**ICMJE DISCLOSURE FORM**

**Date:** 10/13/2021

**Your Name:** Emily Figueiredo Neves Yuki

**Manuscript Title:** Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0720

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.

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|---|---|
| **Time frame: Since the initial planning of the work** | |
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) |
| ☒ None | |
| | |
| | |
| **Time frame: past 36 months** | |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). |
| ☒ None | |
| | |
| | |
| **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: 10/13/2021

Your Name: Eduardo F Borba

Manuscript Title: Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus

Manuscript Number (if known): ACR-21-0720

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| Item | 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<br><br>Research Grants from Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq) | Research Grants to E.F.B. (#306879/2018-2) |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None<br><br> | |
| 3    | Royalties or licenses | ☒ None<br><br> | |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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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)

|   | 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:

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ICMJE DISCLOSURE FORM

Date: 10/13/2021

Your Name: Sandra Gofinet Pasoto

Manuscript Title: Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus

Manuscript Number (if known): ACR-21-0720

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 | No time limit for this item. |
|---------------------------------------------------|-----------------------------|
| 1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☐ None |
| Funding from Fundação de Amparo à Pesquisa do Estado de São Paulo (FAPESP) | Grants to SGP |

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

Your Name: Luciana Parente Costa Seguro

Manuscript Title: Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus

Manuscript Number (if known): ACR-21-0720

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None  
No time limit for this item. |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| 3 | Royalties or licenses | ☒ None |

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                                                                           |
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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.
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Date: 10/13/2021

Your Name: Michelle Lopes

Manuscript Title: Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus

Manuscript Number (if known): ACR-21-0720

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| | No time limit for this item. |
| **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 |
| Row | Description                                                                 | Relationship | Specifications/Comments |
|-----|-----------------------------------------------------------------------------|--------------|------------------------|
| 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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Date: 10/13/2021

Your Name: Carla Goncalves Schahin Saad

Manuscript Title: Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus

Manuscript Number (if known): ACR-21-0720

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| 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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Date: 10/13/2021

Your Name: Ana Cristina de Medeiros Ribeiro

Manuscript Title: Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus

Manuscript Number (if known): ACR-21-0720

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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: 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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| 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 | ☒ None |

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

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

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Date: 10/13/2021

Your Name: Clovis Artur Almeida da Silva

Manuscript Title: Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus

Manuscript Number (if known): ACR-21-0720

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

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

- Funding from Fundação de Amparo à Pesquisa do Estado de São Paulo (FAPESP)
  - Grants to C.A.S. (no. 2015/03756–4)
- Funding from Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq)
  - Grants to C.A.S (no. 304984/2020-5)

**Time frame: past 36 months**

- ☑ None
- ☑ None
- ☑ None
- ☑ None
- ☑ None
- ☑ None

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

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

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

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☒ 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: 10/13/2021

Your Name: Danieli Castro Oliveira de Andrade

Manuscript Title: Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus

Manuscript Number (if known): ACR-21-0720

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| Time frame: past 36 months |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| 3 | Royalties or licenses | ☒ None |
|   |   |   | 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 | Lecture for Bristol-Meyers-Squibb, non-related subject |
| 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 | Brazilian Society of Rheumatology  
Rheumatology Society – State of São Paulo  
APS Action Alliance for Clinical Trials &Intl. Networking  
Member of Antiphospholipid Syndrome Committee (unpaid)  
Scientific Committee (unpaid)  
Scientific Steering Committee |
|   | Stock or stock options | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 11 | ☒ None                |                                                                                         |                                                                                   |
| 12 | ☒ None                |                                                                                         |                                                                                   |
| 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:** 10/14/2021

**Your Name:** Léonard De Vinci Kanda Kupa

**Manuscript Title:** Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0720

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 | Funding from Fundação de Amparo à Pesquisa do Estado de São Paulo (FAPESP)  
Grants to L.V.K.K (no. 2019/17272-0) |
| **Time frame: past 36 months** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  
**None** | |

18/26/2021 ICMJE Disclosure Form
|   | Description                                                                 | Disclosure |
|---|----------------------------------------------------------------------------|------------|
| 3 | Royalties or licenses                                                      | ☒ None     |
| 4 | Consulting fees                                                           | ☒ None     |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None |
| 6 | Payment for expert testimony                                              | ☒ None     |
| 7 | Support for attending meetings and/or travel                               | ☒ None     |
| 8 | Patents planned, issued or pending                                        | ☒ None     |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board          | ☒ None     |
| 10| Leadership or fiduciary role in other board,                              | x 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 |

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: 10/13/2021

Your Name: Lorena Elizabeth Betancourt Villamarín

Manuscript Title: Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus

Manuscript Number (if known): ACR-21-0720

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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|   | 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                                                                                 |
|   | 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                                                                                 |

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                                                                            |
|   |                                                                                                                                                  |                                                                                  |
| 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: 10/14/2021

