Date:	12/6/2021
Your Name:	Sixia Chen
Manuscript Title:	47XXY and 47XXX in Scleroderma and Myositis
Manuscript Number (if known):	ACROR-21-145

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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None Non	

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4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
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 None	

		e all entities with whom you have this ionship 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	-	e following statement to indicate your agreeme	

Date:	12/6/2021
Your Name:	James B Lilleker
Manuscript Title:	47XXY and 47XXX in Scleroderma and Myositis
Manuscript Number (if known):	ACROR-21-145

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		lame all entities with whom you have this elationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payment made to you or to your institution)	ts were
		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.	None Click the tab key to add additional rows.	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
3	Royalties or licenses	None 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)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Roche Biogen Sanofi	Speaker fee Speaker fee Speaker fee
6	Payment for expert testimony	None Non	
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 ■	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea 🖂	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.			

Date:		12/6/2021		
Your Name:		Janine Lamb	Janine Lamb	
Manuscript Title:		47XXY and 47XXX in Scleroderma an	47XXY and 47XXX in Scleroderma and Myositis	
Mar	nuscript Number (if k	known): ACROR-21-145	_	
confl affe indice The epic that	tent of your manuscr cted by the content of cate a bias. If you are author's relationship demiology of hyperte medication is not m	of the manuscript. Disclosure represents a commit e in doubt about whether to list a relationship/actions/activities/interests should be defined broadly. Finsion, you should declare all relationships with maintenance in the manuscript. all support for the work reported in this manuscript.	r not-for-profit third parties whose interests may be ment to transparency and does not necessarily rity/interest, it is preferable that you do so. or example, if your manuscript pertains to the nufacturers of antihypertensive medication, even if	
		Name all entities with whom you have this relationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Since the initial plann	ng of the work	
1	All support for the present manuscript (e.g., funding, provision	☐ None Grant funding: Medical Research Council, UK	Institution	
	of study materials,	(MR/N003322/1) Grant funding: Myositis UK	Institution	
	medical writing,	<u> </u>	Click the tab key to add additional rows.	
	article processing charges, etc.) No time limit for this item.			
		Time frame: past 36 mo	nths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	⊠ None		

			specifications/Comments (e.g., if payments were nade to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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 ■	

		e all entities with whom you have this ionship 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂		e following statement to indicate your agreeme	

Date:	12/7/2021	
Your Name:	Susanna Proudman	
Manuscript Title:	47XXY and 47XXX in Scleroderma and Myositis	
Manuscript Number (if known): _ACROR-21-145		
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.	
• •	ies/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.	
1 10 114 1 1 1 1		

		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	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.	None □	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item	☐ None Janssen Boehringer-Ingelheim	Corbus Emerald
	#1 above).	CSL	Emerdia
3	Royalties or licenses	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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Boehringer-Ingelheim	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Boehringer-Ingelheim	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None Arthritis Australia Australian Rheumatology Association	

		e all entities with whom you have this ionship 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	•	e following statement to indicate your agreeme ered every question and have not altered the wo	

Date:	12/6/2021
Your Name:	Maureen D. Mayes
Manuscript Title:	47XXY and 47XXX in Scleroderma and Myositis
Manuscript Number (if known):	ACROR-21-145
	Notion 22 210

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		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not	□ None	
	indicated in item #1 above).	Actelion Pharma	Grant reviewer for Young Investigator program (payment to me)
		Mitsubishi-Tanabe	Member, Scientific Advisory Board (payment to me); Clinical Trial Investigator (payment to Institution)
		Boehringer-Ingelheim	Member, Scientific Advisory Board (payment to me); Clinical Trial Investigator (payment to Institution)
		EICOS	Advisory Board Member (payment to me) Clinical Trial Investigator (payment to Instutition)

		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)
		Corbus Horizon	Clinical Trial Investigator (payment to Institution) Clinical Trial Investigator (payment to Institution)
3	Royalties or licenses	None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety	⊠ None	

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Monitoring Board or Advisory Board		
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	
Plea ⊠	•	e following statement to indicate your agreeme ered every question and have not altered the wo	

Date:	12/9/2021
Your Name:	Lisa Rider
Manuscript Title:	47XXY and 47XXX in Scleroderma and Myositis
Manuscript Number (if known):	ACROR-21-145

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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)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		e all entities with whom you have this ionship 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂		e following statement to indicate your agreeme	

Date:	12/9/2021
Your Name:	Fred Miller
Manuscript Title:	47XXY and 47XXX in Scleroderma and Myositis

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		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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None 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)
4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
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 ■	

			e all entities with whom you have this onship 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		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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- rectary that make answered every question and have not altered the words

