**ICMJE DISCLOSURE FORM**

**Date:** 2/10/2022

**Your Name:** Viviane Ta

**Manuscript Title:** Predictors of Influenza Vaccination in Early Rheumatoid Arthritis 2017-2021: Results from the Canadian Early Arthritis Cohort

**Manuscript Number (if known):** ACROR-21-173.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) |
|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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                                                                 |
| 1 |                                                                                                              | 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                                                                                      |
| 2 |                                                                                                              |                                                                                               |
| 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 |
|   |                     |                                                                 |
### ICMJE Disclosure Form

**Name all entities with whom you have this relationship or indicate none (add rows as needed)**

|   | 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: 1/13/2022

Your Name: Orit Schieir

Manuscript Title: Predictors of Influenza Vaccination in Early Rheumatoid Arthritis 2017-2021: Results from the Canadian Early Arthritis Cohort

Manuscript Number (if known): ACROR-21-173.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.

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| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| **3** | Royalties or licenses | ☒ None |

Click the tab key to add additional rows.
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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 |   |
|   |   |   |   |
|   | 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: 2/10/2022

Your Name: Marie-France Valois

Manuscript Title: Predictors of Influenza Vaccination in Early Rheumatoid Arthritis 2017-2021: Results from the Canadian Early Arthritis Cohort

Manuscript Number (if known): ACROR-21-173.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.) |
| ☒ | None |
| | |
| | |
| | |
| | Click the tab key to add additional rows. |
| **Time frame: past 36 months** | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). |
| ☒ | None |
| | |
| | |
| | |
| | |
| **3** | Royalties or licenses |
| ☒ | None |
| | |
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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                                                            |
|   |                                                                                                 |                                                                  |
|   | 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: 2/10/2022

Your Name: Ines Colmegna

Manuscript Title: Predictors of Influenza Vaccination in Early Rheumatoid Arthritis 2017-2021: Results from the Canadian Early Arthritis Cohort

Manuscript Number (if known): ACROR-21-173.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.

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|   | 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                                                                    |                                                                                   |
|   |                                                                                               |                                                                                   |
| 3 | Royalties or licenses                                                                         | ☒ None                                                                             |
|   |                                                                                               |                                                                                   |
|   |                                                                                               |                                                                                   |
| No. | Relationship/Activity | Details |
|-----|-----------------------|---------|
| 4   | Consulting fees       | ☒ None  |
| 5   | Payment or honoraria  | ☒ None  |
|     | for lectures,         |         |
|     | presentations,        |         |
|     | speakers bureaus,     |         |
|     | manuscript writing    |         |
|     | or educational events|         |
| 6   | Payment for expert    | ☒ None  |
|     | testimony             |         |
| 7   | Support for          | ☒ None  |
|     | attending meetings    |         |
|     | and/or travel         |         |
| 8   | Patents planned,     | ☒ None  |
|     | issued or pending     |         |
| 9   | Participation on      | ☒ None  |
|     | a Data Safety         |         |
|     | Monitoring Board or   |         |
|     | Advisory Board        |         |
| 10  | Leadership or         | ☒ None  |
|     | fiduciary role in     |         |
|     | other board, society,|         |
|     | committee or advocacy |         |
|     | group, paid or unpaid |         |
|   | 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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| 11 | Stock or stock options                                                                                                                                                                    |
|    | ☒ None                                                                                                                                                                                   |
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|    |                                                                                                                                                                                           |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                                                                                                        |
|    | ☒ None                                                                                                                                                                                   |
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|    |                                                                                                                                                                                           |
| 13 | Other financial or non-financial interests                                                                                                                                                |
|    | ☒ None                                                                                                                                                                                   |
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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.
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Date: 1/13/2022

Your Name: Carol Hitchon

Manuscript Title: Predictors of Influenza Vaccination in Early Rheumatoid Arthritis 2017-2021: Results from the Canadian Early Arthritis Cohort

Manuscript Number (if known): ACROR-21-173.R1

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|   |                                                                                                                                  |                                                                                             |
|   |                                                                                                                                  | Click the tab key to add additional rows.                                                    |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                          | ☒ None                                                                                                                                 |
|   |                                                                                                                                  |                                                                                             |
| 3 | Royalties or licenses                                                                                                            | ☒ None                                                                                                                                 |
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Time frame: Since the initial planning of the work

