Date:	_30.3.2022	
Manuscrip		mary Sjögren's syndrome is driven by interferon alpha, and genetically
associate	d with the class II HLA I)Q locus
Manuscrip	ot number (if known):	ar-21-1314.R1

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

out and find order		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 initi	al 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: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	XNone	

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

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

Date: 30th of March, 2022 Your Name: Vincent BONDET

Manuscript Title: Variability in primary Sjögren's syndrome is driven by interferon alpha, and genetically associated with

the class II HLA DQ locus.

Manuscript number (if known): ar-21-1314.R1

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)
Tim	ne frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding,	ImmunoQure	The two antibodies 8H1 and 12H5 for the quantification of interferon alpha with the Pan-Alpha method.
	provision of study materials, medical writing, article		
	processing charges, etc.) No time limit for this item.		
Tim	ne frame: past 36 months		
2	Grants or contracts from	None 💉	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None X	
***********			A Company of the Comp

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

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

Date:	29.03.2022		
	e:Pierre Bost		
Manuscri	pt Title: Variability in pri	nary Sjögren's syndrome i	is driven by interferon alpha, and genetically associated with
the class I	I HLA DQ locus		
Manuscri	pt number (if known):	ar-21-1314	

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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)
4.7		Time frame: Since the initi	al planning of the work
1	All support for the present	<u>X</u> None	NECESSITY-IMI2 (as mentioned in Acknowledgments)
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Grant by Mrs. Genevieve Garnier (as mentioned in Acknowledgments)
			Se and the second secon
		Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations,	XNone
***************************************	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	X None
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
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	XNone
13	Other financial or non- financial interests	XNone

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

Date: 30.march 2022

Your Name: Karl Albert Brokstad, Professor/Dr.Scient

Manuscript Title: "Variability in primary Sjögren's syndrome is driven by interferon alpha, and genetically associated with the class II HLA DQ locus" et le "matricule"

Manuscript number (if known): ar-21-1314.R1

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)
Ĺ.		Time frame: Since the initi	al 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.	XNone	
ä.,	《新文本》:"我们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	XNone	

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	XNone	
7	Support for attending meetings and/or travel	_X_None	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	_X_None	

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

Date:_4 th April 2022		
Your Name:Bruno Charbit		
Manuscript Title: Variability in prima with the class II HLA DQ locus	ry Sjögren's syndrome is driven by	interferon alpha, and genetically associated
Manuscript number (if known):	ar-21-1314.R1	-

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)
	and the secretary section is	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.	None	
	HENE COMMUNICATION	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	CART HOUSE STREET AND ADDRESS OF THE PROPERTY OF

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		The state of the s	September 1
4	Consulting fees	None	
5	Payment or honoraria for	None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		Carlo de Salva Carlos
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
	meetings and/or travel		
8	Patents planned, issued or pending	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	None	
11	Stock or stock options	None	ALAN TOTAL
12	Receipt of equipment,	√ None	
	materials, drugs, medical writing, gifts or other services	A	
13	Other financial or non-	None	
	financial interests		

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

Date01.04.2022

Your Name: Lucienne CHATENOUD

Manuscript TitlVariability in primary Sjögren's syndrome is driven by interferon alpha, and genetically associated with the

class II HLA DQ locus

Manuscript number (if known)AR-21-1314-R1

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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	2.00	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)
	a vale dell'attache dell'a	Time frame: Since the initi	al 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	
	在在1000年的	Time frame: pa	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	X_None	THE REPORT OF A PROPERTY OF A PARTY OF A PAR
			F. 1813-18-18-18-18-18-18-18-18-18-18-18-18-18-
4	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	X None	
	manuscript writing or educational events		1
5	Payment for expert testimony	XNone	
	Support for attending meetings and/or travel	_X_None	
		aparate Paragraphic analysis Reference	
8	Patents planned, issued or pending	XNone	
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	XNone	
11	Stock or stock options	_X_None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	_X_None	

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

Date:_4 th April
2022
our Name:Darragh Duffy
Manuscript Title: Variability in primary Sjögren's syndrome is driven by interferon alpha, and genetically associated with the class II HLA DQ locus
Vanuscript number (if known): ar-21-1314.R1

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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 initi	al planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	ImmunoQure	The two antibodies 8H1 and 12H5 for the quantification of interferon alpha with the Pan-Alpha method.
		ANR	Funding for the LabEx Milieu Interieur study
	processing charges, etc.) No time limit for this item.		
	Curlo dal publico del Caro		
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated	Myriad Rules Based Medicine	
	in item #1 above).	Roche Genentech	

