ICMJE DISCLOSURE FORM

Date: 22\textsuperscript{nd} April 2021  
Your Name: Alessandra Bettiol  
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study  
Manuscript number (if known): ______________________________________________________

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. | X None                                                                     |
|   |   |                                                                                          |                                                                         |
|   |   |                                                                                          |                                                                         |
|   |   | **Time frame: past 36 months**                                                            |                                                                         |
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|   |   |                                                                                          |                                                                         |
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|   |   |                                                                                          |                                                                         |
| 4 | Consulting fees                                                                           | X None                                                                     |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
|---|-------------------------------------------------------------------------------------------------|-------|
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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ICMJE DISCLOSURE FORM

Date: 22nd April 2021  
Your Name: Maria Letizia Urban  
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study  
Manuscript number (if known): ________________________________

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|------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above) | X None |
| 3    | Royalties or licenses | X None |
| 4    | Consulting fees | X None |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                          | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                       | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                   | X | None |

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

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ICMJE DISCLOSURE FORM

Date: 22nd April 2021
Your Name: Lorenzo Dagna
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): _______________________________________________________

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|   | **No time limit for this item.**                                                                  |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                           | X None                                                                           |
| 3 | Royalties or licenses                                                                             | X None                                                                           |
| 4 | Consulting fees                                                                                   | GSK                                                                              |

Time frame: Since the initial planning of the work

Time frame: past 36 months
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
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| 11 | Stock or stock options | X None |
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ICMJE DISCLOSURE FORM

Date: 22nd April 2021
Your Name: Vincent Cottin
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): 

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Time frame: Since the initial planning of the work

|   | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
|---|------------------------------------------------------------------------|--------|
| 2 | Royalties or licenses                                                   | X None |
| 3 | Consulting fees                                                        | X None |

Time frame: past 36 months
|   | Description                                                                 | Agreement | Details |
|---|-----------------------------------------------------------------------------|-----------|---------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None    |         |
| 6 | Payment for expert testimony                                                | X None    |         |
| 7 | Support for attending meetings and/or travel                                 | X None    |         |
| 8 | Patents planned, issued or pending                                          | X None    |         |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X None    |         |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None    |         |
|11 | Stock or stock options                                                       | X None    |         |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None    |         |
|13 | Other financial or non-financial interests                                   | X None    |         |

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Date: 22nd April 2021
Your Name: Franco Franceschini
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): ________________________________________________________________

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| Item | Time frame: Since the initial planning of the work | Time frame: past 36 months |
|------|--------------------------------------------------|---------------------------|
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| 3    | Royalties or licenses | X None<br>None<br>No time limit for this item. |
| 4    | Consulting fees | X None<br>None<br>No time limit for this item. |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
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| 6 | Payment for expert testimony                                                | None |
| 7 | Support for attending meetings and/or travel                                | None |
| 8 | Patents planned, issued or pending                                          | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| 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: 22\textsuperscript{nd} April 2021
Your Name: Stefano Del Giacco
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): 

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| **Time frame: past 36 months** | | |
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| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   |                                                                 |   |
|---|-------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                     | X None |
| 7 | Support for attending meetings and/or travel                      | X None |
| 8 | Patents planned, issued or pending                                | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X AstraZeneca Advisary board X GSK Advisary board |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                           | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                        | X None |

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Date: 22nd April 2021  
Your Name: Franco Schiavon  
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study  
Manuscript number (if known): 

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| 3 | Royalties or licenses                                                                         | X None                                                                          |
| 4 | Consulting fees                                                                               | X None                                                                          |

Time frame: past 36 months

|   |                                                                                     |                                                                 |
|---|--------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).             | X None                                                        |
| 3 | Royalties or licenses                                                                 | X None                                                        |
| 4 | Consulting fees                                                                      | X None                                                        |
|   | Description                                                                 | Agree/None |
|---|-----------------------------------------------------------------------------|------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None     |
| 6 | Payment for expert testimony                                               | X None     |
| 7 | Support for attending meetings and/or travel                               | X None     |
| 8 | Patents planned, issued or pending                                         | X None     |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X None     |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None     |
|11 | Stock or stock options                                                     | X None     |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None     |
|13 | Other financial or non-financial interests                                  | X None     |

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Date: 22nd April 2021
Your Name: Thomas Neumann
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): ____________________________________________________________________

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|  | 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). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
|---|-------------------------------------------------------------------------------------------------|-------|
| 6 | Payment for expert testimony                                                                   | X None |
| 7 | Support for attending meetings and/or travel                                                    | X None |
| 8 | Patents planned, issued or pending                                                               | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                                           | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                 | X None |
| 13| Other financial or non-financial interests                                                       | X None |

