

## ICMJE DISCLOSURE FORM

**Date:** 9/25/2023

**Your Name:** Anton Matsson

**Manuscript Title:** Patterns in the sequential treatment of rheumatoid arthritis patients starting a biologic or targeted synthetic disease-modifying antirheumatic drug: 10-year experience from a US-based registry

**Manuscript Number (if known):** ACROR-23-138

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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		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>									
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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:** 9/26/2023

**Your Name:** Daniel Solomon

**Manuscript Title:** Patterns in the sequential treatment of rheumatoid arthritis patients starting a biologic or targeted synthetic disease-modifying antirheumatic drug: 10-year experience from a US-based registry

**Manuscript Number (if known):** ACROR-23-138

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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"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">CorEvitas</td> <td style="width: 50%;">Research contract to Brigham and Women's Hospital</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	CorEvitas	Research contract to Brigham and Women's Hospital			Click the tab key to add additional rows.		
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	society, 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 checked="" type="checkbox"/> <b>None</b>	

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:** 9/25/2023

**Your Name:** Margaux M. Crabtree

**Manuscript Title:** Patterns in the sequential treatment of rheumatoid arthritis patients starting a biologic or targeted synthetic disease-modifying antirheumatic drug: 10-year experience from a US-based registry

**Manuscript Number (if known):** ACROR-23-138

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

**Date:** 9/25/2023

**Your Name:** Ryan Harrison

**Manuscript Title:** Patterns in the sequential treatment of rheumatoid arthritis patients starting a biologic or targeted synthetic disease-modifying antirheumatic drug: 10-year experience from a US-based registry

**Manuscript Number (if known):** ACROR-23-138

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<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<b>X None</b>	
<b>10</b>	Leadership or fiduciary role in	<b>X None</b>	

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## ICMJE DISCLOSURE FORM

**Date:** 9/25/2023

**Your Name:** Heather Litman

**Manuscript Title:** Patterns in the sequential treatment of rheumatoid arthritis patients starting a biologic or targeted synthetic disease-modifying antirheumatic drug: 10-year experience from a US-based registry

**Manuscript Number (if known):** ACROR-23-138

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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>	
		I am an employee of CorEvitas, part of Thermo Fisher Scientific.	

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:** 9/26/2023

**Your Name:** Fredrik Johansson

**Manuscript Title:** Patterns in the sequential treatment of rheumatoid arthritis patients starting a biologic or targeted synthetic disease-modifying antirheumatic drug: 10-year experience from a US-based registry

**Manuscript Number (if known):** ACROR-23-138

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;">Wallenberg Foundation</td> <td style="padding: 2px;">WASP Collaboration Grant supports the salary of me and my PhD student.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Wallenberg Foundation	WASP Collaboration Grant supports the salary of me and my PhD student.			Click the tab key to add additional rows.	
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<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="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="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>						



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