

ICMJE DISCLOSURE FORM

Date: 7/21/2023

Your Name: Eric Matteson

Manuscript Title: The clinical course of interstitial lung disease in patients with rheumatoid arthritis

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

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | | | | | | |
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| Time frame: Since the initial planning of the work | | | | | | | | | |
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| | | Boehringer Ingelheim | Payments made to me |
| | | Alvotech Inc. | Payments made to me |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | Practice Point Communications | Payment made to me |
| | | Boehringer Ingelheim | Payment made to me |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
| | | Horizon Therapeutics | Payment made to me |
| | | NIH/NIAMS | Payment made to me |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
| | | American College of Rheumatology | Committee/Task Force |
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 7/21/2023

Your Name: Elisabeth Bendstrup

Manuscript Title: The clinical course of interstitial lung disease in patients with rheumatoid arthritis

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

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

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| Roche | | | | | | | | | | | | | | | |
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 7/28/2023

Your Name: Mary Streck

Manuscript Title: The clinical course of interstitial lung disease in patients with rheumatoid arthritis

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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| | | Boehringer Ingelheim | Institution |
| | | NIH | Institution |
| | | Pulmonary Fibrosis Foundation | Institution |
| | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None | |
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| | | CHEST | Honoraria for CME lectures |
| | | CHEST | Honoraria for Self-education and Evaluation of Knowledge (SEEK) Pulmonary Board Review Textbook |
| | | Boehringer Ingelheim Pharmaceuticals, Inc. | Medical writing support provided by Fleishman Hillard |
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| | | FibroGen | Adjudication Committee |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
| | | American Thoracic Society | Clinical Problems Committee Research Innovation Summit Planning Committee |
| | | Pulmonary Fibrosis Foundation Registry | Scientific Review Committee |
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ICMJE DISCLOSURE FORM

Date: 7/21/2023

Your Name: Philippe Dieude

Manuscript Title: The clinical course of interstitial lung disease in patients with rheumatoid arthritis

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

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| | | Bristol Myers Squibb | |
| | | Pfizer | |
| | | Galapagos | |
| | | Boehringer Ingelheim | |
| | | Janssen | |
| | | AbbVie | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
| | | Bristol Myers Squibb | |
| | | Pfizer | |
| | | Boehringer Ingelheim | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| | | | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|--|--|---|
| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
| | | | |
| | | | |
| | | | |

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

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