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ICMJE DISCLOSURE FORM

Date: 22nd April 2021
Your Name: Giuseppe Lopalco
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): 

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| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None |
| **Time frame: Since the initial planning of the work** |  |  |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| **Time frame: past 36 months** |  |  |
| **3** | Royalties or licenses | X None |
| **4** | Consulting fees | X None |
|   | Question                                                                 | Response |
|---|-------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None   |
| 6 | Payment for expert testimony                                           | X None   |
| 7 | Support for attending meetings and/or travel                            | X None   |
| 8 | Patents planned, issued or pending                                     | X None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board       | X None   |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None   |
|11 | Stock or stock options                                                 | X None   |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None   |
|13 | Other financial or non-financial interests                              | X None   |

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X 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: 22<sup>nd</sup> April 2021
Your Name: Pavel Novikov
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): ____________________________________________________________

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| 3 | Royalties or licenses | X None |
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| 6 | Payment for expert testimony                                           | X None   |
| 7 | Support for attending meetings and/or travel                            | X None   |
| 8 | Patents planned, issued or pending                                     | X None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board       | X None   |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None   |
|11 | Stock or stock options                                                 | X None   |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None   |
|13 | Other financial or non-financial interests                              | X None   |

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X 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: 22nd April 2021
Your Name: Chiara Baldini
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): ________________________________________________________________

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|   | **Time frame: past 36 months**                                                               |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | X None                                                                          |
| 3 | Royalties or licenses                                                                        | X None                                                                          |
| 4 | Consulting fees                                                                             | X None                                                                          |
|   | Description                                                                 | Answer |
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| 6 | Payment for expert testimony                                               | X None |
| 7 | Support for attending meetings and/or travel                                | X None |
| 8 | Patents planned, issued or pending                                         | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                      | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                                  | X None |

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

X 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: 22nd April 2021
Your Name: Carlo Lombardi
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): _______________________________________________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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.) | X None |
|   | No time limit for this item.                                                                  |                                                                                   |

Time frame: Since the initial planning of the work

|   |   |   |
|---|---|---|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
|   |   |   |
| 3 | Royalties or licenses | X None |
|   |   |   |
| 4 | Consulting fees | X None |

Time frame: past 36 months
|   |                                                                                                           |   |
|---|----------------------------------------------------------------------------------------------------------|---|
|   | **Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events** | X None |
| 5 |                                                                                                           |   |
| 6 | **Payment for expert testimony**                                                                          | X None |
| 7 | **Support for attending meetings and/or travel**                                                           | X None |
| 8 | **Patents planned, issued or pending**                                                                     | X None |
| 9 | **Participation on a Data Safety Monitoring Board or Advisory Board**                                      | X None |
| 10| **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid**       | X None |
| 11| **Stock or stock options**                                                                                  | X None |
| 12| **Receipt of equipment, materials, drugs, medical writing, gifts or other services**                       | X None |
| 13| **Other financial or non-financial interests**                                                              | X None |

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

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ICMJE DISCLOSURE FORM

Date: 22nd April 2021
Your Name: Alvise Berti
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): 

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|---|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| **Time frame: Since the initial planning of the work** | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X 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). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   | Description                                                                 | Answer |
|---|------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                                  | X None |
| 7 | Support for attending meetings and/or travel                                  | X None |
| 8 | Patents planned, issued or pending                                            | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                        | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                                     | X None |

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

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ICMJE DISCLOSURE FORM

Date: 22\textsuperscript{nd} April 2021  
Your Name: Federico Alberici

Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study  
Manuscript number (if known): _______________________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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.) | X 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).                         | X None                                                                           |
|3  | Royalties or licenses                                                                            | X None                                                                           |
|4  | Consulting fees                                                                                  | X None                                                                           |
|   | Description                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                                | X None |
| 7 | Support for attending meetings and/or travel                                 | X None |
| 8 | Patents planned, issued or pending                                          | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                       | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                                   | X None |

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

X 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: 22nd April 2021
Your Name: Marco Folci
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): ____________________________________________________________________

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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|------|--------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None | Name all entities with whom you have this relationship or indicate none (add rows as needed) |

**No time limit for this item.**

| Item | Relationship/Activity/Interest | Time frame: past 36 months | 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). | X None | Name all entities with whom you have this relationship or indicate none (add rows as needed) |
| 3    | Royalties or licenses          | X None | Name all entities with whom you have this relationship or indicate none (add rows as needed) |
| 4    | Consulting fees                | X None | Name all entities with whom you have this relationship or indicate none (add rows as needed) |
Please place an “X” next to the following statement to indicate your agreement:

