

ICMJJE DISCLOSURE FORM

Date: 3/3/2024

Your Name: Kristofer Andréasson

Manuscript Title: Treatment for rheumatoid arthritis is associated with alterations in the gastrointestinal microbiota

Manuscript Number (if known): ACROR-22-162

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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Time frame: Since the initial planning of the work								
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Time frame: past 36 months								
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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	

		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: 3/10/2024

Your Name: Tor Olofsson

Manuscript Title: Treatment for rheumatoid arthritis is associated with alterations in the gastrointestinal microbiota

Manuscript Number (if known): ACROR-22-162

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		MSD, UCB	Unpaid manuscript advice

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ICMJE DISCLOSURE FORM

Date: 3/4/2024

Your Name: Venu Lagishetty

Manuscript Title: Treatment for rheumatoid arthritis is associated with alterations in the gastrointestinal microbiota

Manuscript Number (if known): ACROR-22-162

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ICMJE DISCLOSURE FORM

Date: 3/6/2024

Your Name: Zaid Alrawi

Manuscript Title: Treatment for rheumatoid arthritis is associated with alterations in the gastrointestinal microbiota

Manuscript Number (if known): ACROR-22-162

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ICMJJE DISCLOSURE FORM

Date: 3/4/2024

Your Name: Eline Suzanne Klaassens

Manuscript Title: Treatment for rheumatoid arthritis is associated with alterations in the gastrointestinal microbiota

Manuscript Number (if known): ACROR-22-162

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ICMJE DISCLOSURE FORM

Date: 11 maart 2024

Your Name: Savanne Holster

Manuscript Title: Treatment for rheumatoid arthritis is associated with alterations in the gastrointestinal microbiota

Manuscript Number (if known): ACROR-22-162

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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="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>							

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.

ICMJJE DISCLOSURE FORM

Date: 3/4/2024

Your Name: Roger Hesselstrand

Manuscript Title: Treatment for rheumatoid arthritis is associated with alterations in the gastrointestinal microbiota

Manuscript Number (if known): ACROR-22-162

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 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>						
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>						

		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 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 type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Boehringer Ingelheim AB	Employee since 2021

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: 3/4/2024

Your Name: Jonathan Jacobs

Manuscript Title: Treatment for rheumatoid arthritis is associated with alterations in the gastrointestinal microbiota

Manuscript Number (if known): ACROR-22-162

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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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: 3/5/2024

Your Name: Johan K Wallman

Manuscript Title: Treatment for rheumatoid arthritis is associated with alterations in the gastrointestinal microbiota

Manuscript Number (if known): ACROR-22-162

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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		Novartis	Grant paid out to my institution, Department of Clinical Sciences Lund, Rheumatology, Lund University. Not related to the current manuscript.						
		Pfizer	Grant paid out to my institution, Department of Clinical Sciences Lund, Rheumatology, Lund University. Not related to the current manuscript.						
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4	Consulting fees	<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>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 15px;">AbbVie</td> <td style="width: 50%;">Speaker's bureau fee paid to my institution, Department of Rheumatology, Skåne University Hospital. Not related to the current manuscript.</td> </tr> <tr> <td style="height: 15px;">Amgen</td> <td>Speaker's bureau fee paid to my institution, Department of Rheumatology, Skåne University Hospital. Not related to the current manuscript.</td> </tr> <tr> <td style="height: 15px;"></td> <td></td> </tr> </table>		AbbVie	Speaker's bureau fee paid to my institution, Department of Rheumatology, Skåne University Hospital. Not related to the current manuscript.	Amgen	Speaker's bureau fee paid to my institution, Department of Rheumatology, Skåne University Hospital. Not related to the current manuscript.		
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8	Patents planned, issued or pending	<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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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 type="checkbox"/> None	
		Acting co-chair for the Swedish Society for Rheumatology's working group, annually updating treatment recommendations for axial spondyloarthritis and psoriatic arthritis.	Fiduciary role without any payment.
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	

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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: 3/4/24

Your Name: Elizabeth Volkmann

Manuscript Title: Treatment for rheumatoid arthritis is associated with alterations in the gastrointestinal microbiota

Manuscript number (if known): ACROR-22-162

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Boehringer Ingelheim	Payments made to institution
		Prometheus	Payments made to institution
		Horizon	Payments made to institution
		Kadmon	Payments made to institution
3	Royalties or licenses	None	
4	Consulting fees	Boehringer Ingelheim	Payments made to self
		GSK	Payments made to self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Boehringer Ingelheim	Unbranded, disease state lectures; Payments made to self
6		None	

	Payment for expert testimony		
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

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