Your Name: Isabela Maria Bertoglio

Manuscript Title: Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus

Manuscript Number (if known): ACR-21-0720

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

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

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

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

| **Time frame: past 36 months** | |
| **2** Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| | |
| **3** Royalties or licenses | ☒ None |
| | |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                 | ☒ None                                                                           |
| 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                                                                           |
|   |   |   |   |
|---|---|---|---|
| **11** | Stock or stock options | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
| ☒ | 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:** 10/14/2021  

**Your Name:** Juliana Miranda de Lucena Valim  

**Manuscript Title:** Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus  

**Manuscript Number (if known):** ACR-21-0720

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.

|   | 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                                                                               |
|   | **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                                                                               |

**Specifications/Comments:**

1. None

2. None

3. 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 | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 11| ☒ None                 |                                                                                             |                                                                                  |

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

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

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:** 10/13/2021  
**Your Name:** Camilla Oliveira Hoff  
**Manuscript Title:** Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus  
**Manuscript Number (if known):** ACR-21-0720

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 |
| | Funding from Fundação de Amparo à Pesquisa do Estado de São Paulo (FAPESP)  
Grants to COH |
| **Time frame: past 36 months** |  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |  |
| ☒ | None |
| |  |
| |  |
| 3 | Royalties or licenses |  |
| ☒ | None |
| |  |
| |  |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 4 | Consulting fees ☒ None                                                                        |                                                                                  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events ☒ None |                                                                                  |
| 6 | Payment for expert testimony ☒ None                                                           |                                                                                  |
| 7 | Support for attending meetings and/or travel ☒ None                                            |                                                                                  |
| 8 | Patents planned, issued or pending ☒ None                                                     |                                                                                  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board ☒ None                      |                                                                                  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid x None |                                                                                  |
|   | 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) |
|---|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| 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: 10/13/2021

Your Name: FRANCISCO FELIPE CLAUDINO FORMIGA

Manuscript Title: Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus

Manuscript Number (if known): ACR-21-0720

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 timeframe 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 |
| **Time frame: Since the initial planning of the work** |
|   | ☒ None |

| **2** | Grants or contracts from any entity (if not indicated in item #1 above). |
| **Time frame: past 36 months** |
|   | ☒ None |

| **3** | Royalties or licenses |
| ☒ None |

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

None

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                                                                            |
| 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                                                                            |
| 11 | Stock or stock options | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| ☒  | None                   | ☒ None                                                                          |                                                                                  |

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

| 13 | Other financial or non-financial interests | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|-------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| ☒  | 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: 10/13/2021

Your Name: Tatiana do Nascimento Pedrosa

Manuscript Title: Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus

Manuscript Number (if known): ACR-21-0720

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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| 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.) |
| ☐ None | Funding from Fundação de Amparo à Pesquisa do Estado de São Paulo (FAPESP) |
| | Grants to T.P (no. 2017/14352-7) |
| | No time limit for this item. |

| **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 |
|   | ☒ 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 |
|   | ☒ 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:**
10/13/2021

**Your Name:**
Esper G Kallas

**Manuscript Title:**
Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus

**Manuscript Number (if known):**
ACR-21-0720

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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|   | 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 | 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 |                                                                                  |
|   |                                                                                          |                                                                                  |
|   | 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)

|   | Stock or stock options | ☒ None |
|---|------------------------|--------|
|   |                        |        |
|   |                        |        |

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

|   | 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:**
10/13/2021

**Your Name:**
Nadia Emi Aikawa

**Manuscript Title:**
Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus

**Manuscript Number (if known):**
ACR-21-0720

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 | Funding from Fundação de Amparo à Pesquisa do Estado de São Paulo (FAPESP) | Grants to N.E.A |
| **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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| 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 | ☒ 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: 10/13/2021
Your Name: Eloisa Bonfá
Manuscript Title: Impact of distinct therapies on antibody response to SARS-CoV-2 vaccine in systemic lupus erythematosus
Manuscript Number (if known): ACR-21-0720

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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 |
| Funding from Fundação de Amparo à Pesquisa do Estado de São Paulo (FAPESP) | Grants FAPESP # 2015/03756-4 to EB |
| Funding from Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq) | Grants CNPq #305242/2019-9 to EB |
| Funding from B3 - Bolsa de Valores do Brasil | Payment to our institution |
| **Time frame: past 36 months** |
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| 3 Royalties or licenses | ☒ None |
|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                | ☒ None                                                                             |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                             |
| 6 | Payment for expert testimony                                                                   | ☒ None                                                                             |
| 7 | Support for attending meetings and/or travel                                                    | ☒ None                                                                             |
| 8 | Patents planned, issued or pending                                                              | ☒ None                                                                             |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                               | ☒ None                                                                             |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                             |
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|---|------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 11| ☒ None                 |                                                                                         |                                                                                 |
| 12| ☒ None                 |                                                                                         |                                                                                 |
| 13| ☒ None                 |                                                                                         |                                                                                 |

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