Dat	e:	_3/22/2022				
Your Name:		Anne Hammer	Anne Hammer			
Manuscript Title:		Impact of belimumab on organ damage in s	Impact of belimumab on organ damage in systemic lupus erythematosus			
Ma	nuscript Number (if k	nown):ACR-21-0855.R1				
the tha	tent of your manuscr affected by the conte- icate a bias. If you are following questions a author's relationship demiology of hyperte t medication is not m	arency, we ask you to disclose all relationships/activiript. "Related" means any relation with for-profit or nt of the manuscript. Disclosure represents a comme in doubt about whether to list a relationship/activitapply to the author's relationships/activities/interestos/activities/int	not-for-profit third parties whose interests may itment to transparency and does not necessarily ity/interest, it is preferable that you do so. Its as they relate to the <u>current manuscript only</u> . It example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if			
		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.)	Funding for this research was provided by GlaxoSmithKline Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part				
	No time limit for this item.	of Fishawack Health, and was funded by GlaxoSmithKline.	Click the tab key to add additional rows.			
	No time limit for		,			

		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	⊠ None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	Holds stocks and shares in GlaxoSmithKline	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	□ None Employee of GlaxoSmithKline	
Plea		t to the following statement to indicate your agreement to answered every question and have not altered the wor	

Date	e:	-	3/22/2022			
Your Name:		-	Cynthia Aranow			
Manuscript Title:		-	Impact of belimumab on organ damage in systemic lupus erythematosus			
Mar	nuscript Number (if k	nown):	ACR-21-0855.R1			
conf be a indi The	tent of your manuscr affected by the conte cate a bias. If you are following questions	ript. "Rela ent of the e in doub	ated" means any relation with for-profit or			
epidemiology of hypertension, you that medication is not mentioned in			u should declare all relationships with manuing the manuscript. rt for the work reported in this manuscript.	r example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if without 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		
	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.	Fundir Glaxos Medic Brazai	one ong for this research was provided by SmithKline al writing support was provided by Casmira tis, PhD, of Fishawack Indicia Ltd, UK, part nawack Health, and was funded by SmithKline.			
				Click the tab key to add additional rows.		
		I	Time frame: past 36 month			
2	Grants or contracts from any entity (if not indicated in item #1 above).		research support from GSK			

		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	⊠ None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	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)		
	society, committee or advocacy group, paid or unpaid				
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 None			
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:		3/22/2022				
Your Name:		Damon L Bass	Damon L Bass			
Manuscript Title:		Impact of belimum	Impact of belimumab on organ damage in systemic lupus erythematosus			
Manuscript Number (if known):		nown): <u>ACR-21-0855.R1</u>				
con be a	tent of your manusc affected by the conte	pt. "Related" means any re nt of the manuscript. Disclos	lation with for-profit or sure represents a commi	cies/interests listed below that are related to the mot-for-profit third parties whose interests may itment to transparency and does not necessarily ty/interest, it is preferable that you do so.		
The	following questions	pply to the author's relation	nships/activities/interest	s as they relate to the <u>current manuscript only</u> .		
The author's relationships/activi epidemiology of hypertension, y that medication is not mentione		nsion, you should declare all entioned in the manuscript. all support for the work repo	relationships with manu	r example, if your manuscript pertains to the afacturers of antihypertensive medication, even if without time limit. For all other items, the time		
		Name all entities with whon relationship or indicate none		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	None				
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Funding for this research of GlaxoSmithKline Medical writing support we Brazaitis, PhD, of Fishawar of Fishawack Health, and GlaxoSmithKline.	as provided by Casmira ck Indicia Ltd, UK, part	Click the tab key to add additional rows.		
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	GlaxoSmithKline Medical writing support w Brazaitis, PhD, of Fishawa of Fishawack Health, and GlaxoSmithKline.	as provided by Casmira ck Indicia Ltd, UK, part			
2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	GlaxoSmithKline Medical writing support w Brazaitis, PhD, of Fishawa of Fishawack Health, and GlaxoSmithKline.	as provided by Casmira ck Indicia Ltd, UK, part was funded by			

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

		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 Holds stocks and shares in GlaxoSmithKline		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non		
13	Other financial or non-financial interests	□ None Employee of GlaxoSmithKline		
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.			

