Dat	e:		12/3/2021			
Your Name:			Maria Suñol			
Manuscript Title:			Brain Structural Changes during Juvenile Fibromyalgia: Relationships with Pain, Fatigue and Functional Disability			
Ma	nuscript Number (if l	known):	ar-21-1207.R1			
In the interest of transparency, w content of your manuscript. "Rel affected by the content of the ma indicate a bias. If you are in doub			ted" means any relation with for-profit or no nuscript. Disclosure represents a commitmen about whether to list a relationship/activity, es/interests should be defined broadly. For e	/interest, it is preferable that you do so.  xample, if your manuscript pertains to the		
-	demiology of hyperte t medication is not m	-	the contract of the contract o	acturers of antihypertensive medication, even if		
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time		
			l entities with whom you have this ship 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		
4						
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	R01 AR	074795 (NIH/NIAMS) 076316 (NIH/NIAMS)	Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing,	R01 AR	2074795 (NIH/NIAMS)	Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	R01 AR	2074795 (NIH/NIAMS)			
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	R01 AR	R074795 (NIH/NIAMS) R076316 (NIH/NIAMS) Time frame: past 36 month			

			s/Comments (e.g., if payments were 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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	•	e following statement to indicate your agreeme	

Teerthy that Thave answered every question and have not aftered the words

Dat	e:	-	12/1/2021			
Your Name:		-	Michael Payne			
Ma	nuscript Title:	-	Brain Structural Changes during Juvenile Fib Functional Disability	romyalgia: Relationships with Pain, Fatigue and		
Ma	nuscript Number (if k	nown):	ar-21-1207.R1			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub."  The author's relationships/activities.		pt. "Rela f the mar in doubt s/activitie nsion, you entioned i	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 t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.			
	tem #1 below, report a me for disclosure is the		·	ithout time limit. For all other items, the time		
				Considerations/Comments/or if normants was		
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
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1		relations  □ No	hip or indicate none (add rows as needed)	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	relations  □ No	Time frame: Since the initial planning one  074795 (NIH/NIAMS)	made to you or to your institution) of the work  Click the tab key to add additional rows.		
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	relations  □ No	Time frame: Since the initial planning one  074795 (NIH/NIAMS)  076316 (NIH/NIAMS)	made to you or to your institution) of the work  Click the tab key to add additional rows.		

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

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:

Date:			12/1/2021			
Υοι	ır Name:		Han Tong			
Manuscript Title:			Brain Structural Changes during Juvenile Fibromyalgia: Relationships with Pain, Fatigue and Functional Disability			
Ma	nuscript Number (if	known):	ar-21-1207.R1			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti			ted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufactionships with manufactionships with manufactionships.	/interest, it is preferable that you do so.		
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time		
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial planning	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	R01 AR	Time frame: Since the initial planning one  2074795 (NIH/NIAMS) 2076316 (NIH/NIAMS)	of the work  Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	R01 AR	one 2074795 (NIH/NIAMS)	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	R01 AR	Time frame: past 36 month	Click the tab key to add additional rows.		

			s/Comments (e.g., if payments were 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 None	
7	Support for attending meetings and/or travel	None 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	
Plea	•	e following statement to indicate your agreeme	

Teerthy that Thave answered every question and have not aftered the words

Dat	e:		12/2/2021	
Your Name:			Thomas Maloney	
Mai	nuscript Title:		Brain Structural Changes during Juvenile Fib Functional Disability	romyalgia: Relationships with Pain, Fatigue and
Mai	nuscript Number (if k	(nown):	ar-21-1207.R1	
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt."  The author's relationships/activities.			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufactionships with manufactionships with manufactionships	/interest, it is preferable that you do so.
	em #1 below, report ne for disclosure is the			ithout time limit. For all other items, the time
			l entities with whom you have this ship 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.	R01 AF	074795 (NIH/NIAMS) 076316 (NIH/NIAMS)	Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	ne	
3	Royalties or licenses	⊠ No	one	

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

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:

Date:		12/3/2021
You	ır Name:	Tracy V. Ting
Manuscript Title:		Brain Structural Changes during Juvenile Fibromyalgia: Relationships with Pain, Fatigue and Functional Disability
Mar	nuscript Number (if k	xnown): _ ar-21-1207.R1
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub		rency, we ask you to disclose all relationships/activities/interests listed below that are related to the ipt. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be of the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.
epic	demiology of hyperte	nsion, you should declare all relationships with manufacturers of antihypertensive medication, even if entioned in the manuscript.
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript without time limit. For all other items, the time e past 36 months.
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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,	R01 AR074795 (NIH/NIAMS) P30 AR076316 (NIH/NIAMS) Click the tab key to add additional rows.
	article processing charges, etc.)  No time limit for this item.	
		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None
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		Up To Date (Editor for Juvenile Fibromyalgia) Royalties paid to me

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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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

	ICIVISE DISCESSORE I O	IXIVI	
Date:	pate: 12/1/2021		
Your Name:	Your Name: Susmita Kashikar-Zuck		
Manuscript Title:	Brain Structural Changes during Juvenile Fik Functional Disability	promyalgia: Relationships with Pain, Fatigue and	
Manuscript Number (if k	nown): ar-21-1207.R1		
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	Name all entities with whom you have this	Specifications/Comments (e.g., if payments were	

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2	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.  Grants or contracts from any entity (if not indicated in item #1 above).	□ None  R01 AR074795 (NIH/NIAMS)  P30 AR076316 (NIH/NIAMS)  Time frame: past 36 month  None  Childhood Arthritis and Rheumatology Research Alliance (CARRA) – non profit scientific organization, Steering Committee	Click the tab key to add additional rows.  Payment made to Cincinnati Children's Hospital Medical Center for a portion of effort (salary support).
3	Royalties or licenses	None None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None 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 None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	nent, als, drugs, al writing, other		None	
13 Other non-fir interes			None	
Please place an "X" next to the following statement to indicate your agreement:				
Control of the control of the following statement to indicate your agreement:				

	ICIVITE DISCLOSURE FORIVI		
Date:	Decembert 1, 2021		
Your Name:	Robert C Coghill		
Manuscript Title:  Brain Structural Changes during Juvenile Fibromyalgia: Relationships with Pain, Fatigue and Functional Disability			
Manuscript Number (if known):	ar-21-1207.R1		
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Name all entities with whom you have this Specifications/Comments (e.g., if payments were made to you or to your institution) relationship or indicate none (add rows as needed) Time frame: Since the initial planning of the work All support for the None present manuscript (e.g., R01 AR074795 (NIH/NIAMS) funding, provision P30 AR076316 (NIH/NIAMS) of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or □ None contracts from any entity (if not 3 R01 Grants from NIH indicated in item #1 above). Royalties or  $\boxtimes$ None licenses

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None     ■	
8	Patents planned, issued or pending	None     ■	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None  National Institute of Dental and Craniofacial Disorders	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None  International Association for the Study of Pain (Board of Directors)  PAIN – Section editor	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

	ICIVIJE DISCLUSURE FURIVI	
Date:	12/3/2021	
Your Name:	Marina López Solà	
Manuscript Title:  Brain Structural Changes during Juvenile Fibromyalgia: Relationships with Pain, Fatigue and Functional Disability		
Manuscript Number (if known):	ar-21-1207.R1	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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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 None	
7	Support for attending meetings and/or travel	None     ■	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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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:					
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				