

ICMJE DISCLOSURE FORM

Date: 3/23/2022

Your Name: Betty Hsiao

Manuscript Title: Rheumatologist and Patient Mental Models for Treatment of RA Help Explain Low Treat-to-Target Rates

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Rheumatology Research Foundation Grant	
3	Royalties or licenses	<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)
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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: 4/4/2022

Your Name: [Jeffrey Curtis]

Manuscript Title: [Rheumatologist and Patient Mental Models for Treatment of RA Help Explain Low Treat-to-Target Rates]

Manuscript Number (if known): ACROR-21-216.R2

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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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">NIH P30AR072583</td> <td></td> </tr> <tr> <td>Rheumatology Research Foundation</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	NIH P30AR072583		Rheumatology Research Foundation		Click the tab key to add additional rows.		
NIH P30AR072583								
Rheumatology Research Foundation								
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).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">[Abbvie, ACR, Amgen, GHLF, Bendcare, BMS, Corrona/CorEvidas, GSK, Janssen, Lilly, Myriad, Novartis, Pfizer, Sanofi, Scipher, UCB, United Rheumatology]</td> <td>Payments made to my institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	[Abbvie, ACR, Amgen, GHLF, Bendcare, BMS, Corrona/CorEvidas, GSK, Janssen, Lilly, Myriad, Novartis, Pfizer, Sanofi, Scipher, UCB, United Rheumatology]	Payments made to my institution					
[Abbvie, ACR, Amgen, GHLF, Bendcare, BMS, Corrona/CorEvidas, GSK, Janssen, Lilly, Myriad, Novartis, Pfizer, Sanofi, Scipher, UCB, United Rheumatology]	Payments made to my institution							

		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)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Abbvie, ACR, Amgen, GHLF, Bendcare, BMS, Corrona/CorEvitas, GSK, Janssen, Lilly, Myriad, Novartis, Pfizer, Sanofi, Scipher, 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 Board or Advisory Board	<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)
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: 3/28/2022

Your Name: [Leslie Harrold, MD, MPH]

Manuscript Title: [Rheumatologist and Patient Mental Models for Treatment of RA Help Explain Low Treat-to-Target Rates]

Manuscript Number (if known): ACROR-21-216.R2

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4	Consulting fees	<input type="checkbox"/> None	
		Bristol Myers Squibb	Payments to me
		AbbVie	Payments to me
		Roche	Payments to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Bristol Myers Squibb	Payments to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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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	<input type="checkbox"/> None	
		CorEvitas, LLC (my employer)	Payments to me
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 type="checkbox"/> None	
		CorEvitas, LLC	Employment

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