Dat	te:	3/22/2022				
Your Name:		Deven Chauhan	Deven Chauhan			
Ma	nuscript Title:	Impact of belimumab on organ damage in s	ystemic lupus erythematosus			
Ma	nuscript Number (if kı	nown): <u>ACR-21-0855.R1</u>				
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 <u>current manuscript only</u> .						
epi	demiology of hyperte	os/activities/interests should be defined broadly. Fo nsion, you should declare all relationships with mand entioned 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)			
			made to you or to your institution)			
1		relationship 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	relationship or indicate none (add rows as needed) Time frame: Since the initial planning None Funding for this research was provided by GlaxoSmithKline Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by	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	relationship or indicate none (add rows as needed) Time frame: Since the initial planning None Funding for this research was provided by GlaxoSmithKline Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by	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 (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	⊠ None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	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	
10	Leadership or fiduciary role in other board,	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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	Holds stocks and shares in GlaxoSmithKline	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	□ None Employee of GlaxoSmithKline	
Plea		t to the following statement to indicate your agreement to answered every question and have not altered the wor	

3/22/2022

Your Name:			David A Roth		
Manuscript Title:			Impact of belimumab on organ damage in systemic lupus erythematosus		
Ma	anuscript Number (if k	nown):	ACR-21-0855.R1		_
cor be ind	ntent of your manuscr affected by the conte licate a bias. If you are	ript. "Rel nt of the e in douk	ated" means any relation with for-profit or manuscript. Disclosure represents a commint about whether to list a relationship/activi	ies/interests listed below that are related to the not-for-profit third parties whose interests may the to transparency and does not necessarily ty/interest, it is preferable that you do so.	
epi		nsion, yo	ou should declare all relationships with manu	r example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if	
	item #1 below, report me for disclosure is th			without 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	
1	All support for the present	□ No	one		
	manuscript (e.g., funding, provision		ng for this research was provided by SmithKline		
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Medio Braza of Fisl	cal writing support was provided by Casmira itis, PhD, of Fishawack Indicia Ltd, UK, part hawack Health, and was funded by SmithKline.		
				Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not	⊠ No	one		

		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	⊠ None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	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)	
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	Holds stocks and shares in GlaxoSmithKline		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	□ None Employee of GlaxoSmithKline		
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:		3/22/2022			
Your Name:		Daniel J Wallace	Daniel J Wallace		
Ma	nuscript Title:	Impact of belimumab on organ damage in s	ystemic lupus erythematosus		
Ma	nuscript Number (if k	nown): <u>ACR-21-0855.R1</u>			
cor be ind	ntent of your manuscr affected by the conte licate a bias. If you are	rency, we ask you to disclose all relationships/activit ipt. "Related" means any relation with for-profit or ant of the manuscript. Disclosure represents a comming in doubt about whether to list a relationship/activities/interest	not-for-profit third parties whose interests may tment to transparency and does not necessarily ty/interest, it is preferable that you do so.		
epi tha	demiology of hyperte at medication is not m	os/activities/interests should be <u>defined broadly</u> . For nsion, you should declare all relationships with manuentioned in the manuscript.	ufacturers of antihypertensive medication, even if		
	tem #1 below, report me for disclosure is th	all support for the work reported in this manuscript ve past 36 months.	without time limit. For all other items, the time		
		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.)	None Funding for this research was provided by GlaxoSmithKline Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by GlaxoSmithKline.	of the work		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Funding for this research was provided by GlaxoSmithKline Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by	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	Funding for this research was provided by GlaxoSmithKline Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by	Click the tab key to add additional rows.		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None	
4	Consulting fees	□ None	
		Consultant for GSK	
5	Payment or honoraria for	□ None	
	lectures, presentations,	Speaker's bureau member for GSK	
speakers bureaus, manuscript writing or educational events	bureaus, manuscript writing or educational		
6	Payment for expert testimony	None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety	None	
	Monitoring Board or		
40	Advisory Board	57	
10	Leadership or fiduciary role in	None	
	other board,		