Time frame: past 36 months
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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: 1/13/2022

Your Name: Louis Bessette

Manuscript Title: Predictors of Influenza Vaccination in Early Rheumatoid Arthritis 2017-2021: Results from the Canadian Early Arthritis Cohort

Manuscript Number (if known): ACROR-21-173.R1

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| | 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, BMS, Janssen, Roche, UCB, Abbvie, Pfizer, Merck, Celgene, Sanofi, Lilly, Novartis, Gilead | Payments made to the Groupe de recherche en maladies osseuses |
| | |
| 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<br>Amgen, BMS, Janssen, Roche, UCB, Abbvie, Pfizer, Merck, Lilly, Novartis, Sanofi, TEVA, Fresenius Kabi, Sandoz | Payments made to me  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None<br>Amgen, BMS, Janssen, Roche, UCB, Abbvie, Pfizer, Celgene, Lilly, Novartis, Sanofi, Gilead, TEVA, Fresenius Kabi, Sandoz |  |
| 6 | Payment for expert testimony | ☒ None |  |
| 7 | Support for attending meetings and/or travel | ☐ None<br>Pfizer, Fresenius Kabi, Lilly | Payment made to me  |
| 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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|   | Stock or stock options | None |
|---|------------------------|------|
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|   | 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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Please place an “X” next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
Date: 1/13/2022
Your Name: Glen Hazlewood
Manuscript Title: Predictors of Influenza Vaccination in Early Rheumatoid Arthritis 2017-2021: Results from the Canadian Early Arthritis Cohort
Manuscript Number (if known): ACROR-21-173.R1

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|    |                                                                                             | 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                                                                 |
|    |                                                                                             |                                                                                  |
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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                                                                           |
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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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☒ 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: 1/13/2022

Your Name: Carter Thorne

Manuscript Title: Predictors of Influenza Vaccination in Early Rheumatoid Arthritis 2017-2021: Results from the Canadian Early Arthritis Cohort

Manuscript Number (if known): ACROR-21-173.R1

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| | | |
| | | |
| | | 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                                                                          |
| | Pfizer | |
| | | |
| 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  
Pfizer  
Adv Brd  
  
  
  
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None  
Pfizer  
Moderator, Presenter  
  
  
  
| 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  
Pfizer  
Adv Brd (JAK inhibitor)  
  
  
  
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☐ None  
Ontario Rheum Ass  
Canadian Rheum Ass  
  
  
  

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:** 1/13/2022

**Your Name:** Janet Pope

**Manuscript Title:** Predictors of Influenza Vaccination in Early Rheumatoid Arthritis 2017-2021: Results from the Canadian Early Arthritis Cohort

**Manuscript Number (if known):** ACROR-21-173.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.

| Item | Description | Time frame: Since the initial planning of the work | 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 |  |
|      | No time limit for this item. | | Click the tab key to add additional rows. |
| 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: 2/10/2022
Your Name: Gilles Boire
Manuscript Title: Predictors of Influenza Vaccination in Early Rheumatoid Arthritis 2017-2021: Results from the Canadian Early Arthritis Cohort
Manuscript Number (if known): ACROR-21-173.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                                                                           |
|   |                                                                                                  |                                                                                   |
| 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: 1/13/2022

Your Name: Diane Tin

Manuscript Title: Predictors of Influenza Vaccination in Early Rheumatoid Arthritis 2017-2021: Results from the Canadian Early Arthritis Cohort

Manuscript Number (if known): ACROR-21-173.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                                                                                                                             |
|   | 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) |
|   | [ ]                                                                                                             |                                                                                                                                   |
|   | [ ]                                                                                                             |                                                                                                                                   |
|   | [ ]                                                                                                             | 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                                                                                                                             |
|   | 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                                                                                                                             |
|   | 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) |
|   | [ ]                                                                                                             |                                                                                                                                   |
|   | [ ]                                                                                                             |                                                                                                                                   |
|   | 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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Date: 2/10/2022

Your Name: Edward Keystone

Manuscript Title: Predictors of Influenza Vaccination in Early Rheumatoid Arthritis 2017-2021: Results from the Canadian Early Arthritis Cohort

Manuscript Number (if known): ACROR-21-173.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.

