4 | Consulting fees                                                                                  | ☒ None                                                                           |
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|   |                                                                                                  |                                                                                   |
| 6 | Payment for expert testimony                                                                     | ☒ None                                                                           |
|   |                                                                                                  |                                                                                   |
| 7 | Support for attending meetings and/or travel                                                     | ☐ None                                                                           |
|   |                                                                                                  |                                                                                   |
| 8 | Patents planned, issued or pending                                                               | ☒ None                                                                           |
|   |                                                                                                  |                                                                                   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                 | ☒ None                                                                           |
|   |                                                                                                  |                                                                                   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                           |
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|   |                                                                                                  |                                    |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                | ☒ None                                                                             |
|   |                                                                                                  |                                    |
|13 | Other financial or non-financial interests                                                       | ☒ None                                                                             |
|   |                                                                                                  |                                    |

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ICMJE DISCLOSURE FORM

Date: 1/5/2022

Your Name: Jue Lin

Manuscript Title: Leukocyte Telomere Length and Childhood Onset of Systemic Lupus Erythematosus in the Black Women’s Experiences Living with Lupus (BeWELL) Study

Manuscript Number (if known): ACROR-21-215.R1

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|                                                                                               |                                                                                     |
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| **2** Grants or contracts from any entity (if not indicated in item #1 above).                 | ☑ None                                                                              |
|                                                                                               |                                                                                     |
| **3** Royalties or licenses                                                                    | ☑ None                                                                              |
|                                                                                               |                                                                                     |
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|   |                                                                                         |                                                                                   |
| 6 | Payment for expert testimony                                                              | ☒ None                                                                           |
|   |                                                                                         |                                                                                   |
| 7 | Support for attending meetings and/or travel                                              | ☒ None                                                                           |
|   |                                                                                         |                                                                                   |
| 8 | Patents planned, issued or pending                                                       | ☒ None                                                                           |
|   |                                                                                         |                                                                                   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                        | ☒ None                                                                           |
|   |                                                                                         |                                                                                   |
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| 11 | Stock or stock options \(xon\) None \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) | \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services \(xon\) None \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) | \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) |
| 13 | Other financial or non-financial interests \(xon\) None \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) | \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) \(xn\) |

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\(xon\) I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: 1/3/2022

Your Name: S. Sam Lim

Manuscript Title: Leukocyte Telomere Length and Childhood Onset of Systemic Lupus Erythematosus in the Black Women’s Experiences Living with Lupus (BeWELL) Study

Manuscript Number (if known): ACROR-21-215.R1

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|                                                                                             |                                                                                   |

**Time frame: past 36 months**

| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☑ None |
|---|-------------------------------------------------------------------------|--------|
|   | CDC Cooperative Agreements U01DP005119 and U01DP006488                 |        |
| 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) |
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| 4 | Consulting fees                                                                                 | ☑️ None                                                                           |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☑️ None                                                                           |
| 6 | Payment for expert testimony                                                                      | ☑️ None                                                                           |
| 7 | Support for attending meetings and/or travel                                                       | ☑️ None                                                                           |
| 8 | Patents planned, issued or pending                                                                | ☑️ None                                                                           |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                 | ☑️ None                                                                           |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☑️ None                                                                           |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|:---:|---:|
| 11 | Stock or stock options | None |
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Date: 1/7/2022

Your Name: David H. Chae

Manuscript Title: Leukocyte Telomere Length and Childhood Onset of Systemic Lupus Erythematosus in the Black Women’s Experiences Living with Lupus (BeWELL) Study

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