

ICMJE DISCLOSURE FORM

Date: June 24th 2021 _____
 Your Name: Elana Bernstein
 Manuscript Title: SYSTEMIC SCLEROSIS-ASSOCIATED INTERSTITIAL LUNG DISEASE:
 How to incorporate two Food and Drug Administration-approved therapies in clinical
 practice
 Manuscript number (if known): ar-21-0684

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)
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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Boehringer Ingelheim	
		Kadmon	
		Eicos Sciences	
		Corbus	
		Pfizer	
3	Royalties or licenses	<u>None</u>	

4	Consulting fees	Boehringer Ingelheim	
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:

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

X

ICMJE DISCLOSURE FORM

Date: June 24th 2021 _____
 Your Name: Christopher Denton _____
 Manuscript Title: SYSTEMIC SCLEROSIS-ASSOCIATED INTERSTITIAL LUNG DISEASE:
How to incorporate two Food and Drug Administration-approved therapies in clinical
practice _____
 Manuscript number (if known): ar-21-0684 _____

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)
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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	GlaxoSmithKline	
		Inventiva	
		CSL Behring	
		Servier	
		Arxx Therapeutics	
3	Royalties or licenses	<u>None</u>	

4	Consulting fees	GlaxoSmithKline	
		Janssen	
		Bayer	
		Sanofi	
		Inventiva	
		Boehringer Ingelheim	
		Roche	
		CSL Behring	
		Corbus	
		Accelaron	
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:

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

form.

x

ICMJE DISCLOSURE FORM

Date: June 24th 2021 _____
 Your Name: Kevin Flaherty _____
 Manuscript Title: SYSTEMIC SCLEROSIS-ASSOCIATED INTERSTITIAL LUNG DISEASE:
How to incorporate two Food and Drug Administration-approved therapies in clinical
practice _____
 Manuscript number (if known): ar-21-0684 _____

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)
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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Boehringer Ingelheim	
3	Royalties or licenses	<u>None</u>	

4	Consulting fees	Boehringer Ingelheim	
		Bellerophon	
		Respivant	
		Blade Therapeutics	
		Roche/Genentech	
		Shionogi	
		DevPro	
		Astra Zeneca	
		Pure Health	
		Horizon	
		Fibrogen	
		Sun Pharmaceuticals	
		Pliant	
		United Therapeutics	
		Arrowhead	
		Lupin	
		Polarean	
		PureTech	
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:

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

X

ICMJE DISCLOSURE FORM

Date: June 24th 2021 _____
 Your Name: Ella Kazerooni
 Manuscript Title: SYSTEMIC SCLEROSIS-ASSOCIATED INTERSTITIAL LUNG DISEASE:
 How to incorporate two Food and Drug Administration-approved therapies in clinical
 practice
 Manuscript number (if known): ar-21-0684

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)
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.	<u> None </u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> None </u>	
3	Royalties or licenses	<u> None </u>	
4	Consulting fees	<u> None </u>	

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:

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

X

ICMJE DISCLOSURE FORM

Date: June 24th 2021 _____
 Your Name: Dinesh Khanna _____
 Manuscript Title: SYSTEMIC SCLEROSIS-ASSOCIATED INTERSTITIAL LUNG DISEASE:
How to incorporate two Food and Drug Administration-approved therapies in clinical
practice _____
 Manuscript number (if known): ar-21-0684 _____

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)
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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Bayer	
		Horizon	
		Pfizer	
		BMS	
3	Royalties or licenses	<u>None</u>	

4	Consulting fees	Actelion	
		Bayer	
		Prometheus	
		CSL Behring	
		Horizon	
		BMS	
		Accelaron	
		Genentech /Roche	
		Boehringer Ingelheim	
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	Eicos Sciences	Dr Khanna is the Chief Medical officer of Eicos Sciences Inc and has stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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

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

X

ICMJE DISCLOSURE FORM

Date: June 24th 2021 _____
 Your Name: Alain Lescoat _____
 Manuscript Title: SYSTEMIC SCLEROSIS-ASSOCIATED INTERSTITIAL LUNG DISEASE: How to incorporate two Food and Drug Administration-approved therapies in clinical practice _____
 Manuscript number (if known): ar-21-0684 _____

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)
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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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:

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

X

ICMJE DISCLOSURE FORM

Date: June 24th 2021 _____
 Your Name: Fernando Martinez _____
 Manuscript Title: SYSTEMIC SCLEROSIS-ASSOCIATED INTERSTITIAL LUNG DISEASE:
How to incorporate two Food and Drug Administration-approved therapies in clinical
practice _____
 Manuscript number (if known): ar-21-0684 _____

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)
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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH	
3	Royalties or licenses	<u>None</u>	

4	Consulting fees	Boehringer Ingelheim	
		AstraZeneca	
		GlaxoSmithKline	
		Chiesi	
		Afferent/Merck	
		Gilead	
		Biogen	
		Veracyte	
		Prometic	
		Bayer	
		Novartis	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca	
		GlaxoSmithKline	
		MD Magazine	
		Methodist Hospital Brooklyn	
		Miller Communications	
		National Society for Continuing Education	
		New York University	
		PeerView Communications	
		Chiesi	
		Sunovion	
		UpToDate	
		WebMD/MedScape	
		Patara/Respivant	
		Zambon	
		American Thoracic Society	
		Physicians Education Resource	
		Rockpointe	
		Rare Disease Healthcare Communications	
		Canadian Respiratory Network	
		ProMedior/Roche	
		Teva	
		CME Outfitters	
		Csl Behring	
		Integritas	
		Projects in Knowledge	
		Sanofi/Regeneron	
		Vindico	
		Academy for Continuing Healthcare Learning	

		United Therapeutics	
6	Payment for expert testimony	____None	
7	Support for attending meetings and/or travel	AstraZeneca	
		Boehringer Ingelheim	
		GlaxoSmithKline	
		MD Magazine	
		Miller Communications	
		National Society for Continuing Education	
		PeerView Communications	
		Sunovion	
		Nitto	
		Patara/Respivant	
		Physicians Education Resource	
		Canadian Respiratory Network	
		Teva	
		Csl Behring	
		Sanofi/Regeneron	
8	Patents planned, issued or pending	____None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	AstraZeneca	
		Boehringer Ingelheim	
		ProterrixBio	
		GlaxoSmithKline	
		Chiesi	
		DevPro	
		Gala	
		IQVIA	

		Novartis	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	Bridge Biotherapeutics	IPF Advisor (academic productivity)
		Dartmouth University	IPF CME presentation
		twoXAR	IPF consultation (no financial interaction)
		AbbVie	IPF teleconference (no financial interaction)

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.

X

ICMJE DISCLOSURE FORM

Date: June 24th 2021 _____
 Your Name: David Roofeh _____
 Manuscript Title: SYSTEMIC SCLEROSIS-ASSOCIATED INTERSTITIAL LUNG DISEASE: How to incorporate two Food and Drug Administration-approved therapies in clinical practice _____
 Manuscript number (if known): ar-21-0684 _____

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)
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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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:

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

X

ICMJE DISCLOSURE FORM

Date: June 24th 2021 _____
 Your Name: Michael Roth _____
 Manuscript Title: SYSTEMIC SCLEROSIS-ASSOCIATED INTERSTITIAL LUNG DISEASE:
How to incorporate two Food and Drug Administration-approved therapies in clinical
practice _____
 Manuscript number (if known): ar-21-0684 _____

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)
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.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Genentech, Inc	
3	Royalties or licenses	<u>None</u>	

4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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	Genentech, Inc	Investigator-initiated clinical trial

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.

X