ICMJE DISCLOSURE FORM

Date: 10/28/2021

Your Name: Daniel Solomon

Manuscript Title: Implementing Treat to Target (TTT) for Rheumatoid Arthritis (RA) During COVID: Results of a Virtual Learning Collaborative (LC) Program

Manuscript Number (if known): AC&R - ACR-21-0695.R1

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

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

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

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|   | Time frame: Since the initial planning of the work                                         |                                                                                  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. |                                                                                  |
|   | ☐ None                                                                                    |                                                                                  |
|   | Abbvie                                                                                    | Sponsored the study                                                             |
|   |                                                                                          | 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                                                                                    |                                                                                  |
|   | Amgen                                                                                    | Unrelated study                                                                 |
|   | Abbvie                                                                                    | Unrelated study                                                                 |
|   | Moderna                                                                                  | Unrelated study                                                                 |
| 3 | Royalties or licenses                                                                      |                                                                                  |
|   | ☐ None                                                                                    |                                                                                  |
|   | UpToDate                                                                                 | Chapter on NSAIDs                                                                |

ICMJE Disclosure Form
| 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 | CARRA |
|   | 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:

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ICMJE DISCLOSURE FORM

**Date:**
11/2/2021

**Your Name:**
Theodore Pincus

**Manuscript Title:**
Implementing Treat to Target (TTT) for Rheumatoid Arthritis (RA) During COVID: Results of a Virtual Learning Collaborative (LC) Program

**Manuscript Number (if known):**
AC&R - ACR-21-0695.R1

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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 | Time frame: Since the initial planning of the work |
| | | | Click the tab key to add additional rows |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None | Time frame: past 36 months |
| **3** | Royalties or licenses | ☐ None | Dr. Pincus holds a copyright and trademark on MDHAQ (multidimensional health assessment questionnaire) and RAPID3 (Routine Assessment of Patient Index Data 3), for which he receives royalties and license fees, all of which are used to support further development of quantitative |
|   | 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) |
|---|---|---|
|  | questionnaire measurements for patients and doctors in clinical rheumatology care. |  |
|   |  |  |
| 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) |
|---|---|---|
| 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: 11/5/2021

Your Name: Nancy A. Shadick, MD, MPH

Manuscript Title: Implementing Treat to Target (TTT) for Rheumatoid Arthritis (RA) During COVID: Results of a Virtual Learning Collaborative (LC) Program

Manuscript Number (if known): AC&R - ACR-21-0695.R1

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| Item | Relationships/Activities/Interests | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|------|-----------------------------------|----------------------------------------------------------------------------------|
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None | Time frame: Since the initial planning of the work |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None | Time frame: past 36 months |
| | Research grants from: BMS | Sanofi |
| | Mallinckrodt | Amgen |
| | Crescendo Biosciences | Payment to institution |
| **3** | Royalties or licenses | ☒ None |

Click the tab key to add additional rows.
|   | 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                                                                           |
|   | BMS < $5k                                                                                       |                                                                                  |
|   |                                                                                                |                                                                                  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☑ None                                                                           |
|   |                                                                                                |                                                                                  |
| 6 | Payment for expert testimony                                                                      | ☑ None                                                                           |
|   |                                                                                                |                                                                                  |
| 7 | Support for attending meetings and/or travel                                                     | ☑ None                                                                           |
|   |                                                                                                |                                                                                  |
| 8 | Patents planned, issued or pending                                                                | ☑ None                                                                           |
|   |                                                                                                |                                                                                  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                | ☑ None                                                                           |
|   |                                                                                                |                                                                                  |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☑ None                                                                           |
|   |                                                                                                |                                                                                  |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 11 | Stock or stock options | ☒ None |
|   | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None |
|   | | |
| 13 | Other financial or non-financial interests | ☒ None |
|   | | |

