Date: 12/3/2021

Your Name: Maria Suñol

Manuscript Title: Brain Structural Changes during Juvenile Fibromyalgia: Relationships with Pain, Fatigue and Functional Disability

Manuscript Number (if known): ar-21-1207.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.

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 | |
| R01 AR074795 (NIH/NIAMS) | |
| P30 AR076316 (NIH/NIAMS) | |
| No time limit for this item. | |

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

| 3 | Royalties or licenses |
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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                                                                          |
|   |                                                                                         |                                                                                 |
| 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: 12/1/2021

Your Name: Michael Payne

Manuscript Title: Brain Structural Changes during Juvenile Fibromyalgia: Relationships with Pain, Fatigue and Functional Disability

Manuscript Number (if known): ar-21-1207.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.

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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, medical writing, article processing charges, etc.) No time limit for this item. | ☐ None |
| | R01 AR074795 (NIH/NIAMS) |
| | P30 AR076316 (NIH/NIAMS) |
| [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 |
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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) |
|---|-----------------------------------------------------------------|----------------------------------------------------------------------------------|
| 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: 12/1/2021

Your Name: Han Tong

Manuscript Title: Brain Structural Changes during Juvenile Fibromyalgia: Relationships with Pain, Fatigue and Functional Disability

Manuscript Number (if known): ar-21-1207.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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|   | **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**                                                                                       |                                                                                   |
|   | R01 AR074795 (NIH/NIAMS)                                                                       |                                                                                   |
|   | P30 AR076316 (NIH/NIAMS)                                                                       |                                                                                   |
|   | No time limit for this item.                                                                   |                                                                                   |
|   | **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**                                                                         |

8/26/2021
|   | 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: 12/2/2021

Your Name: Thomas Maloney

Manuscript Title: Brain Structural Changes during Juvenile Fibromyalgia: Relationships with Pain, Fatigue and Functional Disability

Manuscript Number (if known): ar-21-1207.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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| --- | --- |
| **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 |
| ☑ | R01 AR074795 (NIH/NIAMS) |
| ☑ | P30 AR076316 (NIH/NIAMS) |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |
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| ☑ | 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) |
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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                                                                            |
|   |                                                                                                 |                                                                                   |
| 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:

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ICMJE DISCLOSURE FORM

Date: 12/3/2021

Your Name: Tracy V. Ting

Manuscript Title: Brain Structural Changes during Juvenile Fibromyalgia: Relationships with Pain, Fatigue and Functional Disability

Manuscript Number (if known): ar-21-1207.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 | R01 AR074795 (NIH/NIAMS) |
| | P30 AR076316 (NIH/NIAMS) |
| ☐ 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 | Up To Date (Editor for Juvenile Fibromyalgia) |
| | Royalties paid to me |
|   | 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                                                                          |
|   | ☒ 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                                                                                     |                                                                                 |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                          | ☒ None                                                                          |
|   | ☒ None                                                                                     |                                                                                 |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                          |
|   | ☒ 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:** 12/1/2021  
**Your Name:** Susmita Kashikar-Zuck  
**Manuscript Title:** Brain Structural Changes during Juvenile Fibromyalgia: Relationships with Pain, Fatigue and Functional Disability  
**Manuscript Number (if known):** ar-21-1207.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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   No time limit for this item. |
| ☐ None |
| R01 AR074795 (NIH/NIAMS) |
| P30 AR076316 (NIH/NIAMS) |
| **Time frame: past 36 months** |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). |
| ☐ None |
| Childhood Arthritis and Rheumatology Research Alliance (CARRA) – non profit scientific organization, Steering Committee | Payment made to Cincinnati Children’s Hospital Medical Center for a portion of effort (salary support). |
| 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                                                                          |
|   | ☒ None                                                                                  |                                                                                  |
|   | ☒ None                                                                                  |                                                                                  |
|   | ☒ None                                                                                  |                                                                                  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                          |
|   | ☒ None                                                                                  |                                                                                  |
|   | ☒ None                                                                                  |                                                                                  |
|   | ☒ None                                                                                  |                                                                                  |
| 6 | Payment for expert testimony                                                             | ☒ None                                                                          |
|   | ☒ None                                                                                  |                                                                                  |
|   | ☒ None                                                                                  |                                                                                  |
|   | ☒ None                                                                                  |                                                                                  |
| 7 | Support for attending meetings and/or travel                                             | ☒ None                                                                          |
|   | ☒ None                                                                                  |                                                                                  |
|   | ☒ None                                                                                  |                                                                                  |
|   | ☒ None                                                                                  |                                                                                  |
| 8 | Patents planned, issued or pending                                                       | ☒ None                                                                          |
|   | ☒ None                                                                                  |                                                                                  |
|   | ☒ None                                                                                  |                                                                                  |
|   | ☒ None                                                                                  |                                                                                  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                        | ☒ None                                                                          |
|   | ☒ None                                                                                  |                                                                                  |
|   | ☒ None                                                                                  |                                                                                  |
|   | ☒ None                                                                                  |                                                                                  |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None                                                                          |
|   | ☒ None                                                                                  |                                                                                  |
|   | ☒ None                                                                                  |                                                                                  |
|   | ☒ 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: December 1, 2021

Your Name: Robert C Coghill

Manuscript Title: Brain Structural Changes during Juvenile Fibromyalgia: Relationships with Pain, Fatigue and Functional Disability

Manuscript Number (if known): ar-21-1207.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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| **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 |
| | R01 AR074795 (NIH/NIAMS) |
| | P30 AR076316 (NIH/NIAMS) |
| No time limit for this item. | 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 R01 Grants from 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                                                                           |
|   |                                                                                                  |                                                                                  |
| 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                                                                           |
|   |                                                                                                  | National Institute of Dental and Craniofacial Disorders                          |
|   |                                                                                                  |                                                                                  |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☐ None                                                                           |
|   |                                                                                                  | International Association for the Study of Pain (Board of Directors)            |
|   |                                                                                                  | PAIN — Section editor                                                            |
|   | 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: 12/3/2021

Your Name: Marina López Solà

Manuscript Title: Brain Structural Changes during Juvenile Fibromyalgia: Relationships with Pain, Fatigue and Functional Disability

Manuscript Number (if known): ar-21-1207.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 | |
| R01 AR074795 (NIH/NIAMS) | |
| P30 AR076316 (NIH/NIAMS) | |
| **Time frame: past 36 months** | |
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| ☒ 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.