X 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: 22nd April 2021  
Your Name: Renato Alberto Sinico  
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study  
Manuscript number (if known): 

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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.) | X 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).                       | X None                                                                          |
| 3 | Royalties or licenses                                                                         | X None                                                                          |
| 4 | Consulting fees                                                                               | X None                                                                          |
|   |   |   |
|---|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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Date: 22nd April 2021
Your Name: Luca Quartuccio
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): __________________________________________________________

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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| 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) |
|------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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. | X None                                                                             |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | X None                                                                             |
| 3    | Royalties or licenses | X None                                                                             |
| 4    | Consulting fees | X None                                                                             |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Statement                                                                 | Agreement | Notes |
|---|---------------------------------------------------------------------------|-----------|-------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,      | X None    |       |
|   | manuscript writing or educational events                                 |           |       |
| 6 | Payment for expert testimony                                             | X None    |       |
| 7 | Support for attending meetings and/or travel                             | X None    |       |
| 8 | Patents planned, issued or pending                                       | X None    |       |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board        | X None    |       |
| 10| Leadership or fiduciary role in other board, society, committee or       | X None    |       |
|   | advocacy group, paid or unpaid                                           |           |       |
| 11| Stock or stock options                                                   | X None    |       |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other  | X None    |       |
|   | services                                                                  |           |       |
| 13| Other financial or non-financial interests                                | X None    |       |

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ICMJE DISCLOSURE FORM

Date: 22\textsuperscript{nd} April 2021  
Your Name: Claudio Lunardi  
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study  
Manuscript number (if known): 

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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.) | X 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).                        | X None                                                                           |
| 3 | Royalties or licenses                                                                             | X None                                                                           |
| 4 | Consulting fees                                                                                  | X None                                                                           |
|   | **Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events** | X None |
|---|-------------------------------------------------------------------------------------------------|-------|
| 5 | **Payment for expert testimony**                                                                | X None |
| 6 | **Support for attending meetings and/or travel**                                                 | X None |
| 7 | **Patents planned, issued or pending**                                                           | X None |
| 8 | **Participation on a Data Safety Monitoring Board or Advisory Board**                           | X None |
| 9 | **Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid** | X None |
| 10| **Stock or stock options**                                                                     | X None |
| 11| **Receipt of equipment, materials, drugs, medical writing, gifts or other services**            | X None |
| 12| **Other financial or non-financial interests**                                                   | X None |

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

X 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:** 22nd April 2021  
**Your Name:** Paola Parronchi  
**Manuscript Title:** Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study  
**Manuscript number (if known):**

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   | Time frame: Since the initial planning of the work                                           |                                                                                   |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None                                                                           |
|   | **No time limit for this item.**                                                              |                                                                                   |
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|   |                                                                                               |                                                                                   |
|   |                                                                                               |                                                                                   |
|   |                                                                                               |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | X None                                                                           |
| 3 | Royalties or licenses                                                                         | X None                                                                           |
| 4 | Consulting fees                                                                               | X GSK consultation honoraria                                                      |
|   |                                                                                               | X Novartis consultation honoraria                                                |
|   | Question                                                                 | Response |
|---|--------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None   |
| 6 | Payment for expert testimony                                             | X None   |
| 7 | Support for attending meetings and/or travel                              | X None   |
| 8 | Patents planned, issued or pending                                       | X None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board         | X None   |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None   |
|11 | Stock or stock options                                                    | X None   |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None   |
|13 | Other financial or non-financial interests                                | X None   |

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

X 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: 22nd April 2021
Your Name: Frank Moosig
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): 

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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|---|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None |
|   | **No time limit for this item.**                                                                 |                                                                                   |
|   | **Time frame: Since the initial planning of the work**                                          |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | X None |
| 3 | Royalties or licenses                                                                           | X None |
| 4 | Consulting fees                                                                                 | X None |
|   | **Time frame: past 36 months**                                                                  |                                                                                   |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                          | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11| Stock or stock options                                                      | X | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13| Other financial or non-financial interests                                  | X | None |

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

X 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:** 22\(^{nd}\) April 2021  
**Your Name:** Georgina Espígol-Frigolé  
**Manuscript Title:** Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study  
**Manuscript number (if known):**