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ICMJE DISCLOSURE FORM

**Date:** 10/29/2021  
**Your Name:** Jacklyn Stratton  
**Manuscript Title:** Implementing Treat to Target (TTT) for Rheumatoid Arthritis (RA) During COVID: Results of a Virtual Learning Collaborative (LC) Program  
**Manuscript Number (if known):** AC&R - ACR-21-0695.R1

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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 | AbbVie | Grant funded by AbbVie |
| | | | | | 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                                                                            |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 11 | Stock or stock options                                                                        | ☒ None                                                                               |
|    |                                                                                               |                                                                                      |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services               | ☒ None                                                                               |
|    |                                                                                               |                                                                                      |
| 13 | Other financial or non-financial interests                                                    | ☒ None                                                                               |
|    |                                                                                               |                                                                                      |

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ICMJE DISCLOSURE FORM

Date: 11/2/2021

Your Name: Jack Ellrodt

Manuscript Title: Implementing Treat to Target (TTT) for Rheumatoid Arthritis (RA) During COVID: Results of a Virtual Learning Collaborative (LC) Program

Manuscript Number (if known): AC&R - ACR-21-0695.R1

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| --- | --- |
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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 |
| AbbVie | Grant funded by AbbVie |
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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**<br>☒ None<br>  |  
| 5 | **Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events**<br>☒ None<br>  |  
| 6 | **Payment for expert testimony**<br>☒ None<br>  |  
| 7 | **Support for attending meetings and/or travel**<br>☒ None<br>  |  
| 8 | **Patents planned, issued or pending**<br>☒ None<br>  |  
| 9 | **Participation on a Data Safety Monitoring Board or Advisory Board**<br>☒ None<br>  |  
| 10 | **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid**<br>☑ None<br>  |  

Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution)
---|---
11 Stock or stock options | ☒ None
| |
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None
| |
13 Other financial or non-financial interests | ☒ None
| |

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ICMJE DISCLOSURE FORM

Date: 10/28/2021

Your Name: Leah Santacroce

Manuscript Title: Implementing Treat to Target (TTT) for Rheumatoid Arthritis (RA) During COVID: Results of a Virtual Learning Collaborative (LC) Program

Manuscript Number (if known): AC&R - ACR-21-0695.R1

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|------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None | No time limit for this item. |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None | Time frame: past 36 months |
| 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                                                                            |
| 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 □ None                                                             | □ None □ None □ None □ None □ None □ None □ None □ None □ None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services □ None □ None | □ None □ None □ None □ None □ None □ None □ None □ None □ None |
| 13 | Other financial or non-financial interests □ None □ None                                       | □ None □ None □ None □ None □ None □ None □ None □ None □ None |

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Date: 11/4/2021
Your Name: Jeffrey N. Katz, MD, MSc
Manuscript Title: Implementing Treat to Target (TTT) for Rheumatoid Arthritis (RA) During COVID: Results of a Virtual Learning Collaborative (LC) Program
Manuscript Number (if known): AC&R - ACR-21-0695.R1

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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 |
| 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                                                                            |
|   | Past president, Osteoarthritis Research Society, International (OARSI)                         |                                                                                  |
|   | 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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|---|---|
| **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 |
| | |
| Time frame: past 36 months | |
| 2 Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None |
| | Abbvie, AstraZeneca, Lilly, Novartis and Roche |
| 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 | AbbVie, Amgen, Astro, Bristol-Myers Squibb, Celgene, Celltrion, Gilead, Janssen, Lilly, Merck Sharp & Dohme, Novartis-Sandoz, Pfizer, R-Pharm, Roche, Samsung |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  ☐ None | AbbVie, Amgen, Astro, Chugai, Janssen, Lilly, Merck Sharp & Dohme, Novartis-Sandoz, Pfizer, R-Pharm, Roche, Samsung, 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 | Astra-Zeneca |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  ☐ None | EULAR RA management recommendations, EULAR PsA management recommendations |
|   | 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 |
|       |                                                                                               | Editor, ARD                                                                     |
|       |                                                                                               | Co-Editor, Rheumatology (Elsevier)                                               |

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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.