

ICMJE DISCLOSURE FORM

Date: 5/23/2022

Your Name: Eugenio De Miguel

Manuscript Title: **Influence of the EULAR recommendations for the use of imaging in large vessel vasculitis in the diagnosis of giant cell arteritis. Results of the ARTESER register**

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)						
Time frame: Since the initial planning of the work								
1	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Roche</td> <td style="width: 50%;">Grant support for the data inclusion</td> </tr> <tr> <td></td> <td>Payments were made to the Spanish Rheumatology Foundation</td> </tr> <tr> <td colspan="2" style="text-align: right;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	Roche	Grant support for the data inclusion		Payments were made to the Spanish Rheumatology Foundation	<small>Click the tab key to add additional rows.</small>		
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2	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Roche</td> <td style="width: 50%;">Payments were done to the Hospital Universitario La Paz. My institution</td> </tr> <tr> <td>Abbvie</td> <td>Payments were done to the Madrid Rheumatology Society</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Roche	Payments were done to the Hospital Universitario La Paz. My institution	Abbvie	Payments were done to the Madrid Rheumatology Society			
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3	<input type="checkbox"/> None <input checked="" type="checkbox"/> X <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None	
		Novartis	Personal
		Lilly	Personal
		Abbvie	Personal
		Pfizer, Janssen	Personal
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		AbbVie, Novartis, Pfizer, MSD, BMS, UCB, Roche, Grunental, Janssen, Sanofi, Lilly.	Personal
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Institution	
		AbbVie, Novartis, Pfizer, MSD, BMS, UCB, Roche, Grunental, Janssen, Sanofi, Lilly.	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Novartis	Personal
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <input checked="" type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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

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