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|---|---|---|
| **Time frame: Since the initial planning of the work** | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  
**No time limit for this item.** | X support PI18/00461  
(Plan Estatal de Investigación Científica Técnica y de Innovación co-funded by ISCIII-Subdirección General de Evaluación, Fondo Europeo de Desarrollo Regional (FEDER)) | |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
|   | Statement                                                                 | Agreement |
|---|---------------------------------------------------------------------------|-----------|
| 4 | Consulting fees                                                          | X None    |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,      | X None    |
|   | manuscript writing or educational events                                  |           |
| 6 | Payment for expert testimony                                              | X None    |
| 7 | Support for attending meetings and/or travel                              | X None    |
| 8 | Patents planned, issued or pending                                        | X None    |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board         | X None    |
| 10| Leadership or fiduciary role in other board, society, committee or       | X None    |
|   | advocacy group, paid or unpaid                                            |           |
| 11| Stock or stock options                                                    | X None    |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other   | X None    |
|   | services                                                                   |           |
| 13| Other financial or non-financial interests                                 | X None    |

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

X 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: 22nd April 2021
Your Name: Jan Schroeder
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): __________________________________________________________

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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|---|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None |
|   | **No time limit for this item.**                                                                 | **Time frame: Since the initial planning of the work**                           |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | X None |
| 3 | Royalties or licenses                                                                             | X None |
| 4 | Consulting fees                                                                                  | X None |

**Time frame: past 36 months**
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
|---|-------------------------------------------------------------------------------------------------|-------|
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X AstraZeneca Advisory board  X GSK Advisory board |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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Date: 22nd April 2021
Your Name: Anna Luise Kernder
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): 

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   | Time frame: Since the initial planning of the work |                                                                                     |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X 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). | X None                                                                 |
| 3 | Royalties or licenses | X None                                                                         |
| 4 | Consulting fees | X None                                                                         |
|   | Description                                                                 | Agreement | Details |
|---|-----------------------------------------------------------------------------|-----------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None    |        |
| 6 | Payment for expert testimony                                                | X None    |        |
| 7 | Support for attending meetings and/or travel                                 | X None    |        |
| 8 | Patents planned, issued or pending                                          | X None    |        |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X None    |        |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None    |        |
| 11| Stock or stock options                                                       | X None    |        |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None    |        |
| 13| Other financial or non-financial interests                                   | X None    |        |

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Date: 22nd April 2021
Your Name: Sara Monti
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): ________________________________

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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.** | X None                                                                          |

|   | **Time frame: past 36 months**                                                               |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | X None                                                                          |
| 3 | Royalties or licenses                                                                         | X None                                                                          |
| 4 | Consulting fees                                                                              | X None                                                                          |
|   | Description                                                                 | Agreement | Details |
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| 6 | Payment for expert testimony                                               | X None    |         |
| 7 | Support for attending meetings and/or travel                                | X None    |         |
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|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None    |         |
|11 | Stock or stock options                                                      | X None    |         |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None    |         |
|13 | Other financial or non-financial interests                                  | X None    |         |

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Date: 22\textsuperscript{nd} April 2021
Your Name: Ettore Silvagni
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): 

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|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None                                                                            |
|   | \textbf{No time limit for this item.}                                                                 |                                                                                  |

Time frame: Since the initial planning of the work

|   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|----------------------------------------------------------------------------------|
| 2 | X None                                                                            |

Time frame: past 36 months

|   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|----------------------------------------------------------------------------------|
| 3 | X None                                                                            |
| 4 | X None                                                                            |
|   | Statement                                                                 | Response |
|---|---------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None   |
| 6 | Payment for expert testimony                                              | X None   |
| 7 | Support for attending meetings and/or travel                               | X None   |
| 8 | Patents planned, issued or pending                                        | X None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board          | X None   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None   |
| 11| Stock or stock options                                                     | X None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None   |
| 13| Other financial or non-financial interests                                 | X None   |

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**Date:** 22nd April 2021  
**Your Name:** Claudia Crimi  
**Manuscript Title:** Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study  
**Manuscript number (if known):**

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| 3 | Royalties or licenses | X None                                                                 |
| 4 | Consulting fees | X None                                                                 |
|   |                                                                 |   |   |
|---|-----------------------------------------------------------------|--|---|
| 5 | Payment or honoraria for lectures, presentations,               | X None |   |
|   | speakers bureaus, manuscript writing or educational events     |   |   |
| 6 | Payment for expert testimony                                  | X None |   |
| 7 | Support for attending meetings and/or travel                   | X None |   |
| 8 | Patents planned, issued or pending                             | X None |   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |   |
| 10| Leadership or fiduciary role in other board, society,          | X None |   |
|   | committee or advocacy group, paid or unpaid                    |   |   |
| 11| Stock or stock options                                        | X None |   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |   |
| 13| Other financial or non-financial interests                     | X None |   |

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Date: 22nd April 2021
Your Name: Francesco Cinetto
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): 

