

## ICMJE DISCLOSURE FORM

**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

**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)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Bristol Myers Squibb</td> <td style="width: 40%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Bristol Myers Squibb					Click the tab key to add additional rows.	
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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	Consulting fees	<input type="checkbox"/> None	
		AstraZeneca	Consultancy
		Bristol Myers Squibb	Consultancy
		Biogen	Consultancy
		Capella	Consultancy
		ONO	Consultancy
		Eli Lilly	Consultancy
		EMD Serono	Consultancy
		Genetech	Consultancy
		Servier	Consultancy
		Novartis	Consultancy
Zenas	Consultancy		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society,	<input checked="" type="checkbox"/> 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		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		Abbvie	Research Support
		Amgen	Research Support
		AstraZeneca	Research Support
		EMD Serono	Research Support
		GSK	Research Support
		UCB	Research Support
		Bristol Myers Squibb	Research Support
		Biogen	Research Support
		Eli Lilly	Research Support
		Genetech	Research Support
		Janssen	Research Support

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

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

## ICMJE DISCLOSURE FORM

**Date:** 10/3/2022

**Your Name:** Marilyn Pike

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

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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## ICMJE DISCLOSURE 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

**Manuscript Number (if known):** ar-22-1253

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		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, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety	<input checked="" type="checkbox"/> 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		
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		GlaxoSmtihKline	Research Support
		AstraZeneca	Research Support

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**Date:** 10/3/2022

**Your Name:** Ronald van Vollenhoven

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		UCB	Consultancy
		Pfizer	Consultancy
		Biogen	Consultancy
		Celgene	Consultancy
		Servier	Consultancy
		AbbVie	Consultancy
		Galapagos	Consultancy
		Janssen	Consultancy
		AstraZeneca	Consultancy
		Biotest	Consultancy
Gilead	Consultancy		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		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

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## ICMJE DISCLOSURE FORM

**Date:** 10/3/2022

**Your Name:** Victoria P Werth

**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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		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
		Janssen	Consultancy
		Biogen	Consultancy
		Amgen	Consultancy
		Nektar	Consultancy
		EMD Serono	Consultancy
		Principia	Consultancy
		Viola Bio	Consultancy
		Kirin	Consultancy
AbbVie	Consultancy		
Cuegene	Consultancy		
Corcept	Consultancy		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	

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		Celgene	Research Support
		Biogen	Research Support
		AstraZeneca	Research Support
		Amgen	Research Support
		Janssen	Research Support
		Gilead	Research Support
		Viela	Research Support
		Lupus Research Alliance/BMS	Research Support

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**Date:** 10/3/2022

**Your Name:** Coburn Hobar

**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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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Bristol Myers Squibb</td> <td style="padding: 2px;">Employee and shareholder</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table>	Bristol Myers Squibb	Employee and shareholder			Click the tab key to add additional rows.	
Bristol Myers Squibb	Employee and shareholder								
Click the tab key to add additional rows.									
<b>Time frame: past 36 months</b>									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>						



		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Bristol Myers Squibb	Employee and shareholder
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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	<input type="checkbox"/> None	
		Bristol Myers Squibb	Employee and shareholder
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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

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

## ICMJE DISCLOSURE FORM

**Date:** 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 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.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>													
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## ICMJE DISCLOSURE FORM

**Date:** 10/3/2022

**Your Name:** Vaishali Shah

**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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		Bristol Myers Squibb	Employee and shareholder
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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

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



## ICMJE DISCLOSURE FORM

**Date:** 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

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		Bristol Myers Squibb	Employee and shareholder at the time of the study		
		<small>Click the tab key to add additional rows.</small>			
<b>Time frame: past 36 months</b>					
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>			
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## ICMJE DISCLOSURE FORM

**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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## ICMJE DISCLOSURE FORM

**Date:** 10/3/2022

**Your Name:** Ian Catlett

**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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	



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

## ICMJE DISCLOSURE FORM

**Date:** 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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## ICMJE DISCLOSURE FORM

**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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