

## ICMJE DISCLOSURE FORM

**Date:** 05.13.2021

**Your Name:** Aaron Winkler

**Manuscript Title:** The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

**Manuscript number (if known):** ar-20-2144.R1

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

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

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Pfizer	I am an employee of Pfizer, which funded the research and has an interest in the commercial development of PF-06650833.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	Pfizer	As an employee of Pfizer, they fund my travel to conferences.
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	Pfizer	I hold Pfizer stock and stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> X <input type="checkbox"/> 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.

## ICMJE DISCLOSURE FORM

Date: 5/11/2021

Your Name: Weiyong Sun

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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## ICMJE DISCLOSURE FORM

Date: May 13<sup>th</sup>, 2021

Your Name: Saurav De

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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## ICMJE DISCLOSURE FORM

Date: 05/12/2021

Your Name: Aiping Jiao

**Manuscript Title:** The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

**Manuscript number (if known):** ar-20-2144.R1

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## ICMJE DISCLOSURE FORM

**Date:** 5/14/2021

**Your Name:** M. Nusrat Sharif

**Manuscript Title:** The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

**Manuscript number (if known):** ar-20-2144.R1

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3	Royalties or licenses	___ None	

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	Pfizer	Being an employee of Pfizer, they fund my travel to meetings and conferences
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	
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X  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date: 5/14/21

Your Name: Peter Symanowicz

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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## ICMJE DISCLOSURE FORM

Date: 05/13/2021

Your Name: Shruti Athale

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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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.

## ICMJE DISCLOSURE FORM

Date: May 12, 2021 \_\_\_\_\_

Your Name: Julia H. Shin \_\_\_\_\_

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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## ICMJE DISCLOSURE FORM

Date: 5/13/2021

Your Name: Ju Wang

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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## ICMJE DISCLOSURE FORM

Date:      May 12, 2021

Your Name:      Bruce A. Jacobson

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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## ICMJE DISCLOSURE FORM

Date: 05/12/2021

Your Name: Simeon Ramsey

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Pfizer	As a current employee of Pfizer, they have funded my attendance at external conferences.
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	Pfizer	As a current employee of Pfizer I have received and own stock in Pfizer.
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:

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

## ICMJE DISCLOSURE FORM

Date: 5/12/2021

Your Name: Ken Dower

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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

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

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Pfizer	I am an employee of Pfizer where the work was conceived and performed
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
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	Pfizer	As a current (or former) employee of Pfizer, Pfizer has paid for my travel to conferences.
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	Pfizer	As a current (or former) employee of Pfizer I have received stock and stock options.
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:

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



## ICMJE DISCLOSURE FORM

**Date:** 05.13.2021

**Your Name:** Tatyana Andreyeva

**Manuscript Title:** The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

**Manuscript number (if known):** ar-20-2144.R1

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

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

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Pfizer	I am an employee of Pfizer, which funded the research and has an interest in the commercial development of PF-06650833.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_None	
3	Royalties or licenses	_None	
4	Consulting fees	_None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>None</u>	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Pfizer	As an employee of Pfizer, they fund my travel to conferences.
8	Patents planned, issued or pending	<u>None</u>	
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	<u>None</u>	
11	Stock or stock options	Pfizer	I hold Pfizer stock and stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>None</u>	
13	Other financial or non-financial interests	<u>None</u>	

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

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



## ICMJE DISCLOSURE FORM

**Date:** 05.13.2021

**Your Name:** Heng Liu

**Manuscript Title:** The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

**Manuscript number (if known):** ar-20-2144.R1

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

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

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Pfizer	I am an employee of Pfizer, which funded the research and has an interest in the commercial development of PF-06650833.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_None	
3	Royalties or licenses	_None	
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	Pfizer	As an employee of Pfizer, they fund my travel to conferences.
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	Pfizer	I hold Pfizer stock and stock options
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:

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

### ICMJE DISCLOSURE FORM

Date: 5-11-2021

Your Name: Martin Hegen, Ph.D.

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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

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

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Pfizer	I am an employee of Pfizer where the work was conceived and performed.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
4	Consulting fees	___ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	

6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	Pfizer	As a current employee of Pfizer, Pfizer has paid for my travel to conferences.
8	Patents planned, issued or pending	<u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
11	Stock or stock options	Pfizer	As a current employee of Pfizer, I have received stock and stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
13	Other financial or non-financial interests	<u>    </u> 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.

## ICMJE DISCLOSURE FORM

Date: 5-12-2021

Your Name: Bruce Homer

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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

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

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Pfizer	I was employed at Pfizer when this work was performed.
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
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	Pfizer	During my tenure at Pfizer, they paid for my travel but not related to this project.
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	Pfizer	As a former employee of Pfizer, I have received stock and stock options but not as compensation for this project.
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.