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| 3 | Royalties or licenses                                          | X None                                                                            |
| 4 | Consulting fees                                               | X None                                                                            |
|   | Description                                                                                     |  
|---|-----------------------------------------------------------------------------------------------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                                                  | X None |
| 7 | Support for attending meetings and/or travel                                                   | X None |
| 8 | Patents planned, issued or pending                                                             | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                              | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                                         | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services               | X None |
| 13| Other financial or non-financial interests                                                      | X None |

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Date: 22nd April 2021  
Your Name: Paolo Fraticelli  
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study 
Manuscript number (if known): 

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|   | **Time frame: Since the initial planning of the work**                                    |                                                                                  |
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|   | **No time limit for this item.**                                                           |                                                                                  |
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| 3 | Royalties or licenses                                                                     | X None                                                                           |
| 4 | Consulting fees                                                                          | X None                                                                           |
|   | Question                                                                 | Answer   |
|---|--------------------------------------------------------------------------|----------|
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| 6 | Payment for expert testimony                                              | X None   |
| 7 | Support for attending meetings and/or travel                              | X None   |
| 8 | Patents planned, issued or pending                                       | X None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board         | X None   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None   |
| 11| Stock or stock options                                                    | X None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None   |
| 13| Other financial or non-financial interests                                | X None   |

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Date: 22nd April 2021
Your Name: Dario Roccctello
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): ________________________________________________________________

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|   | **No time limit for this item.**                                                                |                                                                                  |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | X None                                                                           |
| 3 | Royalties or licenses                                                                           | X None                                                                           |
| 4 | Consulting fees                                                                                 | X None                                                                           |
|   |                                                                 |    |   |
|---|-----------------------------------------------------------------|----|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                     | X | None |
| 7 | Support for attending meetings and/or travel                      | X | None |
| 8 | Patents planned, issued or pending                                | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X | None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
|11 | Stock or stock options                                            | X | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
|13 | Other financial or non-financial interests                        | X | None |

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**Date:** 22\textsuperscript{nd} April 2021  
**Your Name:** Angelo Vacca  
**Manuscript Title:** Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study

**Manuscript number (if known):**

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |

**Time frame: past 36 months**
|   | Question                                                                 | Agreement |
|---|--------------------------------------------------------------------------|-----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,     | X None    |
|   | manuscript writing or educational events                                 |           |
| 6 | Payment for expert testimony                                            | X None    |
| 7 | Support for attending meetings and/or travel                             | X None    |
| 8 | Patents planned, issued or pending                                       | X None    |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board        | X None    |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                   | X None    |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                                | X None    |

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X  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:** 22\textsuperscript{nd} April 2021  
**Your Name:** Aladdin J Mohammad  
**Manuscript Title:** Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study  
**Manuscript number (if known):**

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   | **No time limit for this item.** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |

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

**Time frame: past 36 months**
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
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| 6 | Payment for expert testimony                                                | X None |
| 7 | Support for attending meetings and/or travel                                | X None |
| 8 | Patents planned, issued or pending                                          | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                      | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                                  | X None |

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X 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: 22nd April 2021
Your Name: Bernhard Helmich
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): __________________________________________________________________________

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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. | X None                                                                 |
|   | Time frame: Since the initial planning of the work                                              |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | X None                                                                 |
| 3 | Royalties or licenses                                                                          | X None                                                                 |
| 4 | Consulting fees                                                                                | X GSK honoraria for participation in advisory boards and for lectures           |
|   | Time frame: past 36 months                                                                     |                                                                                  |
|   | X Roche | honoraria for participation in advisory boards and for lectures |
|---|---------|-----------------------------------------------------------------|
| 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 |
| 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:

X 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: 22\textsuperscript{nd} April 2021
Your Name: Maxime Samson
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known):

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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.) | X None                                                                 |
|   | **No time limit for this item.**                                                          |                                                                                   |

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

|   |                                                                                         |                                                                                   |
|---|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                | X None                                                                 |
| 3 | Royalties or licenses                                                                     | X None                                                                 |
| 4 | Consulting fees                                                                          | X None                                                                 |
|   | Question                                                                 | Response |
|---|--------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,     | X None   |
|   | manuscript writing or educational events                                 |          |
| 6 | Payment for expert testimony                                            | X None   |
| 7 | Support for attending meetings and/or travel                            | X None   |
| 8 | Patents planned, issued or pending                                      | X None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board       | X None   |
| 10| Leadership or fiduciary role in other board, society, committee or      | X None   |
|   | advocacy group, paid or unpaid                                           |          |
| 11| Stock or stock options                                                  | X None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other  | X None   |
|   | services                                                                 |          |
| 13| Other financial or non-financial interests                               | X None   |