		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)	
	society, committee or advocacy group, paid or unpaid			
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:			

3/22/2022

Your Name:			Ellen M. Ginzler				
Manuscript Title:			Impact of belimumab on organ damage in systemic lupus erythematosus				
Ma	nuscript Number (if kr	nown):	ACR-21-0855.R1				
con be a ind The The	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						
In i	t medication is not mo tem #1 below, report : me for disclosure is th	all suppo	rt for the work reported in this manuscript v	without 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.	Fundir Glaxos Medic Brazai of Fish	one ong for this research was provided by SmithKline oal writing support was provided by Casmira tis, PhD, of Fishawack Indicia Ltd, UK, part hawack Health, and was funded by SmithKline.				
				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	⊠ No	one				

			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)
3	Royalties or licenses		None	
4	Consulting fees		None	
		Cor	nsultant for AbbVie	
5	Payment or	I	None	
,	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		None	
6	Payment for expert testimony	\boxtimes	None	
	expert testimony			
7	Support for attending meetings and/or		None	
	travel			
8	Patents planned, issued or		None	
	pending			
9	Participation on a Data Safety Monitoring Board or		None	
10	Advisory Board		None	
10	Leadership or fiduciary role in		None	
	other board,			

		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)	
	society, committee or advocacy group, paid or unpaid			
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	Received research funding from Aurinia, Genentech, GSK		
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.			

3/22/2022

Your Name:			Holly Quasny		
Manuscript Title:			Impact of belimumab on organ damage in systemic lupus erythematosus		
Ma	nuscript Number (if kı	nown):	ACR-21-0855.R1		
con be a ind	tent of your manuscr affected by the conter icate a bias. If you are	ipt. "Rel nt of the e in doub	ated" means any relation with for-profit or manuscript. Disclosure represents a commint about whether to list a relationship/activi		
The	following questions a	apply to t	the author's relationships/activities/interest	s as they relate to the <u>current manuscript only</u> .	
epi	-	nsion, yo	u should declare all relationships with manu	r example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th		•	without time limit. For all other items, the time	
			l 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	□ No	one		
	manuscript (e.g., funding, provision	1 1 1	ng for this research was provided by SmithKline		
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Brazai of Fish	cal writing support was provided by Casmira itis, PhD, of Fishawack Indicia Ltd, UK, part nawack Health, and was funded by SmithKline.		
				Click the tab key to add additional rows.	
		! 	Time frame: past 36 month	,	
2					

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

3/22/2022

Your Name:		Ian N. Bruce		
Manuscript Title:		Impact of belimumab on organ damage in systemic lupus erythematosus		
Manuscript Number (if known):		nown): ACR-21-0855.R1		
con be a	tent of your manuscr affected by the conte	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 nt 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.		
The	following questions	apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u> .		
epic that In it	The author's relationships/activities/interests should be <u>defined broadly</u> . 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.	Funding for this research was provided by GlaxoSmithKline Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by GlaxoSmithKline. 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).	Received research grants from GSK and Sanofi Genzyme A National Institute for Health Research (NIHR) Senior Investigator Emeritus and is funded by the NIHR Manchester Biomedical Research Centre.		

		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	None	
4	Consulting fees	□ None	
		Consultant for AstraZeneca, Aurinia, Eli Lilly, GSK, ILTOO and UCB	
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events	Speaker's bureau member for AstraZeneca, Aurinia, Eli Lilly, GSK, ILTOO and UCB	
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 Non	
10	Leadership or fiduciary role in	⊠ 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)
	other board, society, committee or advocacy group, paid or unpaid		
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: Certify that I have answered every question and have not altered the wording of any of the questions on this form.		

