ICMJE DISCLOSURE FORM

Date: 5/19/2022

Your Name: GUITTET Lydia

Manuscript Title: Whole-country and regional incidences of giant cell arteritis in French continental and overseas territories: A 7-year nationwide database analysis

Manuscript Number (if known): ACROR-22-012.R1

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

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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 |
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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                                                                            |
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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                                                                            |

**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: 5/19/2022

Your Name: de BOYSSON Hubert

Manuscript Title: Whole-country and regional incidences of giant cell arteritis in French continental and overseas territories: A 7-year nationwide database analysis

Manuscript Number (if known): ACROR-22-012.R1

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| | | Click the tab key to add additional rows. |
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| **3** Royalties or licenses | ☒ None |
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ICMJE DISCLOSURE FORM

Date: 5/19/2022

Your Name: CERASUOLO Damiano

Manuscript Title: Whole-country and regional incidences of giant cell arteritis in French continental and overseas territories: A 7-year nationwide database analysis

Manuscript Number (if known): ACROR-22-012.R1

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| **Time frame: Since the initial planning of the work**                                     |                                                                                 |
| 1. All support for the present manuscript (e.g., funding, provision of study materials,  | ☒ None                                                                          |
|   medical writing, article processing charges, etc.) No time limit for this item.        |                                                                                 |
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| **Time frame: past 36 months**                                                          |                                                                                 |
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| 3. Royalties or licenses                                                                  | ☒ None                                                                          |
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|   |                                                                                         |                                                                                  |
| 6 | Payment for expert testimony                                                           | ☒ None                                                                            |
|   |                                                                                         |                                                                                  |
| 7 | Support for attending meetings and/or travel                                            | ☒ None                                                                            |
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| 8 | Patents planned, issued or pending                                                      | ☒ None                                                                            |
|   |                                                                                         |                                                                                  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                       | ☒ None                                                                            |
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| 11 | Stock or stock options                                                                    | ☒ None                                                                            |
|   |                                                                                         |                                                                                  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services          | ☒ None                                                                            |
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| 13 | Other financial or non-financial interests                                                | ☒ None                                                                            |
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**ICMJE DISCLOSURE FORM**

**Date:** 5/19/2022  
**Your Name:** MORELLO Rémy  
**Manuscript Title:** Whole-country and regional incidences of giant cell arteritis in French continental and overseas territories: A 7-year nationwide database analysis  
**Manuscript Number (if known):** ACROR-22-012.R1

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No time limit for this item. | ☒ None | Time frame: Since the initial planning of the work |

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Click the tab key to add additional rows.

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

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Time frame: past 36 months

| 3 | Royalties or licenses | ☒ None |

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| 4 | Consulting fees                                                                                                                                               | ☒  None                                                                                                                              |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events                                                | ☒  None                                                                                                                              |
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| 6 | Payment for expert testimony                                                                                                                                  | ☒  None                                                                                                                              |
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| 7 | Support for attending meetings and/or travel                                                                                                              | ☒  None                                                                                                                              |
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| 8 | Patents planned, issued or pending                                                                                                                                | ☒  None                                                                                                                              |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                                                                             | ☒  None                                                                                                                              |
|   |                                                                                                                                                        |                                                                                                                                     |
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| 11 | Stock or stock options                                                                               | ☒  None                                                                            |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                   | ☒  None                                                                            |
| 13 | Other financial or non-financial interests                                                          | ☒  None                                                                            |

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ICMJE DISCLOSURE FORM

Date: 5/19/2022

Your Name: SULTAN Audrey

Manuscript Title: Whole-country and regional incidences of giant cell arteritis in French continental and overseas territories: A 7-year nationwide database analysis

Manuscript Number (if known): ACROR-22-012.R1

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| 8 | Patents planned, issued or pending                                                                                               | ☒ None                                                                                     |
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**Date:** 5/19/2022  
**Your Name:** DESHAYES Samuel  
**Manuscript Title:** Whole-country and regional incidences of giant cell arteritis in French continental and overseas territories: A 7-year nationwide database analysis  
**Manuscript Number (if known):** ACROR-22-012.R1  

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Date: 5/19/2022

Your Name: AOUBA Achille

Manuscript Title: Whole-country and regional incidences of giant cell arteritis in French continental and overseas territories: A 7-year nationwide database analysis

Manuscript Number (if known): ACROR-22-012.R1

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