

ICMJE DISCLOSURE FORM

Date: 7/18/2024

Your Name: Enrique R Soriano

Manuscript Title: Persistent Patient-Level Effect of Guselkumab at Consecutive 8-Week Dosing Visits and Over Time in Patients with Active Psoriatic Arthritis: Post hoc Analysis of a 2-year, Phase 3 Randomized, Controlled Study

Manuscript Number (if known): ACROR-24-063.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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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.

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Date: 7/18/2024

Your Name: Nathalie J Shiff

Manuscript Title: Persistent Patient-Level Effect of Guselkumab at Consecutive 8-Week Dosing Visits and Over Time in Patients with Active Psoriatic Arthritis: Post hoc Analysis of a 2-year, Phase 3 Randomized, Controlled Study

Manuscript Number (if known): ACROR-24-063.R1

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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 type="checkbox"/> None	
		AbbVie	Current stock ownership dated 24May2024
		Gilead	Current stock ownership dated 24May2024
		Iovance	Current stock ownership dated 24May2024
		Jazz	Current stock ownership dated 24May2024
		Johnson & Johnson	Current stock ownership dated 24May2024
		Novavax	Current stock ownership dated 24May2024
		Viatrix	Current stock ownership dated 24May2024
		Novo-Nordisk	Owns or has owned in the past 3 years
	Pfizer	Owns or has owned in the past 3 years	
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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Your Name: May Shawi

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		Johnson & Johnson	Dated 25Apr2023
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Your Name: Emmanouil Rampakakis

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Date: 7/18/2024

Your Name: Peter Nash

Manuscript Title: Persistent Patient-Level Effect of Guselkumab at Consecutive 8-Week Dosing Visits and Over Time in Patients with Active Psoriatic Arthritis: Post hoc Analysis of a 2-year, Phase 3 Randomized, Controlled Study

Manuscript Number (if known): ACROR-24-063.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)																		
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		Novartis Pfizer Sun UCB	
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 type="checkbox"/> None AbbVie Amgen Boehringer Ingelheim Bristol Myers Squibb Celgene Eli Lilly Galapagos GlaxoSmithKline Janssen Novartis Pfizer Sun UCB	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None 	
7	Support for attending meetings and/or travel	<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)
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: 7/18/2024

Your Name: Joseph F Merola

Manuscript Title: Persistent Patient-Level Effect of Guselkumab at Consecutive 8-Week Dosing Visits and Over Time in Patients with Active Psoriatic Arthritis: Post hoc Analysis of a 2-year, Phase 3 Randomized, Controlled Study

Manuscript Number (if known): ACROR-24-063.R1

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4	Consulting fees	<input type="checkbox"/> None	
		AbbVie	
		Amgen	
		Astra Zeneca	
		Biogen	
		Boehringer Ingelheim	
		Bristol Myers Squibb	
		Dermavant	
		Eli Lilly	
		Incyte	
		Janssen	
		Leo Pharma	
		Moonlake	
		Novartis	
		Pfizer	
		Sanofi-Regeneron	
		Sun Pharma	
UCB			
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	<input checked="" type="checkbox"/> None	

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	Board or Advisory Board		
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	

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ICMJE DISCLOSURE FORM

Date: 7/18/2024

Your Name: Philip J. Mease

Manuscript Title: Persistent Patient-Level Effect of Guselkumab at Consecutive 8-Week Dosing Visits and Over Time in Patients with Active Psoriatic Arthritis: Post hoc Analysis of a 2-year, Phase 3 Randomized, Controlled Study

Manuscript Number (if known): ACROR-24-063.R1

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	Monitoring Board or Advisory Board	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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ICMJE DISCLOSURE FORM

Date: 7/19/2024

Your Name: Iain B McInnes

Manuscript Title: Persistent Patient-Level Effect of Guselkumab at Consecutive 8-Week Dosing Visits and Over Time in Patients with Active Psoriatic Arthritis: Post hoc Analysis of a 2-year, Phase 3 Randomized, Controlled Study

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11	Stock or stock options	<input type="checkbox"/> None	
		Causeway and Evelo Compugen	Shareholder
		NHSGGC Board Member	Shareholder
		Evelo Board of Directors	Shareholder
		Versus Arthritis Trustee	Shareholder
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 7/18/2024

Your Name: Atul Deodhar

Manuscript Title: Persistent Patient-Level Effect of Guselkumab at Consecutive 8-Week Dosing Visits and Over Time in Patients with Active Psoriatic Arthritis: Post hoc Analysis of a 2-year, Phase 3 Randomized, Controlled Study

Manuscript Number (if known): ACROR-24-063.R1

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		AbbVie	
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		Celgene	
		Eli Lilly	
		Janssen	
		Novartis	
		Pfizer	
UCB			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Eli Lilly	
		Janssen	
		Novartis	
		Pfizer	
		UCB	
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	

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11	Stock or stock options	<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.

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Date: 7/18/2024

Your Name: Vinod Chandran

Manuscript Title: Persistent Patient-Level Effect of Guselkumab at Consecutive 8-Week Dosing Visits and Over Time in Patients with Active Psoriatic Arthritis: Post hoc Analysis of a 2-year, Phase 3 Randomized, Controlled Study

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Your Name: Soumya D Chakravarty

Manuscript Title: Persistent Patient-Level Effect of Guselkumab at Consecutive 8-Week Dosing Visits and Over Time in Patients with Active Psoriatic Arthritis: Post hoc Analysis of a 2-year, Phase 3 Randomized, Controlled Study

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		Johnson & Johnson	Dated 29May2024
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Your Name: Xenofon Baraliakos

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