	ICIVIJE DISCEOSORE FORIVI				
Dat	e:	3/22/2022			
You	ır Name:	Jennifer A. Gilbride			
Ma	nuscript Title:	Impact of belimumab on organ damage in s	ystemic lupus erythematosus		
Ma	nuscript Number (if kno	own): _ACR-21-0855.R1			
con be a indi	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 ap	ply to the author's relationships/activities/interest	ts as they relate to the <u>current manuscript only</u> .		
epio tha	The author's relationships/activities/interests should be <u>defined broadly</u> . 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				
	me for disclosure is the				
		ame all entities with whom you have this elationship 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	' '	None			
		Funding for this research was provided by GlaxoSmithKline.			
	charges, etc.) No time limit for	Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by GlaxoSmithKline.			
	-		Click the tab key to add additional rows.		
		Time frame: past 36 month	· ·		
2	Crants or	•	-		
2	Grants or contracts from	⊠ None			
	any entity (if not				
	indicated in item				

		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	⊠ 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	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	⊠ 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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	Holds stocks and shares in GlaxoSmithKline	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None Employee of GlaxoSmithKline at the time of the manuscript being initiated	
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.		

3 12/13/2021 ICMJE Disclosure Form

Dat	te:	_3/22/2022	
Your Name:		Joan T. Merrill	
Ma	nuscript Title:	Impact of belimumab on organ damage in	systemic lupus erythematosus
Ma	ınuscript Number (if kı	nown): _ ACR-21-0855.R1	
cor be ind The	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 <u>current manuscript only</u> . The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even i		
-		entioned in the manuscript.	and care is a continuous continuous and continuous cont
	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 of frames Circles the district when since	
		Time frame: Since the initial planning	of the work
1	All support for the present	□ None	of the work
1	* *		of the work
1	present manuscript (e.g., funding, provision of study materials,	□ None Funding for this research was provided by	of the work
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Funding for this research was provided by GlaxoSmithKline. Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by GlaxoSmithKline.	of the work
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Funding for this research was provided by GlaxoSmithKline. Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by	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	Funding for this research was provided by GlaxoSmithKline. Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by GlaxoSmithKline. Received research funding from GSK for an	Click the tab key to add additional rows.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None	
4	Consulting fees	□ None	
		Consultant for GSK and for other pharmaceutical companies developing treatments for lupus including Abbvie, Amgen, AstraZeneca, Aurinia, BMS, EMD Serono, Genetech, Janssen, Lilly, Provention, Remegen, Sanofi, and Zenas	
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	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety	⊠ None	
	Monitoring		

		ame all entities with whom you have this Specifications/Comments (e.g., if payments we lationship or indicate none (add rows as needed) made to you or to your institution)	ere
	Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None 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.		

3 12/13/2021 ICMJE Disclosure Form

Date:		_3/22/2022	
Your Name:		Maria Dall'Era	
Manuscript Title:		Impact of belimumab on organ damage in	systemic lupus erythematosus
Ma	nuscript Number (if k	nown): <u>ACR-21-0855.R1</u>	
cor be ind The Epi tha	etent of your manuscr affected by the contention of the content of th	arency, we ask you to disclose all relationships/activicipt. "Related" means any relation with for-profit or nt of the manuscript. Disclosure represents a comme in doubt about whether to list a relationship/activicapply to the author's relationships/activities/interests/activities/	not-for-profit third parties whose interests may itment to transparency and does not necessarily ity/interest, it is preferable that you do so. It as they relate to the <u>current manuscript only</u> . Or example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if
		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.	Funding for this research was provided by GlaxoSmithKline. Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by GlaxoSmithKline.	Click the tab key to add additional rows.
		Time frame: past 36 month	
2	Grants or	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)
3	Royalties or licenses	None	
4	Consulting fees	□ None	
		Consultant for GSK	
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	Advisory board member for GSK	
10	Leadership or fiduciary role in	⊠ 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)
	other board, society, committee or advocacy group, paid or unpaid		
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.		

