ICMJE DISCLOSURE FORM

**Date:** 4/1/2022

**Your Name:** Vladislav Tsaltskan

**Manuscript Title:** Comparison of Web-based Advertising and a Social Media Platform as Recruitment Tools for Underserved and Hard-to-Reach Populations in Rheumatology Clinical Research

**Manuscript Number (if known):** ACROR-22-010

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

| **Time frame: 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) |
|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 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: 4/1/2022

Your Name: Katherine Nguyen

Manuscript Title: Comparison of Web-based Advertising and a Social Media Platform as Recruitment Tools for Underserved and Hard-to-Reach Populations in Rheumatology Clinical Research

Manuscript Number (if known): ACROR-22-010

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.) | ☒ None |
|  |  |
|  |  |
|  | Click the tab key to add additional rows |
| **Time frame: past 36 months** |  |
| 2 Grants or contracts from any entity (if not indicated in item #1 above) | ☒ None |
|  |  |
|  |  |
| 3 Royalties or licenses | ☒ None |
|  |  |
|  |  |
|   | 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: 4/2/2022

Your Name: Christina Eaglin

Manuscript Title: Comparison of Web-based Advertising and a Social Media Platform as Recruitment Tools for Underserved and Hard-to-Reach Populations in Rheumatology Clinical Research

Manuscript Number (if known): ACROR-22-010

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  |
|   |                                                                           |                                                                                  |
|   | 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: 4/2/2022

Your Name: V Michael Holers

Manuscript Title: Comparison of Web-based Advertising and a Social Media Platform as Recruitment Tools for Underserved and Hard-to-Reach Populations in Rheumatology Clinical Research

Manuscript Number (if known): ACROR-22-010

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 |
| | Allen Institute for Immunology | Funded portion of the study |
| | | |
| **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: 4/7/2022

Your Name: Kevin D. Deane, MD/PhD

Manuscript Title: Comparison of Web-based Advertising and a Social Media Platform as Recruitment Tools for Underserved and Hard-to-Reach Populations in Rheumatology Clinical Research

Manuscript Number (if known): ACROR-22-010

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 |
| | Allen Institute for Immunology | Research grant to my institution |
| | | Click the tab key to add additional rows. |
| Time frame: past 36 months |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| 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                                                                  | □ None                                                                           |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services □ None         | □ None                                                                           |
|    | Inova Diagnostics, Inc. □ Low-cost diagnostic kits for research-related autoantibody testing    | □ Low-cost diagnostic kits for research-related autoantibody testing              |
| 13 | Other financial or non-financial interests □ None                                               | □ None                                                                           |

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

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

Date: April 1, 2022

Your Name: Gary S. Firestein

Manuscript Title: Comparison of Web-based Advertising and a Social Media Platform as Recruitment Tools for Underserved and Hard-to-Reach Populations in Rheumatology Clinical Research

Manuscript Number (if known): ACROR-22-010

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 the Allen Institute for Immunology | |
| **Time frame: past 36 months** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |
| ☐ | None |
| Eli Lilly | Allen Institute of Immunology |
| NIH | |
| 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                                                                                     |
|   |                                                                                                                 | Xinthera: Payment to me                                                                    |
|   |                                                                                                                 | Moderna: Payment to me                                                                     |
|   |                                                                                                                 | Jubilant Therapeutics: Payment to me                                                      |
|   |                                                                                                                 | Evommune, Teijin: Payment to me                                                           |
| 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.