| Date: | | | 10/3/2022 | | |
|--|---|---|--|---|--|
| Your Name: | | | Eric Morand | | |
| Manuscript Title: | | | Deucravacitinib, a Tyrosine Kinase 2 Inhibitor, in Systemic Lupus Erythematosus: A Phase 2, Randomized, Double-Blind, Placebo-Controlled Trial | | |
| Mai | nuscript Number (if k | nown): | ar-22-1253 | | |
| In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti | | ipt. "Rela of the ma e in doub s/activiti nsion, yo | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript. | | |
| | em #1 below, report and for disclosure is the | | · | ithout time limit. For all other items, the time | |
| | | | l entities with whom you have this ship 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. | | Myers Squibb | Click the tab key to add additional rows. | |
| 1 | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | | | Click the tab key to add additional rows. | |
| 2 | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | Bristol | Myers Squibb | Click the tab key to add additional rows. | |

| | | 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 | □ None | |
| | | AstraZeneca Bristol Myers Squibb Biogen Capella ONO Eli Lilly EMD Serono Genetech | Consultancy Consultancy Consultancy Consultancy Consultancy Consultancy Consultancy Consultancy Consultancy |
| | | Servier Novartis Zenas | Consultancy Consultancy Consultancy |
| 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, | None | |

| | | 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) |
|----|---|--|---|
| | committee or advocacy group, paid or unpaid | | |
| 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 | Abbvie Amgen AstraZeneca EMD Serono GSK UCB Bristol Myers Squibb Biogen Eli Lilly Genetech Janssen | Research Support |
| | ise place an "X" nex | t to the following statement to indicate your agreeme | ent: |
| | I certify that I have | answered every question and have not altered the wo | ording of any of the questions on this form. |

| Date: | | | 10/3/2022 | | |
|---|--|-------------------------|---|--|--|
| Your Name: | | | Marilyn Pike | | |
| Manuscript Title: | | | Deucravacitinib, a Tyrosine Kinase 2 Inhibito Randomized, Double-Blind, Placebo-Contro | or, in Systemic Lupus Erythematosus: A Phase 2, lled Trial | |
| Mai | nuscript Number (if kı | nown): | ar-22-1253 | | |
| con affe | tent of your manuscri cted by the content o | pt. "Rela of the mai | | | |
| epic | | nsion, you | | example, if your manuscript pertains to the acturers of antihypertensive medication, even if | |
| In item #1 below, report all suppo frame for disclosure is the past 36 | | | | ithout time limit. For all other items, the time | |
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| | | | entities with whom you have this hip or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
| | | | - | made to you or to your institution) | |
| 1 | All support for the present | relations | Time frame: Since the initial planning | made to you or to your institution) | |
| 1 | All support for the present manuscript (e.g., funding, provision | relations | thip or indicate none (add rows as needed) Time frame: Since the initial planning | made to you or to your institution) of the work | |
| 1 | All support for the present manuscript (e.g., | relations | Time frame: Since the initial planning | made to you or to your institution) | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | relations | Time frame: Since the initial planning | made to you or to your institution) of the work Click the tab key to add additional rows. | |

Royalties or

licenses

⊠ None

| | | 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 | AstraZeneca Bristol Myers Squibb Pfizer | Consultancy Consultancy Consultancy |
| 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 | |

| | | 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) | | |
|--------|---|--|---|--|--|
| 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 | | | |
| Plea 🖂 | 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. | | | | |

