ICMJE DISCLOSURE FORM

**Date:** 6/20/2022

**Your Name:** Katie Henry

**Manuscript Title:** Comparative efficacy randomized controlled trials in rheumatology guidelines

**Manuscript Number (if known):** ACROR-22-043.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.

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.

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12/13/2021

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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                                                                           |
| 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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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None |
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| 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  
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10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  
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11 | Stock or stock options  
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ICMJE DISCLOSURE FORM

Date: 6/20/2022

Your Name: Erin Valley

Manuscript Title: Comparative efficacy randomized controlled trials in rheumatology guidelines

Manuscript Number (if known): ACROR-22-043.R1

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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                                                                 |
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| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None |
| Stock or stock options | ☒ None |
| Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None |
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Date: 6/20/2022

Your Name: Connor Pedersen

Manuscript Title: Comparative efficacy randomized controlled trials in rheumatology guidelines

Manuscript Number (if known): ACROR-22-043.R1

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| 3 Royalties or licenses | ☒ None |
| [ ] |  |
| [ ] |  |
| 4 Consulting fees | ☒ None |
| [ ] |  |
| [ ] |  |
| 5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or | ☒ 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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 6 | **Payment for expert testimony**<br/>☒ None |                                                                                   |
| 7 | **Support for attending meetings and/or travel**<br/>☒ None |                                                                                   |
| 8 | **Patents planned, issued or pending**<br/>☒ None |                                                                                   |
| 9 | **Participation on a Data Safety Monitoring Board or Advisory Board**<br/>☒ None |                                                                                   |
| 10| **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid**<br/>☒ None |                                                                                   |
| 11| **Stock or stock options**<br/>☒ None |                                                                                   |
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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 | ☒ None

Time frame: past 36 months
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| Data Safety Monitoring Board or Advisory Board  |                                                                                  |
| 10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None |
| 11 Stock or stock options                       | ☒ None |
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| 13 Other financial or non-financial interests    | ☒ None |

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ICMJE DISCLOSURE FORM

Date: 6/20/2022

Your Name: Michael Putman

Manuscript Title: Comparative efficacy randomized controlled trials in rheumatology guidelines

Manuscript Number (if known): ACROR-22-043.R1

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| | AstraZeneca | MANDARA Participant |
| **3** | Royalties or licenses<br>☒ | None |
| |  |
| **4** | Consulting fees<br>☐ | None |
| | Novartis | Podcast Consulting |
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus,<br>☒ | 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) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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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| 11 | Stock or stock options | ☒ None |                                                                                   |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None |                                                                                   |
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|----|------------------------------------------|--------|
|    |                                          |        |

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