

ICMJE DISCLOSURE FORM

Date: 6/5/2022

Your Name: Christopher McMaster

Manuscript Title: Artificial Intelligence and Deep Learning for Rheumatologists: A Primer and Review of the Literature

Manuscript number (if known): ar-22-0309

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X 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	X None	
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None	
13	Other financial or non-financial interests	X 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: 6/5/2022

Your Name: Claire Owen

Manuscript Title: Artificial Intelligence and Deep Learning for Rheumatologists: A Primer and Review of the Literature

Manuscript number (if known): ar-22-0309

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Time frame: past 36 months			
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3	Royalties or licenses	___ None	
4	Consulting fees	___ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X	Speaking honoraria from Janssen, Roche and Novartis
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	X	Financial support from Roche for attendance at ACR2019
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	

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ICMJE DISCLOSURE FORM

Date: 6/5/2022

Your Name: David Liew

Manuscript Title: Artificial Intelligence and Deep Learning for Rheumatologists: A Primer and Review of the Literature

Manuscript number (if known): ar-22-0309

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Time frame: past 36 months			
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3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X 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	X None	
11	Stock or stock options	X None	
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ICMJE DISCLOSURE FORM

Date: 6/5/22

Your Name: Russell R C Buchanan

Manuscript Title: Artificial Intelligence and Deep Learning for Rheumatologists: A Primer and Review of the Literature

Manuscript number (if known): ar-22-0309

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Time frame: past 36 months			
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3	Royalties or licenses	X None	
4	Consulting fees	X None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X 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	X None	
11	Stock or stock options	X None	
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ICMJE DISCLOSURE FORM

Date: 9/5/22

Your Name: Alix Bird

Manuscript Title: Artificial Intelligence and Deep Learning for Rheumatologists

Manuscript number (if known): ar-22-0309

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	GlaxoSmithKline and Australian Government Research Training Program Scholarship	PhD funded by an unrestricted training grant
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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Date: 9/5/22

Your Name: Douglas Eduardo Valente Pires

Manuscript Title: Artificial Intelligence and Deep Learning for Rheumatologists

Manuscript number (if known): ar-22-0309

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Date: 9/5/22

Your Name: Wendy Chapman

Manuscript Title: Artificial Intelligence and Deep Learning for Rheumatologists

Manuscript number (if known): ar-22-0309

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

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <u> </u> <input checked="" type="checkbox"/> <u> </u> None	
6	Payment for expert testimony	<input type="checkbox"/> <u> </u> <input checked="" type="checkbox"/> <u> </u> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <u> </u> <input checked="" type="checkbox"/> <u> </u> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <u> </u> <input checked="" type="checkbox"/> <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <u> </u> <input checked="" type="checkbox"/> <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <u> </u> <input checked="" type="checkbox"/> <u> </u> None	
11	Stock or stock options	<input type="checkbox"/> <u> </u> <input checked="" type="checkbox"/> <u> </u> None	
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