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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 |
| | Amgen |
| | Merck |
| | Pfizer Pharmaceuticals |

| 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                                                                                                                                               |                                                                                   |
|   | Celltrion                                                                                                                                           |                                                                                   |
|   | Myriad Autoimmune                                                                              |                                                                                   |
|   | F. Hoffmann-La Roche Inc.                                                                      |                                                                                   |
|   | Janssen Inc.                                                                                  |                                                                                   |
|   | Lilly Pharmaceuticals                                                                           |                                                                                   |
|   | Merck                                                                                       |                                                                                   |
|   | Pfizer Pharmaceuticals                                                                         |                                                                                   |
|   | Sandoz                                                                                      |                                                                                   |
|   | Sanofi Genzyme                                                                               |                                                                                   |
|   | Samsung Bioepsis                                                                             |                                                                                   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None                                                                            |
|   | Amgen                                                                                                                                               |                                                                                   |
|   | AbbVie                                                                                      |                                                                                   |
|   | Celltrion                                                                                   |                                                                                   |
|   | F. Hoffmann-La Roche Inc.,                                                                    |                                                                                   |
|   | Janssen Inc.                                                                                 |                                                                                   |
|   | Merck                                                                                       |                                                                                   |
|   | Pfizer Pharmaceuticals                                                                         |                                                                                   |
|   | Sandoz                                                                                      |                                                                                   |
|   | Sanofi Genzyme                                                                               |                                                                                   |
| 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                                                                            |
|   | AbbVie                                                                                      |                                                                                   |
|   | Amgen                                                                                       |                                                                                   |
|   | Celltrion                                                                                   |                                                                                   |
|   | Myriad Autoimmune                                                                             |                                                                                   |
|   | F. Hoffmann-La Roche Inc.                                                                      |                                                                                   |
|  | 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 |
| 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:** 1/13/2022

**Your Name:** Vivian P. Bykerk

**Manuscript Title:** Predictors of Influenza Vaccination in Early Rheumatoid Arthritis 2017-2021: Results from the Canadian Early Arthritis Cohort

**Manuscript Number (if known):** ACROR-21-173.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 |

**Time frame: Since the initial planning of the work**

- None

- Click the tab key to add additional rows.

|   | Time frame: past 36 months |
|---|-----------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |
| 3 | Royalties or licenses |

- NIH Grant

- None

- None
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | Consulting fees | ☐ None |
|   | Amgen | Personal fees |
|   | BMS | Personal fees |
|   | Gilead | Personal fees, Relationship Terminated Jan. 2020 |
|   | Pfizer | Personal fees |
|   | Regeneron | Personal fees |
|   | Sanofi-Aventis | Personal fees |
|   | UCB | Personal fees |
| 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 |
|   | NIH – KAI | Study terminated 12.30.2021 |
| 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 | Brainstorm Therapeutics | Husband employed by this entity and has stock and stock options |

|   | 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 | BMS | |
|    | | UCB | |
|    | | Amgen | |
|    | | Pfizer | |

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

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

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

Date: 1/13/2022

Your Name: Susan Bartlett

Manuscript Title: Predictors of Influenza Vaccination in Early Rheumatoid Arthritis 2017-2021: Results from the Canadian Early Arthritis Cohort

Manuscript Number (if known): ACROR-21-173.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<br><br>Click the tab key to add additional rows. |

Time frame: Since the initial planning of the work

|   | Grants or contracts from any entity (if not indicated in item #1 above). | None |
|---|-----------------------------------------------------------------------|------|
| 2 |                                                                 |      |
|   |                                                                 |      |

Time frame: past 36 months

|   | Royalties or licenses | None |
|---|-----------------------|------|
| 3 |                       |      |
|   |                       |      |

12/13/2021 ICMJE Disclosure Form
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | Consulting fees | ☒ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None |
|   | Sandoz Canada | |
| 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 |
|   | American Thoracic Society | |
|   | Arthritis Health Professionals Association | |
|   | PROMIS Health Organization | |
|   | American College of Rheumatology/Association of Rheumatology Professional | |
|   | 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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