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| 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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| 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                                                                            |
|   | Head of Orthodontic Section, Aarhus University, Denmark                                             |                                                                                   |
|   | ☒ None                                                                                           |                                                                                   |
|   | ☒ None                                                                                           |                                                                                   |
|   | ☒ None                                                                                           |                                                                                   |
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| 11 | Stock or stock options                                                              | ☒ None                                                                         |
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| 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: 12/10/2021

Your Name: Cory M Resnick

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

Manuscript Number (if known): Click or tap here to enter text.

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                                                               | Click the tab key to add additional rows.                         |
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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                                                                                |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None                                                                                |
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Date: 11/18/2021

Your Name: Shelly Abramowicz

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

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| 6 | **Payment for expert testimony** | ☒ None |
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| 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 |
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Date: 11/17 2021

Your Name: Thomas Klit Pedersen

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

Manuscript Number (if known): Click or tap here to enter text.

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| 6 | Payment for expert testimony                                                                                                                                                              | ☒ None                                                                    |
| 7 | Support for attending meetings and/or travel                                                                                                                                             | ☒ None                                                                    |
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Date: 11/17/2021

Your Name: Ambra Michelotti

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

Manuscript Number (if known): Click or tap here to enter text.

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Time frame: Since the initial planning of the work

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|   |                                                                                    |                                                                                     |
| 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                                                                               |
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Date:  
11/30/2021

Your Name:  
Annelise Küseler

Manuscript Title:  
Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

Manuscript Number (if known):  
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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 |
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| 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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Date: 12/10/2021

Your Name: Bernd Koos

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

Manuscript Number (if known): Click or tap here to enter text.

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

[Signature]

8/26/2021
Date: 12/8/2021
Your Name: Carlalberta Verna
Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known): Click or tap here to enter text.

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| | | |
| **Time frame: past 36 months** |
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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                                                    |                                                                                  |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board ☒ 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)
--- | ---
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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Date: 11/30/2021

Your Name: Ellen Berit Nordal

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

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|---|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
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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                                                                           |
|   |                                                                                           |                                                                                  |
| 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 | ![Table Row](image) |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None | ![Table Row](image) |
| 13 | Other financial or non-financial interests | ☒ None | ![Table Row](image) |

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: 11/30/2021
Your Name: Eric Granquist
Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known): Click or tap here to enter text.

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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) |
|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None |
| | Time frame: Since the initial planning of the work | |
| | No time limit for this item. | |

|   | 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) |
|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ 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) |
|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| **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                                                                             |
|   | ZimmerBiomet                                                                             | Myself/device development                                                         |
|   |                                                                                         |                                                                                   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐  None                                                                             |
|   | ZimmerBiomet                                                                             | Myself/teaching/course                                                             |
|   | Wiley publishing                                                                        | Myself/Book royalties                                                              |
| 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                                                                             |

8/26/2021

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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) |
|----|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 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: 11/17/2021

Your Name: Josefine Mareile Halbig

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

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: 11/30/2021
Your Name: Kasper Dahl Kristensen
Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known): Click or tap here to enter text.

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.

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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 |
| | |
| 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
ICMJE Disclosure Form
|   | 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: 11/15/2021

Your Name: Leonard B. Kaban, DMD, MD

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

Manuscript Number (if known): Click or tap here to enter text.

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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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| 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 |
|   |                                                                                         |                                                                                   |

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Date: 11/23/2021

Your Name: Linda Z. Arvidsson

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

Manuscript Number (if known): Click or tap here to enter text.

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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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|   | 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                                                                               |
|   | *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                                                                      | ☒ None                                                                               |

Click the tab key to add additional rows.
|   | 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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Date: 11/30/2021

Your Name: Lynn Spiegel

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

Manuscript Number (if known): Click or tap here to enter text.

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| Item | Nature of Support | Time Frame | Specifications/Comments |
|------|------------------|------------|-------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Since the initial planning of the work | None |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | Past 36 months | 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                                                                                     |
|   |                                                                                                 |                                                                                   |

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☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
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Date: 11/19/2021

Your Name: Matthew Stoll

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

Manuscript Number (if known): Click or tap here to enter text.

