

ICMJE DISCLOSURE FORM

Date: 9/1/2023

Your Name: Rennie L. Rhee

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

Manuscript Number (if known): ACROR-23-094

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.

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Date: 9/1/2023

Your Name: Ryan Rebello

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

Manuscript Number (if known): ACROR-23-094

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Your Name: Madhura Tamhankar

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

Manuscript Number (if known): ACROR-23-094

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		Horizon Therapeutics	
		Viridian Therapeutics	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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Your Name: Shubhasree Banerjee

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

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Your Name: Fang Liu

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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: 9/1/2023

Your Name: Quy Cao

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

Manuscript Number (if known): ACROR-23-094

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: 9/1/2023

Your Name: Robert Kurtz

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

Manuscript Number (if known): ACROR-23-094

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: 9/1/2023

Your Name: Joshua F. Baker

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

Manuscript Number (if known): ACROR-23-094

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: 9/1/2023

Your Name: Zhaoyang Fan

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

Manuscript Number (if known): ACROR-23-094

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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: 9/1/2023

Your Name: Vatsal Bhatt

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

Manuscript Number (if known): ACROR-23-094

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: 9/1/2023

Your Name: Naomi Amudala

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

Manuscript Number (if known): ACROR-23-094

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: 9/1/2023

Your Name: Sherry Chou

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

Manuscript Number (if known): ACROR-23-094

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: 9/1/2023

Your Name: Rui Liang

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

Manuscript Number (if known): ACROR-23-094

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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: 9/1/2023

Your Name: Marisa Sanchez

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

Manuscript Number (if known): ACROR-23-094

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: 9/1/2023

Your Name: Morgan Burke

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

Manuscript Number (if known): ACROR-23-094

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: 9/1/2023

Your Name: Lisa Desiderio

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

Manuscript Number (if known): ACROR-23-094

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: 9/1/2023

Your Name: Laurie A. Loevner

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

Manuscript Number (if known): ACROR-23-094

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <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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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: 9/1/2023

Your Name: Jeffrey S. Morris

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

Manuscript Number (if known): ACROR-23-094

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: 9/2/2023

Your Name: Peter A. Merkel, MD, MPH

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

Manuscript Number (if known): ACROR-23-094

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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3	Royalties or licenses	<input type="checkbox"/> None	
		UpToDate	
4	Consulting fees	<input type="checkbox"/> None	
		AbbVie, AstraZeneca, Amgen, ArGenx, Boeringher-Ingelheim, Bristol-Myers Squibb, Cabaletta, ChemoCentryx, CSL Behring, Dynacure, EMDSerono, Forbuis, Genentech/Roche, GlaxoSmithKline, HiBio, InflaRx, Janssen, Jubilant, Kyverna, Magenta, MiroBio, Mitsubishi, Neutrolis, Novartis, NS Pharma, Pfizer, Q32, Regeneron, Sparrow, Takeda, Vistera	Payments made to me.
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	
		ChemoCentryx	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input type="checkbox"/> None	
		Kyverna	
		Sparrow	
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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ICMJE DISCLOSURE FORM

Date: 9/1/2023

Your Name: Jae W. Song

Manuscript Title: Combined orbital and cranial vessel wall magnetic resonance imaging for the assessment of disease activity in giant cell arteritis

Manuscript Number (if known): ACROR-23-094

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