ICMJE DISCLOSURE FORM

Date: 11/12/2021

Your Name: Theresa Kissel

Manuscript Title: ACPA-IgG variable domain glycosylation increases before the onset of rheumatoid arthritis and stabilizes thereafter; a cross-sectional study encompassing over 1500 samples

Manuscript Number (if known): ar-21-1320

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.) | ☐ None                                                                                     |
|   | No time limit for this item.                                                                  |                                                                                             |
|   | Time frame: Since the initial planning of the work                                           |                                                                                             |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | ☐ None                                                                                     |
|   |                                                                                               |                                                                                             |
| 3 | Royalties or licenses                                                                        | ☐ None                                                                                     |
|   |                                                                                               |                                                                                             |
|   | Time frame: past 36 months                                                                    |                                                                                             |

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                                   |                                                                                  |
| 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: 11/17/2021

Your Name: Lise Hafkenscheid

Manuscript Title: ACPA-IgG variable domain glycosylation increases before the onset of rheumatoid arthritis and stabilizes thereafter; a cross-sectional study encompassing over 1500 samples

Manuscript Number (if known): ar-21-1320

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 |
| |  | |
| 3 | Royalties or licenses | ☒ None |
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|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 4 | Consulting fees | ☒ None |
|   | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None |
|   | | |
| 6 | Payment for expert testimony | ☒ None |
|   | | |
| 7 | Support for attending meetings and/or travel | ☒ None |
|   | | |
| 8 | Patents planned, issued or pending | ☒ None |
|   | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ None |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ 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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 11 | Stock or stock options | ☒ None                                                                                   |
|    | ☒ None                                                                                   |                                                                                   |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None                                                                                   |
|    | ☒ None                                                                                   |                                                                                   |
| 13 | Other financial or non-financial interests | ☒ None                                                                                   |
|    | ☒ 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: 11/12/2021

Your Name: TJ van Wesemael

Manuscript Title: ACPA-IgG variable domain glycosylation increases before the onset of rheumatoid arthritis and stabilizes thereafter; a cross-sectional study encompassing over 1500 samples

Manuscript Number (if known): ar-21-1320

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: 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: 11/12/2021
Your Name: Mami TAMAI
Manuscript Title: ACPA-IgG variable domain glycosylation increases before the onset of rheumatoid arthritis and stabilizes thereafter; a cross-sectional study encompassing over 1500 samples
Manuscript Number (if known): ar-21-1320

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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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 | Relationship Type | Specify Entities/Activities | Time Frame |
|------|-------------------|-----------------------------|------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None | Since the initial planning of the work |

Time frame: Since the initial planning of the work

| Item | Relationship Type | Specify Entities/Activities | Time Frame |
|------|-------------------|-----------------------------|------------|
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None | Past 36 months |

Time frame: Past 36 months

| Item | Relationship Type | Specify Entities/Activities | Time Frame |
|------|-------------------|-----------------------------|------------|
| 3    | Royalties or licenses | ☒ None | Past 36 months |

Specifications/Comments (e.g., if payments were made to you or to your institution)

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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 | Asahi Kasei Pharma | Payment for lectures |
|   |                                                                                                  |                                                                                  | Mitsubishi Tanabe Parma | Payment for lectures |
|   |                                                                                                  |                                                                                  | Astellas Parma           | Payment for lectures |
|   |                                                                                                  |                                                                                  | Takeda Pharmaceutical Company Limited | Payment for lectures |
| 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                                                                                                                                 |

Pfizer Japan Inc.                                      Research funding
Bristol Myers Squibb                                  Research funding

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:** 11/12/2021

**Your Name:** Shin-ya Kawashiri

**Manuscript Title:** ACPA-IgG variable domain glycosylation increases before the onset of rheumatoid arthritis and stabilizes thereafter; a cross-sectional study encompassing over 1500 samples

**Manuscript Number (if known):** ar-21-1320

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

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| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ 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 |
| | **Pfizer Japan Inc:** A project aimed at leveling medical standards by using artificial intelligence (AI) and Internet of Things (IoT) in the management of rheumatoid arthritis in remote areas and remote islands in Nagasaki prefecture. | Education grant |
| | **Bristol-Myers Squibb:** Evaluation of RA synovial lesions using indocyanine green enhanced fluorescence optical imaging. | Clinical research grant |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 3 | Royalties or licenses | ☒ None |
|   |                                                                                                                                   |                                                                                                                                  |
| 4 | Consulting fees | ☒ None |
|   |                                                                                                                                   |                                                                                                                                  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None |
|   | Asahi kasei Pharma Co | Lecture fee |
|   | Abbvie GK | Lecture fee |
|   | Astellas Pharma Inc | Lecture fee |
|   | Eisai Co | Lecture fee |
|   | ONO Pharmaceutical Co | Lecture fee |
|   | Gilead Sciences Inc | Lecture fee |
|   | Chugai Pharmaceutical Co | Lecture fee |
|   | Eli Lilly Japan | Lecture fee |
|   | Pfizer Japan Inc | Lecture fee |
| 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 | ☒ 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) |
| --- | --- |
| other board, society, committee or advocacy group, paid or unpaid |  |
| Stock or stock options | ☒ None |
| Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None |
| Other financial or non-financial interests | ☐ None |

