

ICMJE DISCLOSURE FORM

Date: 27.09.2022

Your Name: Darren Plant

Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment response in rheumatoid arthritis

Manuscript number (if known): ar-22-1031

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.

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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	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> 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: September 22, 2022
 Your Name: Alexander B. Carvidi
 Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment response in rheumatoid arthritis
 Manuscript number (if known): ar-22-1031

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ICMJE DISCLOSURE FORM

Date: 27-09-2022

Your Name: Professor Suzanne M.M. Verstappen

Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment response in rheumatoid arthritis

Manuscript number (if known): ar-22-1031

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ICMJE DISCLOSURE FORM

Date: 27/09/2022

Your Name: Anne Barton

Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment response in rheumatoid arthritis

Manuscript number (if known): ar-22-1031

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ICMJE DISCLOSURE FORM

Date: October 1, 2022

Your Name: Cameron Adams

Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment response in rheumatoid arthritis

Manuscript number (if known): ar-22-1031

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ICMJE DISCLOSURE FORM

Date: 10/3/22
 Your Name: Lindsey A Criswell
 Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment response in rheumatoid arthritis
 Manuscript number (if known): ar-22-1031

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3	Royalties or licenses	_X_None	
4	Consulting fees	_X_None	

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ICMJE DISCLOSURE FORM

Date: 10/02/2022

Your Name: Diana Quach

Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment response in rheumatoid arthritis

Manuscript number (if known): ar-22-1031

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3	Royalties or licenses	<u> X </u> None	
4	Consulting fees	<u> X </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 10/02/2022

Your Name: Hong Quach

Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment response in rheumatoid arthritis

Manuscript number (if known): ar-22-1031

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ICMJE DISCLOSURE FORM

Date: Sept 27, 2021

Your Name: Joanne Nititham

Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment response in rheumatoid arthritis

Manuscript number (if known): ar-22-1031

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ICMJE DISCLOSURE FORM

Date: 10-18-2022 _____

Your Name: Lisa F Barcellos _____

Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment response in rheumatoid arthritis

Manuscript number (if known): ar-22-1031

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ICMJE DISCLOSURE FORM

Date: 28/09/22

Your Name: Nisha Nair

Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment response in rheumatoid arthritis

Manuscript number (if known): ar-22-1031

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Time frame: past 36 months			

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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 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	
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: 10/20/2022

Your Name: Jonathan Graf, MD

Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment response in rheumatoid arthritis

Manuscript number (if known): ar-22-1031

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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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	

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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: 9/26/2022

Your Name: Mary C. Nakamura

Manuscript Title: Identification of cell-specific differential DNA methylation associated with methotrexate treatment response in rheumatoid arthritis

Manuscript number (if known): ar-22-1031

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.	NIH grant P30-AR-070155	Center Grant for PREMIER Center at UCSF
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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	
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