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

X 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: 22nd April 2021
Your Name: Elena Bargagli
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): 

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   | Time frame: Since the initial planning of the work                                              |                                                                                 |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X 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).                      | X None                                                                         |
| 3 | Royalties or licenses                                                                         | X None                                                                         |
| 4 | Consulting fees                                                                              | X None                                                                         |
|   | Description                                                                 | Response |
|---|-----------------------------------------------------------------------------|----------|
| 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 |
| 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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|   | 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.) | X 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).                       | X None                                                                          |
| 3 | Royalties or licenses                                                                             | X None                                                                          |
| 4 | Consulting fees                                                                                 | X None                                                                          |
|   |                                                                                           |   |
|---|------------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                                              | X None |
| 7 | Support for attending meetings and/or travel                                              | X None |
| 8 | Patents planned, issued or pending                                                         | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                          | X None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
|11 | Stock or stock options                                                                    | X None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services          | X None |
|13 | Other financial or non-financial interests                                                 | X None |

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

X 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: 22nd April 2021
Your Name: Camillo Ribi
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): 

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|---|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|   | Time frame: Since the initial planning of the work                                                |                                                                                   |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None                                                                             |
|   | **No time limit for this item.**                                                                  |                                                                                   |
|   |                                                                                                 |                                                                                   |
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|   |                                                                                                 |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                        | X None                                                                             |
| 3 | Royalties or licenses                                                                           | X None                                                                             |
| 4 | Consulting fees                                                                                 | X None                                                                             |
|   | **Description**                                                                 |   |   |
|---|--------------------------------------------------------------------------------|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |   |
| 6 | Payment for expert testimony                                                      | X None |   |
| 7 | Support for attending meetings and/or travel                                      | X None |   |
| 8 | Patents planned, issued or pending                                               | X None |   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                | X None |   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |   |
| 11| Stock or stock options                                                           | X None |   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services  | X None |   |
| 13| Other financial or non-financial interests                                        | X None |   |

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

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ICMJE DISCLOSURE FORM

Date: 22\textsuperscript{nd} April 2021
Your Name: Davide Fiori
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): ______________________________________________________________

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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|---|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X 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). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   | Description                                                                 |   |
|---|-----------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                                | X None |
| 7 | Support for attending meetings and/or travel                                | X None |
| 8 | Patents planned, issued or pending                                          | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
|11 | Stock or stock options                                                      | X None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
|13 | Other financial or non-financial interests                                  | X None |

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

X 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: 22\textsuperscript{nd} April 2021  
Your Name: Federica Bello  
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study  
Manuscript number (if known):  

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | 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.) | X None |
|   | **No time limit for this item.** |   |
| **Time frame: Since the initial planning of the work** |   |   |
| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| **3** | Royalties or licenses | X None |
| **4** | Consulting fees | X None |
| **Time frame: past 36 months** |   |   |
|   | Question                                                                                         | Answer |
|---|--------------------------------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                                                   | X None |
| 7 | Support for attending meetings and/or travel                                                    | X None |
| 8 | Patents planned, issued or pending                                                              | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                               | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                                          | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                | X None |
| 13| Other financial or non-financial interests                                                       | X None |

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

X 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: 22nd April 2021  
Your Name: Filippo Fagni  
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study  
Manuscript number (if known): ____________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| **Time frame: Since the initial planning of the work** | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  
No time limit for this item. | X None |
| **Time frame: past 36 months** | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   | Description                                                                 | X | Answer |
|---|-----------------------------------------------------------------------------|---|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None   |
| 6 | Payment for expert testimony                                               | X | None   |
| 7 | Support for attending meetings and/or travel                                | X | None   |
| 8 | Patents planned, issued or pending                                          | X | None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X | None   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None   |
| 11| Stock or stock options                                                      | X | None   |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None   |
| 13| Other financial or non-financial interests                                   | X | None   |

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

X  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: 22nd April 2021
Your Name: Luca Moroni
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): ________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   | Time frame: Since the initial planning of the work                                            |                                                                                  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X 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).                    | X None                                                                            |
| 3 | Royalties or licenses                                                                         | X None                                                                            |
| 4 | Consulting fees                                                                             | X None                                                                            |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
|---|-------------------------------------------------------------------------------------------------|--------|
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
Date: 22nd April 2021
Your Name: Giuseppe Alvise Ramirez
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): 