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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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|   | 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.) No time limit for this item. | ☒ None                                                                                                                                 |
|   | Time frame: Since the initial planning of the work                                                                                                                                       | 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                                                                          |
|   |                                                   | Novartis  
Payments will be made to me                                                                 |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐  None  
UpToDate  
Payment will be made to me                                                                 |
| 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  
Treasurer of the Spondyloarthritis Research and Treatment Network (SPARTAN)          |
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: Melissa A. Lerman

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

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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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| Time frame: Since the initial planning of the work | Time frame: past 36 months |
|-----------------------------------------------|---------------------------|
| **1** | **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)** |
| All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None |
| No time limit for this item. | |
| **2** Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| **3** Royalties or licenses | ☒ None |

Click the tab key to add additional rows.
|   | 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:** 11/20/2021  
**Your Name:** Mia Glerup  
**Manuscript Title:** Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations  
**Manuscript Number (if known):** Click or tap here to enter text.

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                                      | 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.) No time limit for this item. | ☒ None                                                                                      |                                                                                  |
| 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) |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
|                                                                                             |                                                                                  |
|   | 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: 11/28/2021

Your Name: PATRIZIA DEFABIANIS

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

Manuscript Number (if known): Click or tap here to enter text.

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.

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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                                                                           |
|   | 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                                                                           |
|   |                                                                                               |                                                                                  |
|   | 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: 12/8/2021

Your Name: Paula Frid

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

Manuscript Number (if known): Click or tap here to enter text.

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) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☒ None |
|   | Time frame: Since the initial planning of the work | |
|   | No time limit for this item. | |

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

| **3** | Royalties or licenses | ☒ None |
|   | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
| # | Relationship 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) |
|---|--------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 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: 12/2/2021

Your Name: Per Alstergren

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

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 |
| 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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| 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 |
| Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |

| 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                                                                                         |                                                                                  |
| 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                                                                                         |                                                                                  |
|   | 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:** 11/15/2021  
**Your Name:** Randy Q. Cron  
**Manuscript Title:** Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

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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| 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:

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ICMJE DISCLOSURE FORM

Date: 11/30/2021
Your Name: Sarah Ringold
Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known): Click or tap here to enter text.

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

| Royalties or licenses |
|-----------------------|
| None |

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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 | Vice Chair, CARRA JIA Committee                                                   |
|   | 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                                                                               |
|    | Full-time employment at Janssen, started 8/9/2021 (after contributions to this work were completed) |                                                                                     |

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: 11/24/2021

Your Name: Sven Erik Nørholt

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

Manuscript Number (if known): Click or tap here to enter text.

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.

| Item | Relationship or Activity | Time Frame | Specifications/Comments |
|------|--------------------------|------------|------------------------|
| 1 | All support for the present manuscript | Since the initial planning of the work | None |
| 2 | Grants or contracts from any entity | Past 36 months | None |
| 3 | Royalties or licenses | Past 36 months | 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: 11/23/2021

Your Name: Timo Peltomaki

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

Manuscript Number (if known): Click or tap here to enter text.

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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) |
|---|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 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 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| 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: 12/3/2021

Your Name: Tore A. Larheim

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

Manuscript Number (if known): Click or tap here to enter text.

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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| 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 | |
| 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 |
| | | |
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ICMJE DISCLOSURE FORM

Date: 12/1/2021
Your Name: Troels Herlin
Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations
Manuscript Number (if known): Click or tap here to enter text.

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Date: 11/16/2021

Your Name: Zachary S. Peacock, DMD, MD, FACS

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

Manuscript Number (if known): Click or tap here to enter text.

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**Date:** 11/16/2021  
**Your Name:** Christian J Kellenberger  
**Manuscript Title:** Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations  
**Manuscript Number (if known):** ?

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| 6 | Payment for expert testimony                                                                                                       | ☒ None                                                                                                                   |
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Date: 12/9/2021

Your Name: Marinka Twilt

Manuscript Title: Management of orofacial manifestations of juvenile idiopathic arthritis: Interdisciplinary consensus-based recommendations

Manuscript Number (if known): Click or tap here to enter text.

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