	ICMJE DISCLOSURE FO	RIVI			
Date:	11/2/2021	11/2/2021			
Your Name:	Martin Aringer				
Manuscript Title:	•	Nintedanib in patients with autoimmune disease-related progressive fibrosing interstitial lung diseases: subgroup analysis of the INBUILD trial			
Manuscript Number (if k	known): ar-21-0362.R2				
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	Specifications/Comments (e.g., if payments were			
	relationship or indicate none (add rows as needed)	made to you or to your institution)			
	Time frame: Since the initial planning o	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)		
		Time frame: Since the initial planning of the work			
pr m fu of m ar ch	Il support for the resent nanuscript (e.g., unding, provision f study materials, nedical writing, rticle processing narges, etc.) o time limit for nis item.		Medical writing support provided by Fleishman Hillard Click the tab key to add additional rows.		
a	Grants or contracts from any entity (if not ndicated in item #1 above).	None .			
	Royalties or icenses	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 Boehringer Ingelheim Roche	Advisory Boards Advisory Boards
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Boehringer Ingelheim Roche	Lectures
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 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:		11/2/2021	11/2/2021		
Your Name:		Paul Dellaripa	Paul Dellaripa		
Mar	nuscript Title:	·	Nintedanib in patients with autoimmune disease-related progressive fibrosing interstitial lung diseases: subgroup analysis of the INBUILD trial		
Mar	nuscript Number (if k	known): _ ar-21-0362.R2			
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		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 planni	ng 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 Boehringer Ingelheim International GmbH	Medical writing support provided by Fleishman Hillard Click the tab key to add additional rows.		
		Time frame: past 36 mo	iths		
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Bristol Myers Genentech	Clinical investigator Clinical investigator		
3	Royalties or licenses	□ None Up to date	Section writer		

		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 None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None FDA advisory committee
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: 22.10.2021 Your Name: Jörg Distler

Manuscript Title: Nintedanib in patients with autoimmune disease-related progressive fibrosing interstitial lung

diseases: subgroup analysis of the INBUILD trial Manuscript number (if known): ar-21-0362.R2

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

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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.	Boehringer Ingelheim International GmbH	Medical writing support provided by Fleishman Hillard
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Boehringer Ingelheim	
3	Royalties or licenses	XNone	
4	Consulting fees	Boehringer Ingelheim	

5	Payment or honoraria for	Boehringer Ingelheim	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
_			
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	4D Science	
10			
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

Please place an "X" next to the following statement to indicate your agreement:

_X__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 25.10.2021

Your Name: Oliver Distler

Manuscript Title: Nintedanib in patients with autoimmune disease-related progressive fibrosing interstitial lung

diseases: subgroup analysis of the INBUILD trial Manuscript number (if known): ar-21-0362.R2

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	Boehringer Ingelheim International GmbH	Medical writing support provided by Fleishman Hillard
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Kymera Mitsubishi Tanabe	Research Grants Research Grants
3	Royalties or licenses	X_None	
4	Consulting fees	Abbvie	Consultancy fee for Scleroderma and its complications

