ICMJE DISCLOSURE FORM

Date: 6/3/2022

Your Name: Jeffrey Curtis, MD, MS, MPH

Manuscript Title: Machine Learning Applied to Patient Reported Outcomes to Classify Physician-Derived Measures of Rheumatoid Arthritis Disease Activity

Manuscript Number (if known): ACROR-21-123.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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| ☐ None |
| US Department of Health and Human Services | Grant (NIAMS P30AR072583) |
| National Institutes of Health |

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|   | ☒  None                                                                                |
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# ICMJE DISCLOSURE FORM

**Date:** 6/3/2022  
**Your Name:** Yujie Su  
**Manuscript Title:** Machine Learning Applied to Patient Reported Outcomes to Classify Physician-Derived Measures of Rheumatoid Arthritis Disease Activity  
**Manuscript Number (if known):** ACROR-21-123.R1

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|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------|
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No time limit for this item. | ☒ None | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  
No time limit for this item. | ☒ None | |
| 3 | Royalties or licenses | ☒ None | |

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|---|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
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|   | ☒ 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                                                                                    |                                                                                   |
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|   | ☒ None                                                                                    |                                                                                   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                          |
|   | ☒ None                                                                                    |                                                                                   |
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Date: 8/15/2022

Your Name: Shawn Black

Manuscript Title: Machine Learning Applied to Patient Reported Outcomes to Classify Physician-Derived Measures of Rheumatoid Arthritis Disease Activity

Manuscript Number (if known): ACROR-21-123.R1

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ICMJE DISCLOSURE FORM

Date: 8/15/2022

Your Name: Clifton Bingham III

Manuscript Title: Machine Learning Applied to Patient Reported Outcomes to Classify Physician-Derived Measures of Rheumatoid Arthritis Disease Activity

Manuscript Number (if known): ACROR-21-123.R1

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| **3** Royalties or licenses | ☒ None |
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|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 4 | Consulting fees                                                                                  | ☒ None                                                                            |
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| 6 | Payment for expert testimony                                                                    | ☒ None                                                                            |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                               | ☒ None                                                                            |
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| Specifications/Comments |
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**13** Other financial or non-financial interests | ☒ None

| Specifications/Comments |
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ICMJE DISCLOSURE FORM

| Date: | 6/3/2022 |
|-------|----------|
| Your Name: | Shelly Kafka |
| Manuscript Title: | Machine Learning Applied to Patient Reported Outcomes to Classify Physician-Derived Measures of Rheumatoid Arthritis Disease Activity |
| Manuscript Number (if known): | ACROR-21-123.R1 |

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| 6 | Payment for expert testimony                                                                 | ☒ None                                                                               |
| 7 | Support for attending meetings and/or travel                                                   | ☒ None                                                                               |
| 8 | Patents planned, issued or pending                                                            | ☒ None                                                                               |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                              | ☒ None                                                                               |
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Date: 6/3/2022

Your Name: Wayne Langholff

Manuscript Title: Machine Learning Applied to Patient Reported Outcomes to Classify Physician-Derived Measures of Rheumatoid Arthritis Disease Activity

Manuscript Number (if known): ACROR-21-123.R1

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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 |   |
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| No. | Description | 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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Date: 6/3/2022

Your Name: Stephen Xu

Manuscript Title: Machine Learning Applied to Patient Reported Outcomes to Classify Physician-Derived Measures of Rheumatoid Arthritis Disease Activity

Manuscript Number (if known): ACROR-21-123.R1

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| 2   | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ 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                                                                           |
|   | ☐                                                                                               |                                                                                  |
|   | ☐                                                                                               |                                                                                  |
|   | ☐                                                                                               |                                                                                  |
|   | ☐                                                                                               |                                                                                  |
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|   | ☐                                                                                               |                                                                                  |
|   | ☐                                                                                               |                                                                                  |
|   | ☐                                                                                               |                                                                                  |
| 6 | Payment for expert testimony                                                                     | ☒ None                                                                           |
|   | ☐                                                                                               |                                                                                  |
|   | ☐                                                                                               |                                                                                  |
|   | ☐                                                                                               |                                                                                  |
| 7 | Support for attending meetings and/or travel                                                     | ☒ None                                                                           |
|   | ☐                                                                                               |                                                                                  |
|   | ☐                                                                                               |                                                                                  |
|   | ☐                                                                                               |                                                                                  |
| 8 | Patents planned, issued or pending                                                                | ☒ None                                                                           |
|   | ☐                                                                                               |                                                                                  |
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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                                                                           |
|   | ☐                                                                                               |                                                                                  |
|   | ☐                                                                                               |                                                                                  |
|   | ☐                                                                                               |                                                                                  |
|   | Stock or stock options | None |
|---|------------------------|------|
|   | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
|   | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
| 13 | Other financial or non-financial interests | None |
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### ICMJE DISCLOSURE FORM

**Date:** 6/3/2022  
**Your Name:** Fenglong Xie  
**Manuscript Title:** Machine Learning Applied to Patient Reported Outcomes to Classify Physician-Derived Measures of Rheumatoid Arthritis Disease Activity  
**Manuscript Number (if known):** ACROR-21-123.R1

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| 3 | Royalties or licenses                                                                             | ☒ None                                                                                   |

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

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

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

☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.