Petri

Dat	e:	3/22/2022				
Your Name:		Michelle Petri	Michelle Petri			
Ma	nuscript Title:	Impact of belimumab on organ damage in s	ystemic lupus erythematosus			
Ma	nuscript Number (if k	nown): _ACR-21-0855.R1				
tha	attent of your manuscr affected by the content icate a bias. If you are e following questions a e author's relationship demiology of hyperte at medication is not m	rency, we ask you to disclose all relationships/activitipt. "Related" means any relation with for-profit or int of the manuscript. Disclosure represents a comming in doubt about whether to list a relationship/activities apply to the author's relationships/activities/interestors/activities/interest	not-for-profit third parties whose interests may tment to transparency and does not necessarily ty/interest, it is preferable that you do so. It is as they relate to the current manuscript only. It example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if			
	tem #1 below, report me for disclosure is th	all support for the work reported in this manuscript repast 36 months.	without time limit. For all other items, the time			
		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.	Funding for this research was provided by GlaxoSmithKline. Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by GlaxoSmithKline.	Click the tab key to add additional rows.			
		Time frame: past 36 month				

			cifications/Comments (e.g., if payments were de to you or to your institution)
3	Royalties or licenses	None	
4	Consulting fees	□ None	
		Consultant to GSK	
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	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety	None	
	Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in	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)
	other board, society, committee or advocacy group, paid or unpaid		
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		t to the following statement to indicate your agreement to answered every question and have not altered the wor	

Date: 3/22/2022					
Your Name:		Murray B Urowitz	Murray B Urowitz		
Manuscript Title:		Impact of belimumab on organ damage in s	ystemic lupus erythematosus		
Ma	nuscript Number (if kr	nown): <u>ACR-21-0855.R1</u>			
cor be ind	ntent of your manuscri affected by the conter licate a bias. If you are e following questions a	rency, we ask you to disclose all relationships/activity. "Related" means any relation with for-profit or an of the manuscript. Disclosure represents a commination doubt about whether to list a relationship/activity. It is a relationship activity to the author's relationships/activities/interests.	the total control of the control of		
epi	demiology of hyperter	nsion, you should declare all relationships with manuentioned in the manuscript.			
In i		all support for the work reported in this manuscript	without time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Funding for this research was provided by GlaxoSmithKline. Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by GlaxoSmithKline.			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Funding for this research was provided by GlaxoSmithKline. Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by	Click the tab key to add additional rows.		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Speaker bureau member for GSK	
6	Payment for expert testimony	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 Advisory board member for GSK, AstraZeneca, Eli Lilly, and UCB	

		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	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	se place an "X" nex	t to the following statement to indicate your agreeme	nt:
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