		Sanofi Pasteur
		Surface Control of Con
3	Royalties or licenses	None
4	Consulting fees	None 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	None

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

Date:April 1st 2022
our Name:_Hélène DUMORTIER
Manuscript Title:
Vanuscript 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)
12		Time frame: Since the initi	al planning of the work
	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.	None	
		Time frame: pas	t 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,	None	
	speakers bureaus,		
	manuscript writing or		
6	educational events		
D	Payment for expert testimony	X_None	
	restruony		
7	Support for attending	4	
	meetings and/or travel	None	
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8	Patents planned, issued or	None	
	pending	None	And the state of t
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9	Participation on a Data Safety Monitoring Board or	None	A Paragraph of the Control of the Co
10	Advisory Board	Y	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
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11	Stock or stock options	None	
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2	Receipt of equipment,	None	
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	writing, gifts or other services		The state of the s
and the same	Other financial or non-	V	
-	financial interests	None	

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

Directrice

UPR-3572 - I2CT - CNRS
Institut de Biologie Moléculaire et Ceilulaire

Date:30.04.2022_		
Your Name:	Jacques Fellay	
Manuscript Title:	Variability in primary	Sjögren's syndrome is driven by interferon alpha, and genetically associated
with the class II HLA I	OQ locus	
Manuscript number	(if known):	ar-21-1314-R1

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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 initi	al 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: pas	at 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X_None	The state of the s
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	_XNone
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	_X_None
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	X_None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	_X_None

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

Date: 30 MARCH 2022	
Your Name: Renaud FELTEN	
Manuscript Title:	
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)
	described and the second	Time frame: Since the initi	al 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	
	建筑的是数据的数据的数据数据数据	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	The second secon
4	Consulting fees	X None	

5	Payment or honoraria for	X None
	lectures, presentations,	一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
	speakers bureaus, manuscript writing or educational events	
6	Payment for expert testimony	X None
7	Support for attending meetings and/or travel	X None
		the state of the s
8	Patents planned, issued or pending	X None
9	Participation on a Data Safety Monitoring Board or	X None
	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,	X None
	materials, drugs, medical writing, gifts or other services	
13	Other financial or non-	X None
	financial interests	

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

Dr Renaud FELTEN
HOPITAUX UNIVERSITAIRES DE STRASBOURG
Hôpital de Hautepierre
Service de Rhumatologie
Tét.: 03 88 12 79 64 - Fax: 10 88 12 81 50
Email: renaud fellen@chru-strasbourg-fr
N° RPPS: 10100940466

Date: 29.03.2022

Your Name: GOTTENBERG Jacques-Eric

Manuscript Title: Variability in primary Sjögren's syndrome is driven by interferon alpha, and genetically associated with

the class II HLA DQ locus

Manuscript number (if known): AR-21-1314

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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,	Unrestricted grant from BMS	Institution
	medical writing, article processing charges, etc.) No time limit for this item.	Grant from AFGS (association and patients)	Institution
	The second second second	Time frame: past	36 months
2	Grants or contracts from	IMI2	Institution
	any entity (if not indicated in item #1 above).	Necessity 80675	
3	Royalties or licenses		RAPER LUCION BULL

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5	Boymont on home significant		
3	Payment or honoraria for	XNone	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
	testimony	ANone	
	testimony		
7	Support for attending	X None	
,	meetings and/or travel	ANone	
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		The Author Manager	
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8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10			
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	Stock of Stock options	ANone	
		3 A 7 S 7 S 7 S 7 S 7 S 7 S 7 S 7 S 7 S 7	
12	Receipt of equipment,	X None	
	materials, drugs, medical	XTONE	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
			200

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

Date: March 30,	2022
Your Name:	Roland Jonsson
Manuscript Title:	Variability in primary Sjögren's syndrome is driven by interferon alpha, and genetically
associated with	the class II HLA DQ locus
Manuscript numb	per (if known): ar-21-1314.R1

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

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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)
	Ann de se a esta esta en esta de la companya en esta de la companya en esta de la companya en esta de la compa	Time frame: Since the initi	al 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.	None	
	- Prince de la Company de la C	Time frame: pas	st 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	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

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

Date:	M	larch	31,	2022
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Your Name: Christopher J. Lessard, Ph.D.