| Date: | | | 10/3/2022 | | |
|--|---|--|---|---|--|
| Your Name: | | | Joan T Merrill | | |
| Manuscript Title: | | | Deucravacitinib, a Tyrosine Kinase 2 Inhibitor, in Systemic Lupus Erythematosus: A Phase 2, Randomized, Double-Blind, Placebo-Controlled Trial | | |
| Ma | nuscript Number (if k | nown): | ar-22-1253 | | |
| content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned | | ipt. "Rela of the mar e in doubt s/activition nsion, you entioned | nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each of the should declare all relationships with manufain the manuscript. | interest, it is preferable that you do so. | |
| | | | l entities with whom you have this | Specifications/Comments (e.g., if payments were | |
| | | relations | ship or indicate none (add rows as needed) | made to you or to your institution) | |
| | | relations | thip or indicate none (add rows as needed) Time frame: Since the initial planning | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | | 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.) | | Time frame: Since the initial planning one Myers Squibb | Click the tab key to add additional rows. | |
| | 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. | Bristol f | Time frame: Since the initial planning Myers Squibb Time frame: past 36 month | Click the tab key to add additional rows. | |
| 2 | 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. Grants or contracts from | Bristol N | Time frame: Since the initial planning one Myers Squibb | Click the tab key to add additional rows. | |
| | 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. Grants or contracts from any entity (if not indicated in item | Bristol f | Time frame: Since the initial planning Myers Squibb Time frame: past 36 month | Click the tab key to add additional rows. | |
| | 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. Grants or contracts from any entity (if not | Bristol f | Time frame: Since the initial planning Myers Squibb Time frame: past 36 month | Click the tab key to add additional rows. | |

| | | 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 | □ None | |
| | | UCB | Consultancy |
| | | GlaxoSmithKline | Consultancy |
| | | AbbVie | Consultancy |
| | | EMD Serono | Consultancy |
| | | Janssen | Consultancy |
| | | Lilly | Consultancy |
| | | Genentech | Consultancy |
| | | Aurinia | Consultancy |
| | | Provention | Consultancy |
| | | Remegen | Consultancy |
| | | Celgene/Bristol Myers Squibb | Consultancy |
| | | AstraZeneca | Consultancy |
| | | Amgen | Consultancy |
| | | Astellas | Consultancy |
| | | Alexion | Consultancy |
| | | Sanofi | Consultancy |
| | | Zenas | Consultancy |
| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, | None Non | |
| | manuscript writing or educational events | | |
| 6 | Payment for expert testimony | ☑ None | |
| | | | |
| | | | |
| | | | |
| 7 | Support for | | |
| | attending | | |
| | meetings and/or | | |
| | travel | | |
| | | | |
| | | | |
| 8 | Patents planned, | ⊠ None | |
| | issued or | | |
| | pending | | |
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| | | | |
| 9 | Participation on a Data Safety | ⊠ None | |

| | | 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) | | |
|-------------|--|--|---|--|--|
| | Monitoring Board or Advisory Board | | | | |
| 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 | GlaxoSmtihKline AstraZeneca | Research Support Research Support | | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | | | |
| \boxtimes | I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | | |

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|---|--|
| Date: | 10/3/2022 |
| Your Name: | Ronald van Vollenhoven |
| Manuscript Title: | Deucravacitinib, a Tyrosine Kinase 2 Inhibitor, in Systemic Lupus Erythematosus: A Phase 2, Randomized, Double-Blind, Placebo-Controlled Trial |
| Manuscript Number (if known): | ar-22-1253 |
| content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, you that medication is not mentioned | ort for the work reported in this manuscript without time limit. For all other items, the time |
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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. | Bristol Myers Squibb | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | is . |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | 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 | □ None | |
| | | UCB Pfizer Biogen Celgene Servier AbbVie Galapagos Janssen AstraZeneca | Consultancy |
| | | Biotest Gilead | Consultancy Consultancy |
| 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 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, | ☑ None | |

| | | 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) |
|------|---|--|---|
| | committee or advocacy group, paid or unpaid | | |
| 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 | □ None | |
| | interests | Bristol Myers Squibb | Research Support |
| | | GlaxoSmithKline | Research Support |
| | | Eli Lilly | Research Support |
| | | Galapagos | Speaker |
| | | UCB | Research Support and speaker |
| | | Pfizer | Support for educational programs, speaker |
| | | AbbVie | Speaker |
| | | Janssen | Speaker |
| Plea | 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 wo | ording of any of the questions on this form. |

| | ICIVIJE DISCLUSURE FORIVI | | |
|--|---|--|------------------|
| Date: | ate: 10/3/2022 | | |
| Your Name: | Victoria P Werth | | |
| Manuscript Title: | Manuscript Title: Deucravacitinib, a Tyrosine Kinase 2 Inhibitor, in Systemic Lupus Erythematosus: A Phase 2, Randomized, Double-Blind, Placebo-Controlled Trial | | osus: A Phase 2, |
| Manuscript Number (if I | nown):ar-22-1253 | | |
| content of your manuscr affected by the content indicate a bias. If you ar The author's relationship epidemiology of hyperte that medication is not m | Manuscript Number (if known): ar-22-1253 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 hav relationship or indicate none (add row | | |