3 12/13/2021 ICMJE Disclosure Form

Date:		3/22/2022			
Your Name:		Norma Lynn Fox	Norma Lynn Fox		
Manuscript Title:		Impact of belimumab on organ damage in s	Impact of belimumab on organ damage in systemic lupus erythematosus		
Ma	nuscript Number (if kr	nown): _ ACR-21-0855.R1			
con be a indi The The epic tha	tent of your manuscriaffected by the contention in the contention of the contention	irency, we ask you to disclose all relationships/activiript. "Related" means any relation with for-profit or nt of the manuscript. Disclosure represents a comme in doubt about whether to list a relationship/activities/apply to the author's relationships/activities/interestos/activities	not-for-profit third parties whose interests may itment to transparency and does not necessarily ty/interest, it is preferable that you do so. Its as they relate to the <u>current manuscript only</u> . It example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Funding for this research was provided by GlaxoSmithKline. Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by GlaxoSmithKline.	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	Funding for this research was provided by GlaxoSmithKline. Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by	Click the tab key to add additional rows.		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	⊠ 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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	Holds stocks and shares in GlaxoSmithKline at the time of the manuscript being initiated	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None Employee of GlaxoSmithKline at the time of this manuscript being initiated	
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:		,	3/22/2022		
Your Name:			Richard Furie		
Manuscript Title:			Impact of belimumab on organ damage in systemic lupus erythematosus		
Mar	nuscript Number (if k	nown):	ACR-21-0855.R1		
con	tent of your manuscr affected by the conte	ript. "Relant of the	ated" means any relation with for-profit or	ies/interests listed below that are related to the not-for-profit third parties whose interests may tment to transparency and does not necessarily ty/interest, it is preferable that you do so.	
The epic that	author's relationship demiology of hyperte medication is not m	ps/activit ension, yo nentioned	ies/interests should be <u>defined broadly</u> . For u should declare all relationships with manu in the manuscript. ort for the work reported in this manuscript	es as they relate to the <u>current manuscript only</u> . The example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if without time limit. For all other items, the time	
ii aii		•			
			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.	Fundir Glaxos Medic Brazai of Fish	one ong for this research was provided by SmithKline. Ital writing support was provided by Casmira tis, PhD, of Fishawack Indicia Ltd, UK, part hawack Health, and was funded by SmithKline.	Click the tab key to add additional rows.	
				·	
2	Grants or contracts from any entity (if not indicated in item	⊠ No	Time frame: past 36 month	S	

			Comments (e.g., if payments were r to your institution)
3	Royalties or licenses	⊠ None	
4	Consulting fees	□ None	
		Consulting fees from GSK	
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	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	■ 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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	Research support from GSK	
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.		
	recently that thave answered every question and have not aftered the wording or any or the questions on this form.		

Vour Name:			3/22/2022			
			Roger A. Levy			
Manuscript Title: Manuscript Number (if known):			Impact of belimumab on organ damage in systemic lupus erythematosus			
			ACR-21-0855.R1			
con be a	tent of your manusc affected by the conte	ript. "Rel ent of the	ated" means any relation with for-profit or	ies/interests listed below that are related to the not-for-profit third parties whose interests may tment to transparency and does not necessarily ty/interest, it is preferable that you do so.		
The epic that	author's relationshi demiology of hyperto t medication is not n	ips/activit ension, yo nentioned t all suppo	ies/interests should be <u>defined broadly</u> . Fo ou should declare all relationships with manu- in the manuscript. ort for the work reported in this manuscript	es as they relate to the <u>current manuscript only</u> . The example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if without time limit. For all other items, the time		
			l 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)		
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.	Fundi Glaxo Medic Braza of Fisl	Time frame: Since the initial planning one one ong for this research was provided by SmithKline. cal writing support was provided by Casmira itis, PhD, of Fishawack Indicia Ltd, UK, part nawack Health, and was funded by SmithKline.	of the work		
				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	one			

		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	⊠ 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	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	⊠ 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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	□ None Holds stocks and shares in GlaxoSmithKline	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	□ None Employee of GlaxoSmithKline	
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:		3/22/2022		_
Your Name:		Ronald van Vollenhoven		
Manuscript Title:		Impact of belimumab on organ damage in s	ystemic lupus erythematosus	
Mai	nuscript Number (if kn	nown): ACR-21-0855.R1		
con be a indi The The epic that	tent of your manuscri affected by the conter cate a bias. If you are following questions a author's relationship demiology of hyperter t medication is not me	rency, we ask you to disclose all relationships/activities. "Related" means any relation with for-profit or int of the manuscript. Disclosure represents a commit in doubt about whether to list a relationship/activities/interest apply to the author's relationships/activities/interest as/activities/interests should be defined broadly. For insion, you should declare all relationships with manuely in the manuscript.	not-for-profit third parties whose interests may tment to transparency and does not necessarily ty/interest, it is preferable that you do so. It is as they relate to the <u>current manuscript only</u> . It example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if	
fran	ne for disclosure is the	e 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.	Funding for this research was provided by GlaxoSmithKline. Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by GlaxoSmithKline.	Click the tab key to add additional rows.	
		Time frame: past 36 month	S	
2				

