

ICMJE DISCLOSURE FORM

Date: 6/4/2022

Your Name: Jin Kyun Park

Manuscript Title: The impact of temporary methotrexate discontinuation for 1 week versus 2 weeks on seasonal influenza vaccination in patients with rheumatoid arthritis

Manuscript Number (if known): ar-22-0551.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 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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 6/4/2022

Your Name: Yun Jong Lee

Manuscript Title: The impact of temporary methotrexate discontinuation for 1 week versus 2 weeks on seasonal influenza vaccination in patients with rheumatoid arthritis

Manuscript Number (if known): ar-22-0551.R1

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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: 8/26/2021

Your Name: Kichul Shin

Manuscript Title: The impact of temporary methotrexate discontinuation for 1 week versus 2 weeks on seasonal influenza vaccination in patients with rheumatoid arthritis

Manuscript Number (if known): ar-22-0551.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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4	Consulting fees	<input type="checkbox"/> None	
		KD Bio	Consulting fees for product development and clinical trials
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Janssen Korea, Novartis Korea, Abbvie Korea, JW pharmaceuticals	Payment for lectures
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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Date: 2022-June-4th

Your Name: Eun Ha Kang

Manuscript Title: The impact of temporary methotrexate discontinuation for 1 week versus 2 weeks on seasonal influenza vaccination in patients with rheumatoid arthritis

Manuscript Number (if known): ar-22-0551.R1

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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: 6/4/2021

Your Name: Jun Won Park

Manuscript Title: The impact of temporary methotrexate discontinuation for 1 week versus 2 weeks on seasonal influenza vaccination in patients with rheumatoid arthritis

Manuscript Number (if known): ar-22-0551.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 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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ICMJE DISCLOSURE FORM

Date: 6/4/2022

Your Name: Min Jung Kim

Manuscript Title: The impact of temporary methotrexate discontinuation for 1 week versus 2 weeks on seasonal influenza vaccination in patients with rheumatoid arthritis

Manuscript Number (if known): ar-22-0551.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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ICMJE DISCLOSURE FORM

Date: 6/4/2022

Your Name: Mi Hyeon Kim

Manuscript Title: The impact of temporary methotrexate discontinuation for 1 week versus 2 weeks on seasonal influenza vaccination in patients with rheumatoid arthritis

Manuscript Number (if known): ar-22-0551.R1

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ICMJE DISCLOSURE FORM

Date: 6/5/2022

Your Name: Se Rim Choi

Manuscript Title: The impact of temporary methotrexate discontinuation for 1 week versus 2 weeks on seasonal influenza vaccination in patients with rheumatoid arthritis

Manuscript Number (if known): ar-22-0551.R1

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

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

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

ICMJE DISCLOSURE FORM

Date: 6/4/2022

Your Name: Youjin Jung

Manuscript Title: The impact of temporary methotrexate discontinuation for 1 week versus 2 weeks on seasonal influenza vaccination in patients with rheumatoid arthritis

Manuscript Number (if known): ar-22-0551.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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ICMJE DISCLOSURE FORM

Date: 6/5/2022

Your Name: Ju Ho Lee

Manuscript Title: The impact of temporary methotrexate discontinuation for 1 week versus 2 weeks on seasonal influenza vaccination in patients with rheumatoid arthritis

Manuscript Number (if known): ar-22-0551.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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ICMJE DISCLOSURE FORM

Date: 6/4/2022

Your Name: Jung Ji In

Manuscript Title: The impact of temporary methotrexate discontinuation for 1 week versus 2 weeks on seasonal influenza vaccination in patients with rheumatoid arthritis

Manuscript Number (if known): ar-22-0551.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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ICMJE DISCLOSURE FORM

Date: 6/4/2022

Your Name: Ju Yeon Kim

Manuscript Title: The impact of temporary methotrexate discontinuation for 1 week versus 2 weeks on seasonal influenza vaccination in patients with rheumatoid arthritis

Manuscript Number (if known): ar-22-0551.R1

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ICMJE DISCLOSURE FORM

Date: 6/6/2022

Your Name: Kevin L Winthrop

Manuscript Title: The impact of temporary methotrexate discontinuation for 1 week versus 2 weeks on seasonal influenza vaccination in patients with rheumatoid arthritis

Manuscript Number (if known): ar-22-0551.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 author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;">BMS, Pfizer</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	BMS, Pfizer					
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input type="checkbox"/> None	
		Pfizer, AbbVie, UCB, Eli Lilly, Galapagos	
		GSK, Roche, Gilead, BMS, Regeneron	
		Sanofi, AstraZeneca, Novartis	
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	

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

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

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

ICMJE DISCLOSURE FORM

Date: 6/4/2022

Your Name: Eun Bong Lee

Manuscript Title: The impact of temporary methotrexate discontinuation for 1 week versus 2 weeks on seasonal influenza vaccination in patients with rheumatoid arthritis

Manuscript Number (if known): ar-22-0551.R1

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