		Τ	T
		Acceleron	Consultancy fee for Scleroderma and its complications
		Alcimed	Consultancy fee for Scleroderma and its complications
		Amgen	Consultancy fee for Scleroderma and its complications
		AnaMar	Consultancy fee for Scleroderma and its complications
		Arxx	Consultancy fee for Scleroderma and its complications
		AstraZeneca	Consultancy fee for Scleroderma and its complications
		Beacon Pharmaceuticals	Consultancy fee for Scleroderma and its complications
		Blade Therapeutics	Consultancy fee for Scleroderma and its complications
		Bayer	Consultancy fee for Scleroderma and its complications
		Boehringer Ingelheim	Consultancy fee for Scleroderma and its complications
		ChemomAb	Consultancy fee for Scleroderma and its complications
		Corbus Pharmaceuticals	Consultancy fee for Scleroderma and its complications
		CSL Behring	Consultancy fee for Scleroderma and its complications
		Galapagos	Consultancy fee for Scleroderma and its complications
		Glenmark	Consultancy fee for Scleroderma and its complications
		GlaxoSmithKline	Consultancy fee for Scleroderma and its complications
		Horizon (Curzion)	Consultancy fee for Scleroderma and its complications
		Inventiva	Consultancy fee for Scleroderma and its complications
		IQVIA	Consultancy fee for Scleroderma and its complications
		Kymera	Consultancy fee for Scleroderma and its complications
		Lupin	Consultancy fee for Scleroderma and its complications
		Medac	Consultancy fee for Scleroderma and its complications
		Medscape	Consultancy fee for Scleroderma and its complications
		Miltenyi Biotec	Consultancy fee for Scleroderma and its complications
		Mitsubishi Tanabe	Consultancy fee for Scleroderma and its complications
		Merck Sharp & Dohme	Consultancy fee for Scleroderma and its complications
		Prometheus Biosciences	Consultancy fee for Scleroderma and its complications
		Roche	Consultancy fee for Scleroderma and its complications
		Roivant	Consultancy fee for Scleroderma and its complications
		Topadur	Consultancy fee for Scleroderma and its complications
		UBC	Consultancy fee for Scleroderma and its complications
5	Payment or honoraria for	Bayer	Speaker fee on Scleroderma and related complications
	lectures, presentations,	Boehringer Ingelheim	Speaker fee on Scleroderma and related complications
	speakers bureaus,	Medscape	Speaker fee on Scleroderma and related complications
	manuscript writing or	Novartis	Speaker fee on Scleroderma and related complications
	educational events	Roche	Speaker fee on Scleroderma and related complications
6	Payment for expert	XNone	Specific of sole odering and related complications
	testimony		
	,		
7	Support for attending	X None	
	meetings and/or travel		
		B	
8	Patents planned, issued or	Patent issued "mir-29 for	
	pending	the treatment of systemic	
		sclerosis" (US8247389,	
		EP2331143)	
	•		

9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	XNone	

Please place an "X" next to the following statement to indicate your agreement:

X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 28.10.2021

Your Name: Kevin R Flaherty

Manuscript Title: Nintedanib in patients with autoimmune disease-related progressive fibrosing interstitial lung

diseases: subgroup analysis of the INBUILD trial Manuscript number (if known): ar-21-0362.R2

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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 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.	Boehringer Ingelheim International GmbH	Medical writing support provided by Fleishman Hillard
		Time frame: past	36 months
2	Grants or contracts from	Boehringer Ingelheim	Research funded to the University
	any entity (if not indicated	Roche/Genentech	Research funded to the University
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	Arrowhead	Consultancy for ILD

		Astra Zeneca	Consultancy for ILD
		Bellerophon	Consulting related to IPF
		Blade Therapeutics	Consulting related to IPF, scleroderma
		Boehringer Ingelheim	Consulting related to IPF
		DevPro	Consultancy for ILD
		FibroGen	Consultancy for ILD
		Horizon Pharmaceuticals	Consultancy for ILD
		Lupin	Consultancy for ILD
		Pliant	Consultancy for ILD
		Polarean	Consultancy for ILD
		PureHealth	Consultancy for ILD
		PureTech	Consultancy for ILD
		Respivant	Consulting related to IPF
		Roche/Genentech	Consulting related to IPF
		Shionogi	Consulting related to IPF
		Sun pharmaceuticals	Consultancy for ILD
		United Therapeutics	Consultancy for ILD, PH
5	Payment or honoraria for	X None	Constituting for IED, 111
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		+
	r		+
9	Participation on a Data	X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
-0	in other board, society,		+
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
	•		
12	Receipt of equipment,	XNone	1
12	Receipt of equipment, materials, drugs, medical	XNone	
12		XNone	
12	materials, drugs, medical	xNone	
12	materials, drugs, medical writing, gifts or other	XNone	
	materials, drugs, medical writing, gifts or other services		