| | | 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) |
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| | | 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 Bristol Myers Squibb | Click the tab key to add additional rows. |
| | | Time frame: past 36 month | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None | |

| | | 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 | None | |
| | | Celgene | Consultancy |
| | | Resolve | Consultancy |
| | | Idera | Consultancy |
| | | Lilly | Consultancy |
| | | Bristol Myers Squibb | Consultancy |
| | | Medscape | Consultancy |
| | | Incyte | Consultancy |
| | | CSL Behring | Consultancy |
| | | Crisalis | Consultancy |
| | | Argenx | Consultancy |
| | | AstraZeneca | Consultancy |
| | | GSK | Consultancy |
| | | UCB | Consultancy |
| | | Beacon Bioscience | Consultancy |
| | | Medimmune | Consultancy |
| | | Genetech | Consultancy Consultancy |
| | | Janssen | Consultancy |
| | | Biogen Amgen | Consultancy |
| | | Nektar | Consultancy |
| | | EMD Serono | Consultancy |
| | | Principia | Consultancy |
| | | Viela Bio | Consultancy |
| | | Kirin | Consultancy |
| | | AbbVie | Consultancy |
| | | Cuegene | Consultancy |
| | | Corcept | Consultancy |
| 5 | Payment or honoraria for | | |
| | lectures, | | |
| | presentations, | | |
| | speakers | | |
| | bureaus, | | |
| | manuscript writing or | | |
| | educational | | |
| | events | | |
| 6 | Payment for | ⊠ None | |
| | expert testimony | | |
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| 7 | Support for | ⊠ None | |
| | attending meetings and/or | | |
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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) |
|------|---|--|--|
| 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 | Celgene Biogen AstraZeneca Amgen Janssen Gilead Viela Lupus Research Alliance/BMS | Research Support |
| Plea | - | t to the following statement to indicate your agreeme answered every question and have not altered the wo | |

| ICMJE DISCLOSURE FORM | | | |
|--|---|---|--|
| Date: | Date: 10/3/2022 | | |
| Your Name: | Coburn Hobar | | |
| Manuscript Title: | Manuscript Title: Deucravacitinib, a Tyrosine Kinase 2 Inhibitor, in Systemic Lupus Erythematosus: A Phase 2, Randomized, Double-Blind, Placebo-Controlled Trial | | |
| Manuscript Number (if k | known): ar-22-1253 | | |
| content of your manuscr affected by the content of indicate a bias. If you are The author's relationship epidemiology of hyperte that medication is not m In item #1 below, report | 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) | |

| | 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 o | 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. | | Employee and shareholder Click the tab key to add additional rows. |
| | Time frame: past 36 months | 5 |
| Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| Royalties or licenses | None | |

| | | 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 | 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 Bristol Myers Squibb | Employee and shareholder |
| 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 | |

| | | 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) |
|--------|--|---|---|
| 11 | Stock or stock options | None Bristol Myers Squibb | Employee and shareholder |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea 🖂 | • | t to the following statement to indicate your agreeme answered every question and have not altered the wo | |

| | ICIVIJE DISCLOSORE PO | ZNIVI | |
|---|--|---|--|
| Date: | nte: 10/3/2022 | | |
| Your Name: | Nikolay Delev | | |
| Manuscript Title: | Deucravacitinib, a Tyrosine Kinase 2 Inhibitor, in Systemic Lupus Erythematosus: A Phase 2, Randomized, Double-Blind, Placebo-Controlled Trial | | |
| Manuscript Number (if kr | nown): <u>ar-22-1253</u> | | |
| 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 | Specifications/Comments (e.g., if payments were | |

| | | 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 o | 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. | | Employee and shareholder Click the tab key to add additional rows. |
| | | 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 | |

| | | 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 | 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 Bristol Myers Squibb | Employee and shareholder |
| 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 | |