## ICMJE DISCLOSURE FORM

Date: May 12, 2021 \_\_\_\_\_

Your Name: Joanne Brodfuehrer \_\_\_\_\_

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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

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

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	__Pfizer Inc	I am an employee of Pfizer where the work was conceived and performed
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	Pfizer Inc	As a current employee of Pfizer, Pfizer has paid for my travel to conferences.
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	Pfizer Inc	As a current employee of Pfizer I have received stock and stock options.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

## ICMJE DISCLOSURE FORM

Date: 05/13/2021

Your Name: Mera Tilley

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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

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

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Pfizer	Funding of research and full salary/benefits/stock options/restricted stock units

	processing charges, etc.) <b>No time limit for this item.</b>		
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Pfizer and Foresite Labs	
3	Royalties or licenses	___ None	
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	Pfizer	Patent #: WO2016110806A3

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	Pfizer, Goldfinch Bio, Foresite Labs	Pfizer: Until Sept 2012- Sept 2018, Goldfinch Bio: September 2018- April 2019. Foresite Labs April 2019- Present. Companies have provided funding of full salary/benefits/stock options/restricted stock units. Research for this manuscript funded only by Pfizer.
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.

## ICMJE DISCLOSURE FORM

Date: 12May2021

Your Name: Steven A. Gilbert

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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

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

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Pfizer	I am an employee of Pfizer where the work was conceived and performed
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	
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	Pfizer	As a current employee of Pfizer, Pfizer has paid for my travel to conferences.
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	Pfizer	As a current employee of Pfizer I have received stock and stock options
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:

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



## ICMJE DISCLOSURE FORM

Date: 11 May 2021

Your Name: Spencer I. Danto

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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

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

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u>None</u>	
		Pfizer, Inc.	The author is an employee of the Sponsor
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
		Pfizer, Inc.	The author is an employee of the Sponsor
3	Royalties or licenses	<u>None</u>	
		Pfizer, Inc.	The author is an employee of the Sponsor
4	Consulting fees	<u>None</u>	
		Pfizer, Inc.	The author is an employee of the Sponsor

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
		Pfizer, Inc.	The author is an employee of the Sponsor
6	Payment for expert testimony	<u>    </u> None	
		Pfizer, Inc.	The author is an employee of the Sponsor
7	Support for attending meetings and/or travel	<u>    </u> None	
		Pfizer, Inc.	The author is an employee of the Sponsor
8	Patents planned, issued or pending	<u>    </u> None	
		Pfizer, Inc.	The author is an employee of the Sponsor
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
		Pfizer, Inc.	The author is an employee of the Sponsor
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
		Pfizer, Inc.	The author is an employee of the Sponsor
11	Stock or stock options	<u>    </u> None	
		Pfizer, Inc.	The author is an employee of the Sponsor
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
		Pfizer, Inc.	The author is an employee of the Sponsor
13	Other financial or non-financial interests	<u>    </u> None	
		Pfizer, Inc.	The author is an employee of the Sponsor

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.

## ICMJE DISCLOSURE FORM

Date: 12May2021

Your Name: Jean Beebe

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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

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

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Pfizer	I am an employee of Pfizer where the work was conceived and performed
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	___ None	

4	Consulting fees	<u>    </u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	X	Pfizer pays for my travel/attendance at meetings
8	Patents planned, issued or pending	<u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
11	Stock or stock options	X	I am a shareholder of Pfizer stock
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
13	Other financial or non-financial interests	<u>    </u> 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.

## ICMJE DISCLOSURE FORM

Date: 05/11/2021

Your Name: Betsy J. Barnes

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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

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		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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input 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	
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:             May 17<sup>th</sup> 2021

Your Name:     Virginia Pascual    

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Sanofi	
		Astra Zeneca	
3	Royalties or licenses	<u>   </u> None	
4	Consulting fees	Sanofi	
		Moderna	

		Astra Zeneca	
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	Astra Zeneca	
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:

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



## ICMJE DISCLOSURE FORM

Date: 5/14/2021

Your Name: Lih-Ling Lin

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	

4	Consulting fees	<u>    </u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	Pfizer	As a former employee of Pfizer, Pfizer has paid for my travel to conferences.
8	Patents planned, issued or pending	<u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
11	Stock or stock options	Pfizer	As a former employee of Pfizer I have received stock and stock options.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
13	Other financial or non-financial interests	<u>    </u> None	

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## ICMJE DISCLOSURE FORM

Date: May 11th 2021

Your Name: Iain C. Kilty

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> None	
8	Patents planned, issued or pending	<u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
11	Stock or stock options	<u>  </u> Hold Pfizer stock	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
13	Other financial or non-financial interests	<u>    </u> None	

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## ICMJE DISCLOSURE FORM

Date: 5/14/2021

Your Name: Margaret Fleming

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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3	Royalties or licenses	<u>None</u>	

4	Consulting fees	<u>    </u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	Pfizer	As a former employee of Pfizer, Pfizer has paid for my travel to conferences.
8	Patents planned, issued or pending	<u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
11	Stock or stock options	Pfizer	As a former employee of Pfizer I have received stock and stock options.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
13	Other financial or non-financial interests	<u>    </u> None	

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## ICMJE DISCLOSURE FORM

Date: 5-12-2021

Your Name: Vikram R. Rao

Manuscript Title: The IRAK4 inhibitor PF-06650833 blocks inflammation in preclinical models of rheumatologic disease and in humans in a randomized clinical trial

Manuscript number (if known): ar-20-2144.R1

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input 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	
11	Stock or stock options	Pfizer	Employer (Pfizer) distributed stocks and options
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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