

ICMJE DISCLOSURE FORM

Date: _____ August 10, 2021

Your Name: _____ David T. Felson _____

Manuscript Title: _____

Manuscript number (if known): _____ ar21-0954 _____

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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.

ICMJE DISCLOSURE FORM

Date: August 9, 2021

Your Name: Diane Lacaille

Manuscript Title: Reexamining Remission Definitions in Rheumatoid Arthritis: Considering DAS28, CRP and Patient Global Assessment

Manuscript number (if known): ar-21-0954

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input 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 checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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	

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

ICMJE DISCLOSURE FORM

Date: 8/5/2021

Your Name: Michael LaValley

Manuscript Title: Reexamining Remission Definitions in Rheumatoid Arthritis: Considering DAS28, CRP and Patient Global Assessment

Manuscript number (if known): ar-21-0954

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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.	NIH/NIAMS	Institutional funding for the Clinical Epidemiology Research and Training Unit at Boston University
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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	NIH/NIAMS	Member of the Observational Study Monitoring Board (OSMB) for the Osteoporotic Fractures in Men Study (MrOS).
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	American College of Rheumatology	Associate Editor for the journal <i>Arthritis Care & Research</i>
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: ___ Aug 8,
2021 _____

Your Name: ___ Daniel
Aletaha _____
_____ Manuscript Title: ___ Reexamining Remission Definitions in Rheumatoid
Arthritis: Considering DAS28, CRP and Patient Global Assessment ___
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,	___ None	

	provision of study materials, medical writing, article processing charges, etc.) 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).	Abbvie, Amgen, Lilly, Novartis, Roche, SoBi, Sanofi	
3	Royalties or licenses	___ None	
4	Consulting fees	___ Abbvie, Amgen, Lilly, Janssen, Merck, Novartis, Pfizer, Roche, Sandoz	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ as in 4	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or	___ None	

	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
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