Manuscript Title: "Variability in primary Sjögren's syndrome is driven by interferon alpha, and genetically associated

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
1.0		Time frame: Since the initi	al 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.	Janssen Research and Development, LLC; collaborative research agreement	Dr. Lessard has a collaborative reseach agreement with Janssen with payments made to OMRF. He does not receive any direct compensation. Moreover, ther research is not related to that described in this manuscript.
			a lara nd ventera - sev - la
		Time frame: pa:	at 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

3	Royalties or licenses		
3	Royalties of licenses	None	
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4	Consulting fees	None	
		VI	
5	Payment or honoraria for	None	
	lectures, presentations,	The state of the s	The second secon
	speakers bureaus,	THE RESERVE OF THE PARTY OF THE	
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony	None	
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7	Support for attending	+ V	
′		None	
	meetings and/or travel	1	
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8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or	LAOUE COMMON MACAGES	
	Advisory Board		
10		V	
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	The second secon	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	R Charles
	financial interests		

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

Date: 30/03/22

Your Name: Alba Llibre

Manuscript Title: Variability in primary Sjögren's syndrome is driven by interferon alpha, and genetically associated with

the class II HLA DQ locus

Manuscript number (if known): ar-21-1314.R1

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 initia	al planning of the work
All support for the present	None	
manuscript (e.g., funding,		
medical writing, article processing charges, etc.) No time limit for this item.		
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Grants or contracts from		it 30 months
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in item #1 above).	The state of the s	
Royalties or licenses	► None	
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Consulting fees	None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initi 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. Time frame: pas Anne Time frame: pas None None 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	None

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

Date:April 3 rd , 2022
Your Name:_MARIETTE Xavier
Manuscript Title: Variability in primary Sjögren's syndrome is driven by interferon alpha, and genetical
associated with the class II HLA DQ locus
Manuscript number (if known):_ ar-21-1314.R1

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 <u>current</u> manuscript only.

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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)
	经证据以外的	Time frame: Since the initi	al 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.	None	
		Time frame: pas	at 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	TO THE STATE OF TH
4	Consulting fees	Astra Zeneca	
70	consuming rees	BMS	

		Galapagos	
		GSK	
******		Novartis	
		Pfizer	
5	Payment or handaria fa		
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	

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

Date:30 th march 2022
Your Name: Nicolas MEYER
Manuscript Title: Variability in primary Sjögren's syndrome is driven by interferon alpha, and genetically
associated with the class II HLA DQ locus
Manuscript number (if known): ar-21-1314.R1

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 initi	al 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.	None	
		Time frame: pas	st 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	None	
	educational events	The second secon	
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	

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

Date:_	4/1/	2022	_
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Your Name: ____Michael Mingueneau

Manuscript Title: Variability in primary Sjögren's syndrome is driven by interferon alpha, and genetically associated with the class II HLA DQ locus

Manuscript number (if known):___: ar-21-1314.R1

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 initi	al 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.	None	
	6年,他是1861年 年	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
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4	Consulting fees	None	

5	Payment or honoraria for	→ None	
•	lectures, presentations, speakers bureaus,	None	
	manuscript writing or		
	educational events		
6	Payment for expert	_ None	
	testimony		
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7	Support for attending	None	Basi Na and
	meetings and/or travel		
8	Patents planned, issued or	№ None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
		The state of the s	
			Phys. R. Patrick
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
4.4	group, paid or unpaid	100	
11	Stock or stock options	None	
		7. L	
12	Receipt of equipment,	₹ None	
	materials, drugs, medical	INOTIE	
	writing, gifts or other		
	services		
13	Other financial or non-	Biogen	Michael Mingueneau is an employee and shareholder of
	financial interests		Biogen.

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

Date:_4 th April
2022
Your Name:Celine
Posseme
Manuscript Title: Variability in primary Sjögren's syndrome is driven by interferon alpha, and genetically associated with the class II HLA DQ locus
Manuscript number (if known): ar-21-1314.R1

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 initi	al 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.	None	
	学为大学的主题的文字等等的主义的图	Time frame: pas	et 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None Non	ROLL STATE OF THE

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4	Consulting fees	None	The second secon
5	Payment or honoraria for	✓ None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events		And the second s
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	Service of the servic
10	Leadership or fiduciary role	None None	
10	in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	Ad 5300 pc 10 100 00 00 00 00 00
		r -	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
			Base Carlos

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

Date: March, 30th, 2022

Your Name: Lluis QUINTANA-MURCI

Manuscript Title: Variability in primary Sjögren's syndrome is driven by interferon alpha, and

genetically associated with the class II HLA DQ locus

Manuscript number (if known): ar-21-1314.R1

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 initia	al planning of the work
i.	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.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
1	Consulting fees	None	THE STATE OF THE S

y			
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	

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

Date:	_29.03.2022
Your Name:	Benno Schwikowski
Manuscript 7	Title: Variability in primary Sjögren's syndrome is driven by interferon alpha, and genetically associated with
the class II H	LA DQ locus
Manuscript n	number (if known): ar-21-1314

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 <u>current manuscript only</u>.

