ICMJE DISCLOSURE FORM

Date: 7/5/2022

Your Name: Jordan Roberts

Manuscript Title: Association of Race and Ethnicity with Medication Use for Pediatric Lupus in the Childhood Arthritis and Rheumatology Research Alliance Registry

Manuscript Number (if known): ACROR-22-064

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.

| 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 |

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

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

| Lupus Foundation of America Gary Gilkeson Career Development Award |
|-------------------------------------------------|
| Childhood Arthritis and Rheumatology Research Alliance- Arthritis Foundation Fellow Grant |

| #3 Royalties or licenses |
|--------------------------|
| ☒ None |

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

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|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                   | ☒ None                                                                          |
|   |                                                                                     |                                                                                  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None                                                                          |
|   |                                                                                     | American College of Rheumatology- Pediatric Rheumatology Abstract Award ($1000) |                                                                                  |
| 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: 7/4/2022

Your Name: Laura Berbert

Manuscript Title: Association of Race and Ethnicity with Medication Use for Pediatric Lupus in the Childhood Arthritis and Rheumatology Research Alliance Registry

Manuscript Number (if known): ACROR-22-064

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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.

| # | Relationship/Activity | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|---|-----------------------|---------------------------------------------------|-----------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None | ☒ None |

No time limit for this item.

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

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

| | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| # | Relationship/Activity |
|---|-----------------------|
| 3 | Royalties or licenses |

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

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ICMJE DISCLOSURE FORM

Date: 7/6/2022

Your Name: Joyce Chang

Manuscript Title: Association of Race and Ethnicity with Medication Use for Pediatric Lupus in the Childhood Arthritis and Rheumatology Research Alliance Registry

Manuscript Number (if known): ACROR-22-064

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| Items | 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 | National Heart, Lung, and Blood Institute | Individual K23 Career development award (Role: PI) |
|       |       | | Click the tab key to add additional rows. |
|       |       | | |
| 2     | Grants or contracts from any entity (if not indicated in item #1 above). | 
|       | □ None | GlaxoSmithKline | Investigator-sponsored grant awarded to Children’s Hospital of Philadelphia (Role: co-PI) |
|       |       | Lupus Research Alliance | Boston Children’s Hospital (Role: PI) |
| 3     | Royalties or licenses | ☒ None | |
|       | | | |

Time frame: Since the initial planning of the work

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                                                                       |
|    |                                                                                                                                 |                                                                               |

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# ICMJE DISCLOSURE FORM

**Date:** 7/4/2022  
**Your Name:** Mary Beth Son  
**Manuscript Title:** Association of Race and Ethnicity with Medication Use for Pediatric Lupus in the Childhood Arthritis and Rheumatology Research Alliance Registry  
**Manuscript Number (if known):** ACROR-22-064

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| No. | Description | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|-----|-------------|--------------------------------------------------|--------------------------|
| 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 | Centers for Disease Control and Prevention  
Payment to my institution  
U01DP006490 |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None | |
| 3   | Royalties or licenses | ☑ None | |

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|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 4 | Consulting fees                                                                                  | ☒ None                                                                           |
|   |                                                                                                 |                                                                                  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                           |
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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                                                                           |
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| 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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