Please place an "X" next to the following statement to indicate your agreement:				
X I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date: 25.10.2021

Your Name: Anna-Maria Hoffmann-Vold

Manuscript Title: Nintedanib in patients with autoimmune disease-related progressive fibrosing interstitial lung

diseases: subgroup analysis of the INBUILD trial Manuscript number (if known): ar-21-0362.R2

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

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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 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.	Boehringer Ingelheim International GmbH	Medical writing support provided by Fleishman Hillard
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Boehringer Ingelheim International GmbH	
3	Royalties or licenses	None	

4	Consulting fees	Boehringer Ingelheim International GmbH Actelion, Roche, Bayer, MSD, ARXX, Lilly and Medscape	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Actelion, Boehringer Ingelheim, Roche, Bayer, MSD, ARXX, Lilly and Medscape	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Actelion, Boehringer Ingelheim, Roche and Medscape	
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	EUSTAR, Nordic PH vision group, Norwegian SSc study group	
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:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	10/26/2021
Your Name:	Alexandra James
Manuscript Title:	Nintedanib in patients with autoimmune disease-related progressive fibrosing interstitial lung diseases: subgroup analysis of the INBUILD trial
Manuscript Number (if known):	ar-21-0362.R2

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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 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 Boehringer Ingelheim International GmbH Boehringer Ingelheim	Medical writing support provided by Fleishman Hillard Employee of elderbrook solutions GmbH (which was contracted by Boehringer Ingelheim to conduct some of the analyses presented in this manuscript) Click the tab key to add additional rows.
		Time frame: past 36 months	3
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 pa made to you or to your institution)	yments were
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 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 🖂	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:	10/22/2021		
Your Name:	Clive Kelly		
Manuscript Title:	Nintedanib in patients with autoimmune disease-related progressive fibrosing interstitial lung diseases: subgroup analysis of the INBUILD trial		
Manuscript Number (if known): ar-21-0362.R2			
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 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.		Medical writing support provided by Fleishman Hillard 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	
		Boehringer Ingelheim	For advice and provision of expertise
5	Payment or honoraria for	□ None	
	lectures, presentations,	Boehringer Ingelheim	For lectures and presentations
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None	
		Boehringer Ingelheim	For meetings in 2019
	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety	□ None	
	Monitoring Board or Advisory Board	Boehringer Ingelheim	Advisory Board work
10	Leadership or	None	
	fiduciary role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		

			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:			10/22/2021		
Your Name:			Eric Matteson		
Manuscript Title:			Nintedanib in patients with autoimmune disease-related progressive fibrosing interstitial lung diseases: subgroup analysis of the INBUILD trial		
Ma	nuscript Number (if k	(nown):	ar-21-0362.R2		
content of your manuscript. "Rela affected by the content of the man			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 tabout whether to list a relationship/activity/interest, it is preferable that you do so.		
epi		nsion, you		facturers of antihypertensive medication, even if	
In item #1 below, report all support frame for disclosure is the past 36			The state of the s	vithout time limit. For all other items, the time	
		Nama all	entities with whom you have this	Specifications/Comments (e.g., if payments were	
			chip or indicate none (add rows as needed)	made to you or to your institution)	
			<u>•</u>	made to you or to your institution)	
1	All support for the	relations	hip or indicate none (add rows as needed)	made to you or to your institution)	
1	present manuscript (e.g., funding, provision	relations	thip or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution)	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	relations	Time frame: Since the initial planning	made to you or to your institution) of the work Medical writing support provided by Fleishman	
1	present manuscript (e.g., funding, provision of study materials,	relations	Time frame: Since the initial planning	made to you or to your institution) of the work Medical writing support provided by Fleishman Hillard	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relations	Time frame: Since the initial planning	made to you or to your institution) of the work Medical writing support provided by Fleishman Hillard 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	relations	Time frame: Since the initial planning one one oger Ingelheim International GmbH Time frame: past 36 month	made to you or to your institution) of the work Medical writing support provided by Fleishman Hillard Click the tab key to add additional rows.	