Date:			1/4/2022	
You	r Name:		Robrt Hal Scofield	
Manuscript Title:			47XXY and 47XXX in Scleroderma and Myositis	
Maı	nuscript Number (if k	(nown):	ACROR-21-145.R1	
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activities.		ript. "Rela of the mar e in doubt os/activitiension, you	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For each of the should declare all relationships with manuf	/interest, it is preferable that you do so.
	em #1 below, report ne for disclosure is th		·	ithout time limit. For all other items, the time
			entities with whom you have this hip 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	[<u></u>] No	Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision	US Depa	one artment of Veterans Affairs grant	US NIH grant AR053483
1	present manuscript (e.g., funding, provision of study materials,	US Depa BX0014 US NIH	artment of Veterans Affairs grant 51 grant Al082714	US NIH grant AR053483
1	present manuscript (e.g., funding, provision of study materials, medical writing,	US Depa BX0014 US NIH	one artment of Veterans Affairs grant 51	
1	present manuscript (e.g., funding, provision of study materials,	US Depa BX0014 US NIH	artment of Veterans Affairs grant 51 grant Al082714	US NIH grant AR053483
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	US Depa BX0014 US NIH	artment of Veterans Affairs grant 51 grant Al082714	US NIH grant AR053483 Click the tab key to add additional rows.
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	US Depa BX0014 US NIH	artment of Veterans Affairs grant 51 grant Al082714 grant GM104938 Time frame: past 36 month	US NIH grant AR053483 Click the tab key to add additional rows.

		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	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
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	

		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	None None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Image: square of the property o			
13	Other financial or non-financial interests	⊠ None			
Plea [⊠]	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.				

Date:	12/6/2021
Your Name:	Xiaoxi Liu
Manuscript Title:	47XXY and 47XXX in Scleroderma and Myositis
Manuscript Number (if known):	ACROR-21-145

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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)
Time frame: Since the initial planning of	of the work

		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)
	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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None Non	
4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers	None	
	bureaus, manuscript writing or educational events		
6	Payment for expert testimony	⊠ None	

		Name all entities with whom you have this relationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)
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 Non	
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	
Please place an "X" next to the following statement to indicate your agreement:			
\times	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

5 8/26/2021 ICMJE Disclosure Form

Date:	12/10/2021
Your Name:	Yuta Kochi
Manuscript Title:	47XXY and 47XXX in Scleroderma and Myositis
Manuscript Number (if known):	ACROR-21-145

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		e all entities with whom you have this ionship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have	answe	ered every question and have not altered the wo	rding of any of the questions on this form.

Date:	11/3/2021
Your Name:	Shervin Assassi
Manuscript Title:	47XXY and 47XXX in Scleroderma and Myositis
Manuscript Number (if known):	ACROR-21-145

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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)
Time frame: Since the initial planning of	of the work

		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)
1	All support for the present	□ None	
	manuscript (e.g.,	NIH	Grant Support to My Institution
	funding, provision		
	of study materials, medical writing,		Click the tab key to add additional rows.
	article processing		
	charges, etc.)		
	No time limit for		
	this item.		
		Time frame: past 36 month	ns
2	Crants or		
2	Grants or contracts from	☐ None	
	any entity (if not	Momenta	To My Institution
	indicated in item	Boehringer Ingelheim	To My Institution
	#1 above).	Janssen	To My Institution
		Scleroderma Research Foundation	To My Institution
3	Royalties or	⊠ None	
	licenses		
4	Consulting fees	□ None	
		Boehringer Ingelheim	l Personal Fees
		Boehringer Ingelheim Corbus	Personal Fees Personal Fees
		Boehringer Ingelheim Corbus Novartis	Personal Fees Personal Fees Personal Fees
		Corbus	Personal Fees
		Corbus Novartis CSL Behring Abbvie	Personal Fees Personal Fees Personal Fees Personal Fees
		Corbus Novartis CSL Behring	Personal Fees Personal Fees Personal Fees
5	Payment or honoraria for	Corbus Novartis CSL Behring Abbvie	Personal Fees Personal Fees Personal Fees Personal Fees
5	honoraria for lectures,	Corbus Novartis CSL Behring Abbvie AstraZeneca	Personal Fees Personal Fees Personal Fees Personal Fees
5	honoraria for lectures, presentations,	Corbus Novartis CSL Behring Abbvie AstraZeneca	Personal Fees Personal Fees Personal Fees Personal Fees Personal Fees
5	honoraria for lectures, presentations, speakers	Corbus Novartis CSL Behring Abbvie AstraZeneca	Personal Fees Personal Fees Personal Fees Personal Fees Personal Fees
5	honoraria for lectures, presentations, speakers bureaus,	Corbus Novartis CSL Behring Abbvie AstraZeneca	Personal Fees Personal Fees Personal Fees Personal Fees Personal Fees
5	honoraria for lectures, presentations, speakers bureaus, manuscript	Corbus Novartis CSL Behring Abbvie AstraZeneca	Personal Fees Personal Fees Personal Fees Personal Fees Personal Fees
5	honoraria for lectures, presentations, speakers bureaus,	Corbus Novartis CSL Behring Abbvie AstraZeneca	Personal Fees Personal Fees Personal Fees Personal Fees Personal Fees
5	honoraria for lectures, presentations, speakers bureaus, manuscript writing or	Corbus Novartis CSL Behring Abbvie AstraZeneca	Personal Fees Personal Fees Personal Fees Personal Fees Personal Fees
	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Corbus Novartis CSL Behring Abbvie AstraZeneca None Integrity CE	Personal Fees Personal Fees Personal Fees Personal Fees Personal Fees
5	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational	Corbus Novartis CSL Behring Abbvie AstraZeneca	Personal Fees Personal Fees Personal Fees Personal Fees Personal Fees
	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for	Corbus Novartis CSL Behring Abbvie AstraZeneca None Integrity CE	Personal Fees Personal Fees Personal Fees Personal Fees Personal Fees
	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for	Corbus Novartis CSL Behring Abbvie AstraZeneca None Integrity CE	Personal Fees Personal Fees Personal Fees Personal Fees Personal Fees
	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for	Corbus Novartis CSL Behring Abbvie AstraZeneca None Integrity CE	Personal Fees Personal Fees Personal Fees Personal Fees Personal Fees