| | | 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) |
|--------|---|--|---|
| 11 | Stock or stock options | None Bristol Myers Squibb | Employee and shareholder |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea 🖂 | se 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. | | |

| Date: 10/3/2022 | | |
|--|------------|--|
| Your Name: Vaishali Shah | | |
| Manuscript Title: Deucravacitinib, a Tyrosine Kinase 2 Inhibitor, in Systemic Lupus Erythematosus: A Randomized, Double-Blind, Placebo-Controlled Trial | | |
| Manuscript Number (if known): | ar-22-1253 | |
| 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)

made to you or to your institution)

| | | relationship or indicate none (add rows as needed) | 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 | None Bristol Myers Squibb | Employee and shareholder Click the tab key to add additional rows. |
| | this item. | | |
| | | Time frame: past 36 month | s |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None None | |

| | | 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 | 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 Bristol Myers Squibb | Employee and shareholder |
| 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 | |

| | | 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) |
|--------|---|--|---|
| 11 | Stock or stock options | None Bristol Myers Squibb | Employee and shareholder |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea 🖂 | se 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. | | |

| Date: | 10/3/2022 |
|-------------------------------------|--|
| Your Name: | Brian Sharkey |
| Manuscript Title: | Deucravacitinib, a Tyrosine Kinase 2 Inhibitor, in Systemic Lupus Erythematosus: A Phase 2, Randomized, Double-Blind, Placebo-Controlled Trial |
| Manuscript Number (if known): | ar-22-1253 |
| In the interest of transparency, we | e ask you to disclose all relationships/activities/interests listed below that are related to the |

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) |
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| | | Time frame: Since the initial planning of | 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 Bristol Myers Squibb | Employee and shareholder at the time of the study Click the tab key to add additional rows. |
| | | Time frame: past 36 months | S |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
| 3 | Royalties or licenses | None None | |

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| Date: | 10/3/2022 |
|---|--|
| Your Name: | Thomas Wegman |
| Manuscript Title: | Deucravacitinib, a Tyrosine Kinase 2 Inhibitor, in Systemic Lupus Erythematosus: A Phase 2, Randomized, Double-Blind, Placebo-Controlled Trial |
| Manuscript Number (if known): | ar-22-1253 |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
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| Date: | | | 10/3/2022 | | |
|---|---|---------------------------------------|--|--|--|
| Your Name: | | | lan Catlett | | |
| Manuscript Title: | | | Deucravacitinib, a Tyrosine Kinase 2 Inhibitor, in Systemic Lupus Erythematosus: A Phase 2, Randomized, Double-Blind, Placebo-Controlled Trial | | |
| Ma | nuscript Number (if k | nown): | ar-22-1253 | | |
| content of your manuscript. "Rela affected by the content of the man | | ipt. "Rela of the ma e in doubt | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. | | |
| epi | - | nsion, yo | · · · · · · · · · · · · · · · · · · · | example, if your manuscript pertains to the acturers of antihypertensive medication, even if | |
| In item #1 below, report all suppo frame for disclosure is the past 36 | | | | ithout time limit. For all other items, the time | |
| | | | l entities with whom you have this ship 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 | [□ No | one | | |
| | manuscript (e.g., funding, provision | Bristol | Myers Squibb | Employee and shareholder | |
| | of study materials, | | | Click the tab key to add additional rows. | |
| | medical writing, article processing charges, etc.) No time limit for this item. | | | | |
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| | | | Time frame: past 36 month | s | |
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| Date: | 10/3/2022 |
|---|--|
| Your Name: | Subhashis Banerjee |
| Manuscript Title: | Deucravacitinib, a Tyrosine Kinase 2 Inhibitor, in Systemic Lupus Erythematosus: A Phase 2, Randomized, Double-Blind, Placebo-Controlled Trial |
| Manuscript Number (if known): | ar-22-1253 |
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| Royalties or licenses | None None | |

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| Date: | 10/3/2022 |
|---|--|
| Your Name: | Shalabh Singhal |
| Manuscript Title: | Deucravacitinib, a Tyrosine Kinase 2 Inhibitor, in Systemic Lupus Erythematosus: A Phase 2, Randomized, Double-Blind, Placebo-Controlled Trial |
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