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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)
<u>ar</u>		Time frame: Since the initi	al 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.	_None	NECESSITY-IMI2 (as mentioned in Acknowledgments) Grant by Mrs. Genevieve Garnier (as mentioned in Acknowledgments)
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	X None	

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5	Payment or honoraria for	XNone
	lectures, presentations,	
	speakers bureaus,	es as we have the Maria as a first second of the second of
	manuscript writing or	The first of the second
	educational events	
6	Payment for expert	X None
	testimony	
7	Support for attending	X None
	meetings and/or travel	
8	Patents planned, issued or	X None
	pending	
9	Participation on a Data	XNone
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	XNone
	in other board, society,	
	committee or advocacy	
	group, paid or unpaid	The state of the s
11	Stock or stock options	XNone
		Special files of the second se
12	Receipt of equipment,	XNone
	materials, drugs, medical	
	writing, gifts or other	(anitrica)
	services	
13	Other financial or non-	XNone
	financial interests	

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

Date: 31.03.2022

Your Name: Jean SIBILIA

Manuscript Title: Variability in primary Sjögren's syndrome is driven by interferon alpha, and genetically associated

with the class II HLA DQ locus

Manuscript number (if known): ar-21-1314.R1

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 initi	al 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.	None	
	THE RESERVE OF THE PROPERTY OF THE	Time frame: pas	st 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	Roche, Chugai, BMS, Pfizer, Abbvie, Gilead, Lilly, Sanofi, Galapagos	Payments made to me	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Roche, Chugai, BMS, Pfizer, Abbvie, Gilead, Lilly, Sanofi, Galapagos	Payments made to me	
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		

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

Date: 30/3/22
Your Name: Jessica Tarn.
Manuscript Title: Variability in primary Sjögren's syndrome is driven by interferon alpha, and genetically associated with the class I HLA DQ locus" et le "matricule
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 initi	al 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.	None	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	The second of th
4	Consulting fees	V None	

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	reference and position on the second of the	
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

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

Date:30.04.2022_	
Your Name:	Christian W. Thorball
Manuscript Title:	Variability in primary Sjögren's syndrome is driven by interferon alpha, and genetically associated
with the class II HLA	DQ locus
Manuscript number	(if known):ar-21-1314-R1

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)
	Land to the second of the second	Time frame: Since the initi	al 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	
	A SECTION OF SECULOR	Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	XNone	
1	Consulting fees	X_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	_XNone	9.00
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	<u> </u>
8	Patents planned, issued or pending	XNone	
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	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	_X_None	

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

Date:	29.03.2022
Your Name:_	Diana Trutschel
Manuscript T	itle: Variability in primary Sjögren's syndrome is driven by interferon alpha, and genetically associated with
the class II HL	A DQ locus
Manuscript n	umber (if known): ar-21-1314

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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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
Ł.		Time frame: Since the initi	al planning of the work
1	All support for the present	None	NECESSITY-IMI2 (as mentioned in Acknowledgments)
	manuscript (e.g., funding, provision of study materials,		Grant by Mrs. Genevieve Garnier (as mentioned in Acknowledgments)
	medical writing, article processing charges, etc.) No time limit for this item.	- 45 V- 57 500	
	no time limit for this item.		and and outropic and the second
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7		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_XNone	
3	Royalties or licenses	XNone	
			The state of the s
4	Constant to the contract of th	L L	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone
6	Payment for expert testimony	XNone
7	Support for attending meetings and/or travel	XNone
8	Patents planned, issued or pending	XNone
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone
11	Stock or stock options	XNone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone
13	Other financial or non- financial interests	XNone

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

Date:30 March 2022
Your Name:Wan-Fai Ng
Manuscript Title: Variability in primary Sjögren's syndrome is driven by interferon alpha, and genetically associated with
the class II HLA DQ locus
Manuscript number (if known): ar.21.1314 R1

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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)
	A CAMPAGE AND A	Time frame: Since the initi	al 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.	None	
		Time frame: pas	st 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	Abbvie
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
Audiole in a printe compression de la marca del la marca de la marca del la marca de la marca del la m	lectures, presentations, speakers bureaus, manuscript writing or		
	educational events	The second section of the second	
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	X	Sanofi, Novartis, Argenx, Janssen
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	

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