Royalties paid to me

UpToDate

		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 Boehringer Ingelheim	Payments made to me
		Gilead Sciences	Payments made to me
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events	Practice Point Communications Boehringer Ingelheim	Payment made to me Payment made to me
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 Horizon Therapeutics	Payment made to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None American College of Rheumatology	Committee/Task Force

			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:	10/22/2021
Your Name:	Shikha Mittoo
Manuscript Title:	Nintedanib in patients with autoimmune disease-related progressive fibrosing interstitial lung diseases: subgroup analysis of the INBUILD trial
Manuscript Number (if known):	ar-21-0362.R2

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		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 Boehringer Ingelheim International GmbH ■	Medical writing support provided by Fleishman Hillard Click the tab key to add additional rows.
		Time frame: past 36 months	3
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	
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:	10/23/2021	
Your Name:	Janet Pope	
Manuscript Title:	Nintedanib in patients with autoimmune disease-related progressive fibrosing interstitial lung diseases: subgroup analysis of the INBUILD trial	
Manuscript Number (if known):	ar-21-0362.R2	
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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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		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 Boehringer Ingelheim	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Boehringer Ingelheim	
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	Boehringer Ingelheim	
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:	10/26/2021
Your Name:	Manuel Quaresma
Manuscript Title:	Nintedanib in patients with autoimmune disease-related progressive fibrosing interstitial lung diseases: subgroup analysis of the INBUILD trial
Manuscript Number (if known):	ar-21-0362.R2

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		Time frame: past 36 months	5
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	
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:	10/26/2021
Your Name:	Rozsa Schlenker-Herceg
Manuscript Title:	Nintedanib in patients with autoimmune disease-related progressive fibrosing interstitial lung diseases: subgroup analysis of the INBUILD trial
Manuscript Number (if known):	ar-21-0362.R2

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		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 Boehringer Ingelheim International GmbH Boehringer Ingelheim Pharmaceuticals, Inc.	Medical writing support provided by Fleishman Hillard Former employee
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	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 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 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	

		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 CSL Behring	Current employee
	Please place an "X" next to the following statement to indicate your agreement:		
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Date:	10/22/2021
Your Name:	James R. Seibold
Manuscript Title:	Nintedanib in patients with autoimmune disease-related progressive fibrosing interstitial lung diseases: subgroup analysis of the INBUILD trial
Manuscript Number (if known):	ar-21-0362.R2

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		Time frame: past 36 months	5
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 payments were made to you or to your institution)
4	Consulting fees	□ None	
		Prometheus Biosciences	to self
		Camurus AB	to self
		Xenikos	to self
		CSL Behring	to self
		Corbus	to self
		Boehringer Ingelheim	to self
5	Payment or honoraria for lectures,	□ None Boehringer Ingelheim	
	presentations, speakers		
	bureaus,		
	manuscript writing or educational events		
6	Payment for	None	
	expert testimony		
7	Support for attending	None ■	
	meetings and/or		
	travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety	□ None	
	Monitoring	GlaxoSmithKline	
	Board or	Sironax	
	Advisory Board	Alexion	
10	Leadership or	None	
	fiduciary role in other board,		
	society,		
	committee or		
	advocacy group,		
	paid or unpaid		
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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)
11	Stock or stock options	□ None BriaCell Therapeutics Pacific Therapeutics	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None Boehringer Ingelheim	medical writing
13	Other financial or non-financial interests	None Non	
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\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	10/26/2021	
Your Name:	Susanne Stowasser	
Manuscript Title:	Nintedanib in patients with autoimmune disease-related progressive fibrosing interstitial lung diseases: subgroup analysis of the INBUILD trial	
Manuscript Number (if known):	ar-21-0362.R2	

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None None				
3	Royalties or licenses	None None				

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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 None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None 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	

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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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