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	se place an "X" nex	t to the	e following statement to indicate your agreeme	ent:
\square	I certify that I have answered every question and have not altered the wording of any of the questions on this form			

10 8/26/2021 ICMJE Disclosure Form

Date:	12/7/2021
Your Name:	Javier Martin
Manuscript Title:	47XXY and 47XXX in Scleroderma and Myositis
Manuscript Number (if known):	ACROR-21-145

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.

		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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None 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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
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 None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea 🖂	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.			

Date:			1/4/2022		
You	r Name:		Robrt Hal Scofield		
Manuscript Title:			47XXY and 47XXX in Scleroderma and Myositis		
Manuscript Number (if known):			ACROR-21-145.R1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti		ript. "Rela of the mar e in doubt os/activitiension, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	em #1 below, report ne for disclosure is th		·	ithout time limit. For all other items, the time	
			entities with whom you have this hip 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	[<u></u>] No	Time frame: Since the initial planning	of the work	
1	All support for the present manuscript (e.g., funding, provision	US Depa	one artment of Veterans Affairs grant	US NIH grant AR053483	
1	present manuscript (e.g., funding, provision of study materials,	US Depa BX0014 US NIH	artment of Veterans Affairs grant 51 grant Al082714	US NIH grant AR053483	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	US Depa BX0014 US NIH	one artment of Veterans Affairs grant 51		
1	present manuscript (e.g., funding, provision of study materials,	US Depa BX0014 US NIH	artment of Veterans Affairs grant 51 grant Al082714	US NIH grant AR053483	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	US Depa BX0014 US NIH	artment of Veterans Affairs grant 51 grant Al082714	US NIH grant AR053483 Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	US Depa BX0014 US NIH	artment of Veterans Affairs grant 51 grant Al082714 grant GM104938 Time frame: past 36 month	US NIH grant AR053483 Click the tab key to add additional rows.	

		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	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
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	

		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	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea [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.			

Date:	12/13/2021
Your Name:	Simon Rothwell
Manuscript Title:	47XXY and 47XXX in Scleroderma and Myositis
Manuscript Number (if known):	ACROR-21-145

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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.

		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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	IS .
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None Non	

		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	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
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 None	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	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.			

Date:	12/1/2021
Your Name:	Maureen Rischmueller
Manuscript Title:	47XXY and 47XXX in Scleroderma and Myositis
Manuscript Number (if known):	ACROR-21-145

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		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.	None Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
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 Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		e all entities with whom you have this ionship 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	-	e following statement to indicate your agreeme	

Date:	12/6/2021
Your Name:	Biji T Kurien
Manuscript Title:	47XXY and 47XXX in Scleroderma and Myositis
Manuscript Number (if known):	ACROR-21-145

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		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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None ■	
3	Royalties or licenses	None ■	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if made to you or to your institution)	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None 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	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	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.			

Date:	12/6/2021
Your Name:	Josua Cavett
Manuscript Title:	47XXY and 47XXX in Scleroderma and Myositis
Manuscript Number (if known):	ACROR-21-145

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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)
		Time frame: Since the initial planning o	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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if made to you or to your institution)	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None 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	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	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.			

Date:	12/22/2021
Your Name:	Terrance O'Hanlon, PhD
Manuscript Title:	47XXY and 47XXX in Scleroderma and Myositis
Manuscript Number (if known):	ACROR-21-145

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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)
		Time frame: Since the initial planning	
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.	None None □	Click the tab key to add additional rows.
		Time frame: past 36 month	is
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if made to you or to your institution)	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None 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	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	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.			

Date:	12/6/2021
Your Name:	Ann Igoe
Manuscript Title:	47XXY and 47XXX in Scleroderma and Myositis
Manuscript Number (if known):	ACROR-21-145

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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)
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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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None ■	
3	Royalties or licenses	None ■	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if made to you or to your institution)	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None 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	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: \[\textstyle I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	12/6/2021
Your Name:	Valerie Lewis
Manuscript Title:	47XXY and 47XXX in Scleroderma and Myositis
Manuscript Number (if known):	ACROR-21-145

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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		lame all entities with whom you have this elationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payment made to you or to your institution)	ts were	
		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.	None Click the tab key to add additional rows.		
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		
3	Royalties or licenses	None None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)	re
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		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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