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ICMJE DISCLOSURE FORM

Date: 11/12/2021

Your Name: Atsushi Kawakami

Manuscript Title: ACPA-IgG variable domain glycosylation increases before the onset of rheumatoid arthritis and stabilizes thereafter; a cross-sectional study encompassing over 1500 samples

Manuscript Number (if known): ar-21-1320

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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 |
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ONO Pharmaceutical Co: Longitudinal analysis of joint microstructure changes in rheumatoid arthritis with CTLA-4lg using HR-pQCT.  
Joint research

Daichi Sankyo Co: A comparative study of denosumab treatment and conventional treatment for the effect of suppressing the progression of bone erosion in patients with rheumatoid arthritis: an open-label, randomized, comparative study using HR-pQCT.  
Joint research

Eli Lilly Japan: Examination of the effect of baricitinib on the progression of rheumatoid arthritis bone erosion in HR-pQCT.  
Joint research
| 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) |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| AYUMI Pharmaceutical Co: A multicenter prospective study on the efficacy of switching to etanercept biosimilars in patients with rheumatoid arthritis who are in clinical remission or have low disease activity on etanercept precursors. | Joint research |
| AYUMI Pharmaceutical Co: A multicenter prospective study evaluating the usefulness of etanercept biosimilars in patients with rheumatoid arthritis using joint ultrasound, clinical indicators and blood biomarkers. | Joint research |
| AbbVie GK: A multicenter prospective study evaluating the achievement of clinical remission with upadacitinib plus MTX and the maintenance of clinical non-relapse with MTX withdrawal after achieving clinical remission in patients with methotrexate (MTX) resistant rheumatoid arthritis. | Joint research |
| Gilead Sciences Inc: Efficacy and safety of selective JAK 1 inhibitor Filgotinib in active rheumatoid arthritis patients with inadequate response to methotrexate: Comparative study with Filgotinib and Tocilizumab examined by clinical index as well as musculoskeletal ultrasound assessment. | Joint research |
| ONO Pharmaceutical Co: An exploratory study that predicts abatacept treatment responsiveness in patients with rheumatoid arthritis in a multifaceted and high-dimensional manner. | Joint research |

| 3 | Royalties or licenses | ☒ None |
| 4 | Consulting fees | ☒ None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None |

- AYUMI Pharmaceutical Co: Lecture fee
- Abbvie GK: Lecture fee
- Astellas Pharma Inc: Lecture fee
- Eisai Co: Lecture fee
- ONO Pharmaceutical Co: Lecture fee
- Gilead Sciences Inc: Lecture fee
- GlaxoSmithKline K.K: Lecture fee
- Chugai Pharmaceutical Co: Lecture fee
- Eli Lilly Japan: Lecture fee
|   | 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) |
|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|  | Pfizer Japan Inc                                                                            | Lecture fee                                                                      |
|  | Mylan EPD                                                                                 | Lecture fee                                                                      |
| 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                                                                           |
| 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:**
11/12/2021

**Your Name:**
Hani El-Gabalawy MD

**Manuscript Title:**
ACPA-IgG variable domain glycosylation increases before the onset of rheumatoid arthritis and stabilizes thereafter; a cross-sectional study encompassing over 1500 samples

**Manuscript Number (if known):**
ar-21-1320

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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 |
| Canadian Institutes of Health Research | |
| The Arthritis Society of Canada | 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) |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                          |
| 6 | Payment for expert testimony                                                          | ☒ None                                                                          |
| 7 | Support for attending meetings and/or travel                                         | ☒ None                                                                          |
| 8 | Patents planned, issued or pending                                                    | ☒ None                                                                          |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                     | ☒ None                                                                          |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☐ None                                                                          |
|   | The Arthritis Society of Canada                                                      |                                                                                 |
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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: 11/12/2021

Your Name: Dirkjan van Schaardenburg

Manuscript Title: ACPA-IgG variable domain glycosylation increases before the onset of rheumatoid arthritis and stabilizes thereafter; a cross-sectional study encompassing over 1500 samples

Manuscript Number (if known): ar-21-1320

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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No time limit for this item. | ☒ None |
| | [Click the tab key to add additional rows.](#) |
| **Time frame: past 36 months** |
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| **6** | Payment for expert testimony                                                                     | ☒ None                                                                           |
| **7** | Support for attending meetings and/or travel                                                    | ☒ None                                                                           |
| **8** | Patents planned, issued or pending                                                               | ☒ None                                                                           |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board                                | ☒ None                                                                           |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                           |
|   | 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:** 11/12/2021

