ICMJE DISCLOSURE FORM

Date: 4/21/2022

Your Name: Anthony Cordisco

Manuscript Title: Identifying factors associated with treatment response in rheumatoid arthritis clinical trials

Manuscript Number (if known): 21-243

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 |
| Rheumatology Research Foundation Graduate and Medical Student Preceptorship | Payments made to me |
| | 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 |
| | |
| | |
| | |
| No. | Description                                                                 | Details                                                                 |
|-----|------------------------------------------------------------------------------|------------------------------------------------------------------------|
| 4   | Consulting fees                                                             | ☒ None                                                                  |
| 5   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                  |
| 6   | Payment for expert testimony                                                | ☒ None                                                                  |
| 7   | Support for attending meetings and/or travel                                | ☒ None                                                                  |
| 8   | Patents planned, issued or pending                                          | ☒ None                                                                  |
| 9   | Participation on a Data Safety Monitoring Board or Advisory Board            | ☒ None                                                                  |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                  |
|   | Stock or stock options | 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| ☒ None                 |                                                                                               |                                                                                      |

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

|   | Other financial or non-financial interests | 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) |
|---|-------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 13| ☒ None                                   |                                                                                               |                                                                                      |

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**ICMJE DISCLOSURE FORM**

**Date:** 4/21/2022

**Your Name:** Marianna Olave

**Manuscript Title:** Identifying factors associated with treatment response in rheumatoid arthritis clinical trials

**Manuscript Number (if known):** 21-243

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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 |
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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                                                                           |
|   |                                                                                      |                                                                                  |
| 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: 4/21/2022

Your Name: Michael D. George

Manuscript Title: Identifying factors associated with treatment response in rheumatoid arthritis clinical trials

Manuscript Number (if known): 21-243

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| ☒ None | |
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| **Time frame: past 36 months** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |
| ☐ None | |
| NIH grant K23AR073931 | |
| GSK | |
| 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                                                                            |
|   | AbbVie                                                     |                                                                                  |
|   |                                                             |                                                                                  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                            |
| 6 | Payment for expert testimony                               | ☒ None                                                                            |
| 7 | Support for attending meetings and/or travel                | ☒ None                                                                            |
| 8 | Patents planned, issued or pending                         | ☒ None                                                                            |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ None                                                                          |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                           |
|   | Stock or stock options | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------|----------------------------------------------------------------------------------|
| 11 | ☒ None | |

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

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

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Date: 4/21/2022

Your Name: Joshua F. Baker

Manuscript Title: Identifying factors associated with treatment response in rheumatoid arthritis clinical trials

Manuscript Number (if known): 21-243

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| Time frame: past 36 months |
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| Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None |
| [ ] Veterans Affairs Clinical Science Research and Development Merit Award (CX001703). | |
| VA Rehabilitation Research & Development (I21 CX003157; I01 CX003644) | |

| 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                                                                          |
|   |                                                                                                  | Bristol-Myers Squib, Pfizer, CorEvitas, and Gilead                              |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                          |
| 6 | Payment for expert testimony                                                                     | ☒ None                                                                          |
| 7 | Support for attending meetings and/or travel                                                     | ☒ None                                                                          |
| 8 | Patents planned, issued or pending                                                                | ☒ None                                                                          |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                 | ☒ None                                                                          |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                          |
|   | Stock or stock options | 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 | ☒ None |                                                                                   |                                                                                  |

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

|   | Other financial or non-financial interests | ☒ None |                                                                                   |

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