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   | **No time limit for this item.** | |
|   | **Time frame: Since the initial planning of the work** | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   | **Time frame: past 36 months** | |
|   | Description                                                                 | X | None |
|---|----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony                                                | X | None |
| 7 | Support for attending meetings and/or travel                                 | X | None |
| 8 | Patents planned, issued or pending                                          | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X | None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
|11 | Stock or stock options                                                      | X | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
|13 | Other financial or non-financial interests                                   | X | None |

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

X 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: 22nd April 2021
Your Name: Mouhamad Nasser
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): 

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| Time frame: Since the initial planning of the work |   |                                                                   |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X 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).                     | X None |
| 3 | Royalties or licenses                                                                       | X None |
| 4 | Consulting fees                                                                            | X None |
|   |                                                                 |   |
|---|----------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11 | Stock or stock options | X None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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

X 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: 22nd April 2021  
Your Name: Chiara Marvisi 
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study  
Manuscript number (if known): ________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  
| | X None | | |
| 3 | Royalties or licenses  
| | X None | | |
| 4 | Consulting fees  
| | X None | | |

Time frame: past 36 months
|   | Description                                                                 | X None |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                                | X None |
| 7 | Support for attending meetings and/or travel                                 | X None |
| 8 | Patents planned, issued or pending                                          | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
| 11| Stock or stock options                                                       | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                                   | X None |

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**ICMJE DISCLOSURE FORM**

**Date:** 22\(^{nd}\) April 2021  
**Your Name:** Paola Toniati  
**Manuscript Title:** Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study  
**Manuscript number (if known):**

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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.** | X None |
|2| Grants or contracts from any entity (if not indicated in item #1 above). | X None |
|3| Royalties or licenses | X None |
|4| Consulting fees | X None |

**Time frame: past 36 months**
|   |                                                                                           |   |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                                              | X None |
| 7 | Support for attending meetings and/or travel                                              | X None |
| 8 | Patents planned, issued or pending                                                        | X None |
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| 11| Stock or stock options                                                                    | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services           | X None |
| 13| Other financial or non-financial interests                                                 | X None |

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ICMJE DISCLOSURE FORM

Date: 22nd April 2021
Your Name: Davide Firinu
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): ___________________________________________________________________

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None |
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| 3 | Royalties or licenses                                                                        | X None |
| 4 | Consulting fees                                                                             | X None |
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations,               |   |
|   | speakers bureaus, manuscript writing or educational events      | X None |
| 6 | Payment for expert testimony                                   | X None |
| 7 | Support for attending meetings and/or travel                    | X None |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory     | X None |
|   | Board or Advisory Board                                         |   |
| 10| Leadership or fiduciary role in other board, society,           | X None |
|   | committee or advocacy group, paid or unpaid                      |   |
| 11| Stock or stock options                                          | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts  | X None |
|   | or other services                                               |   |
| 13| Other financial or non-financial interests                       | X None |

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Date: 22nd April 2021
Your Name: Roberto Padoan
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known):

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|---|---------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None | |
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|---|----------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X None | |
| 3 | Royalties or licenses | X None | |
| 4 | Consulting fees | X None | |
|   | Description                                                                 | Agreement |
|---|-----------------------------------------------------------------------------|-----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None    |
| 6 | Payment for expert testimony                                                | X None    |
| 7 | Support for attending meetings and/or travel                                 | X None    |
| 8 | Patents planned, issued or pending                                          | X None    |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board            | X None    |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None    |
|11 | Stock or stock options                                                      | X None    |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None    |
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Date: 22nd April 2021
Your Name: Allyson Egan
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): ____________________________________________________________

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Date: 22nd April 2021
Your Name: Benjamin Seeliger
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): ________________________________________________________________

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| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |

Time frame: past 36 months
|   |                                                                 |   |
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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 |
| 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: 22nd April 2021
Your Name: Florenzo Iannone
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): _____________________________________________________________

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|   | X None                                    |                                                                                   |
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|   | X None                                    |                                                                                   |
| 3 | Royalties or licenses                     |                                                                                   |
|   | X None                                    |                                                                                   |
| 4 | Consulting fees                           |                                                                                   |
|   | X None                                    |                                                                                   |
|   | Question                                                                                              | Agreement | Details |
|---|-------------------------------------------------------------------------------------------------------|-----------|---------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None    |         |
| 6 | Payment for expert testimony                                                                          | X None    |         |
| 7 | Support for attending meetings and/or travel                                                           | X None    |         |
| 8 | Patents planned, issued or pending                                                                     | X None    |         |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                      | X None    |         |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid       | X None    |         |
| 11| Stock or stock options                                                                                | X None    |         |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services                       | X None    |         |
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Date: 22nd April 2021  
Your Name: Carlo Salvarani  
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study  
Manuscript number (if known): 