**Your Name:** Solbritt Rantapää-Dahlqvist

**Manuscript Title:** ACPA-IgG variable domain glycosylation increases before the onset of rheumatoid arthritis and stabilizes thereafter; a cross-sectional study encompassing over 1500 samples

**Manuscript Number (if known):** ar-21-1320

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.

| 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 | |
| **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                                                                            |
|   |                                                                                          |                                                                                  |
|   | 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                                      |                                                                                  |

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: 11/12/2021

Your Name: Manfred Wuhrer

Manuscript Title: ACPA-IgG variable domain glycosylation increases before the onset of rheumatoid arthritis and stabilizes thereafter; a cross-sectional study encompassing over 1500 samples

Manuscript Number (if known): ar-21-1320

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 |
| 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                                                                            |
|   | ☐ None                                                                                           |                                    |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                            |
|   | ☐ None                                                                                           |                                    |
| 6 | Payment for expert testimony                                                                     | ☒ None                                                                            |
|   | ☐ None                                                                                           |                                    |
| 7 | Support for attending meetings and/or travel                                                     | ☒ None                                                                            |
|   | ☐ None                                                                                           |                                    |
| 8 | Patents planned, issued or pending                                                                | ☒ None                                                                            |
|   | ☐ None                                                                                           |                                    |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                               | ☒ None                                                                            |
|   | ☐ None                                                                                           |                                    |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☐ None                                                                            |
|   | Chair of the Dutch Society for Mass Spectrometry                                               | 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: 11/12/2021

Your Name: A.H.M. van der Helm – van Mil

Manuscript Title: ACPA-IgG variable domain glycosylation increases before the onset of rheumatoid arthritis and stabilizes thereafter; a cross-sectional study encompassing over 1500 samples

Manuscript Number (if known): ar-21-1320

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

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

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

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

| **Time frame: past 36 months** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None |
| | European Union’s Horizon 2020 research and innovation program (starting grant, agreement No 714312) | |
| 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                                                                                       |
|   |                                                                                          |                                                                                     |
| 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: 11/12/2021

Your Name: Cornelia F. Allaart

Manuscript Title: ACPA-IgG variable domain glycosylation increases before the onset of rheumatoid arthritis and stabilizes thereafter; a cross-sectional study encompassing over 1500 samples

Manuscript Number (if known): ar-21-1320

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 |
| | |
| | |
| | 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 |
| | Research grant for multicenter clinical study from Eli Lilly | Payments to the LUMC only |
| | |
| 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                                               |                                                                                   |
|    |                                                                                               |                                                                                   |

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: 11/14/2021

Your Name: Diane van der Woude

Manuscript Title: ACPA-IgG variable domain glycosylation increases before the onset of rheumatoid arthritis and stabilizes thereafter; a cross-sectional study encompassing over 1500 samples

Manuscript Number (if known): ar-21-1320

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                                                                 |                                                                                   |
| 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                                                                                 |

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                                                                                                                                                                      |                                                                                                                                 |
| 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: 11/16/2021
Your Name: Hans Ulrich Scherer
Manuscript Title: ACPA-IgG variable domain glycosylation increases before the onset of rheumatoid arthritis and stabilizes thereafter; a cross-sectional study encompassing over 1500 samples
Manuscript Number (if known): ar-21-1320

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  |
|  | NWO-ZonMW clinical fellowship (90714509) |  |
|  | NWO-ZonMW VENI grant (91617107) |  |
|  | NWO-ZonMW VIDI grant (09150172010067) |  |
|  | ZonMW Enabling Technology Hotels grant (435002030) |  |
|  | Dutch Arthritis Foundation (15-2-402 and 18-1-205) |  |
| **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                                                                         |
|   |                                                                                         | PCT/NL2017/050773 (patent application), „Fab-linked glycans as biomarker for the transition from a pre-disease “at-risk-phase” to Rheumatoid Arthritis; AAV or Sjögren syndrome“, Inventors: Toes REM, Huizinga TWJ, Trouw LA, Scherer HU |
| 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: 11/12/2021

Your Name: Rene Toes

Manuscript Title: ACPA-IgG variable domain glycosylation increases before the onset of rheumatoid arthritis and stabilizes thereafter; a cross-sectional study encompassing over 1500 samples

Manuscript Number (if known): ar-21-1320

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 |
| | ReumaNederland | Institution |
| | European Research Council | Institution |
| | ZonMW | Institution |

| 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 |
|   | Patent application on patent on ACPA-IgG V-domain glycosylation | |
| 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: 11/12/2021

Your Name: Tom Huizinga

Manuscript Title: ACPA-IgG variable domain glycosylation increases before the onset of rheumatoid arthritis and stabilizes thereafter; a cross-sectional study encompassing over 1500 samples

Manuscript Number (if known): ar-21-1320

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.)<br>No time limit for this item. | ☐ None | IMI-project RT-Cure | |
| | | | | 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                                                   |
|   |                                                          | HUS, TWJH and REMT are mentioned inventors on a patent on ACPA-IgG V-domain glycosylation. |
| 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.