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|   | Time frame: Since the initial planning of the work                                             |
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|   |                                                                                              |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | X None                                                                           |
| 3 | Royalties or licenses                                                                        | X None                                                                           |
| 4 | Consulting fees                                                                             | X None                                                                           |
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
|5  | Payment or honoraria for lectures, presentations,               | X None |
|   | speakers bureaus, manuscript writing or educational events     |   |
|6  | Payment for expert testimony                                   | X None |
|7  | Support for attending meetings and/or travel                   | X None |
|8  | Patents planned, issued or pending                             | X None |
|9  | Participation on a Data Safety Monitoring Board or Advisory    | X None |
|   | Board or Advisory Board                                        |   |
|10 | Leadership or fiduciary role in other board, society,          | X None |
|   | committee or advocacy group, paid or unpaid                     |   |
|11 | Stock or stock options                                        | X None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts | X None |
|   | or other services                                              |   |
|13 | Other financial or non-financial interests                      | X None |

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Date: 22nd April 2021
Your Name: David Jayne
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): ______________________________________________________________

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| Item | Description | Time Frame | Name All Entities | 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 | X None | |
|      | No time limit for this item. | | | |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | Past 36 months | X None | |
| 3    | Royalties or licenses | Past 36 months | X None | |
| 4    | Consulting fees | Past 36 months | X Astra-Zeneca, Aurinia, BMS, | honoraria |
|   | Boehringer-Ingelheim, Chemocentryx, Chugai, CSL, GSK, Infla-RX, Janssen, Novartis, Roche/Genentech, Takeda and Vifor |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony | X None |
| 7 | Support for attending meetings and/or travel | X None |
| 8 | Patents planned, issued or pending | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
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Date: 22nd April 2021
Your Name: Domenico Prisco
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known): 

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None |
|   | No time limit for this item. | |

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

|   | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | X None |

**Time frame: past 36 months**

|   | 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). | X None |
| 3 | Royalties or licenses | X None |
| 4 | Consulting fees | X None |
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
| 6 | Payment for expert testimony                                   | X None |
| 7 | Support for attending meetings and/or travel                    | X None |
| 8 | Patents planned, issued or pending                             | X None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid   | X None |
| 11| Stock or stock options                                         | X None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13| Other financial or non-financial interests                      | X None |

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Date: 22\textsuperscript{nd} April 2021  
Your Name: Augusto Vaglio  
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study

Manuscript number (if known): __________________________________________________________________________

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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.) | X None                                                                          |
|   | **No time limit for this item.**                                                               |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                       | X None                                                                          |
| 3 | Royalties or licenses                                                                         | X None                                                                          |
| 4 | Consulting fees                                                                              | X GSK honoraria outside the current work                                          |
|   | **Time frame: past 36 months**                                                                 |                                                                                  |
|   | Question                                                                 | Response |
|---|--------------------------------------------------------------------------|----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None   |
| 6 | Payment for expert testimony                                             | X None   |
| 7 | Support for attending meetings and/or travel                             | X None   |
| 8 | Patents planned, issued or pending                                       | X None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board         | X None   |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None   |
|11 | Stock or stock options                                                   | X None   |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None   |
|13 | Other financial or non-financial interests                                | X None   |

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ICMJE DISCLOSURE FORM

Date: 22nd April 2021
Your Name: Giacomo Emmi
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study
Manuscript number (if known):

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | X None                                                                             |
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| 3 | Royalties or licenses                                                                         | X None                                                                             |
| 4 | Consulting fees                                                                              | X GSK honoraria outside the current work                                          |
|   | Description                                                                 | X  | None |
|---|-------------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X  | None |
| 6 | Payment for expert testimony                                                  | X  | None |
| 7 | Support for attending meetings and/or travel                                   | X  | None |
| 8 | Patents planned, issued or pending                                            | X  | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | X  | None |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X  | None |
| 11| Stock or stock options                                                        | X  | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | X  | None |
| 13| Other financial or non-financial interests                                     | X  | None |

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Date: 22<sup>nd</sup> April 2021  
Your Name: Simone Negrini  
Manuscript Title: Mepolizumab for Eosinophilic Granulomatosis with Polyangiitis (EGPA): a European multicenter observational study  
Manuscript number (if known):  

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The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                     | X None                                                                          |
| 3 | Royalties or licenses                                                                         | X None                                                                          |
| 4 | Consulting fees                                                                               | X None                                                                          |
|   | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X None |
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| 6 | Payment for expert testimony | X None |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None |
| 13 | Other financial or non-financial interests | X None |

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