		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	None	
4	Consulting fees	□ None	
		Consulting fees from AbbVie, AstraZeneca, Biogen, Biotest, BMS, Galapagos, Gilead, Janssen, Pfizer, Sanofi, Servier, UCB, Vielabio	
5	Payment or	□ None	
	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Speaker honoraria from AbbVie, Galapagos, GSK, Janssen, Pfizer, UCB	
6	Payment for expert testimony	⊠ None	
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety	⊠ None	
	Monitoring Board or Advisory Board		
	, savisory bourd		

		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	None		
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	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 wor	rding of any of the questions on this form.	

3 12/13/2021 ICMJE Disclosure Form

Date:		3/22/2022	-			
Your Name:		Tania Gonzalez-Rivera	Tania Gonzalez-Rivera			
Manuscript Title:		Impact of belimumab on organ damage in sy	ystemic lupus erythematosus			
Ma	anuscript Number (if kr	nown): ACR-21-0855.R1				
co be inc	ntent of your manuscri affected by the conter licate a bias. If you are	rency, we ask you to disclose all relationships/activit ipt. "Related" means any relation with for-profit or not of the manuscript. Disclosure represents a commine in doubt about whether to list a relationship/activities in doubt about whether to list a relationship in the rest	not-for-profit third parties whose interests may tment to transparency and does not necessarily ty/interest, it is preferable that you do so.			
epi tha In i	idemiology of hyperter at medication is not me	es/activities/interests should be <u>defined broadly</u> . For nsion, you should declare all relationships with manu entioned in the manuscript. all support for the work reported in this manuscript v e past 36 months.	facturers of antihypertensive medication, even if			
		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)			
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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	Time frame: Since the initial planning on the None Funding for this research was provided by GlaxoSmithKline. Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by	Click the tab key to add additional rows.			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	None	

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11	Stock or stock options	Held stocks and shares in GlaxoSmithKline at the time this manuscript was initiated	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None Was an employee of GlaxoSmithKline at the time of this manuscript being initiated	
Plea	-	t to the following statement to indicate your agreement to answered every question and have not altered the wor	

			ICIVIJE DISCLUSURE FUI	KIVI
Date:			3/22/2022	
Υοι	ır Name:		William Stohl	
Manuscript Title:			Impact of belimumab on organ damage in s	ystemic lupus erythematosus
Ma	nuscript Number (if k	(nown):	ACR-21-0855.R1	
content of your manuscript. "Re be affected by the content of the indicate a bias. If you are in dou			ated" means any relation with for-profit or manuscript. Disclosure represents a commint about whether to list a relationship/activi	ties/interests listed below that are related to the not-for-profit third parties whose interests may itment to transparency and does not necessarily ty/interest, it is preferable that you do so.
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			Time frame: Since the initial planning	of the work
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	manuscript (e.g., funding, provision of study materials, medical writing,	1 1 '	ng for this research was provided by SmithKline.	
	article processing charges, etc.) No time limit for this item.	Braza of Fish	cal writing support was provided by Casmira itis, PhD, of Fishawack Indicia Ltd, UK, part nawack Health, and was funded by SmithKline.	
				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).	Researd The US through from the Transla	ch grant support from GSK C Clinical Trials Unit is funded in part n grants UL1TR001855 and UL1TR000130 ne National Center for Advancing tional Science (NCATS) of the US National es of Health.	

			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)
3	Royalties or licenses		None	
4	Consulting fees	\boxtimes	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		None	
6	Payment for expert testimony	\boxtimes	None	
7	Support for attending		None	
	meetings and/or travel			
8	Patents planned, issued or		None	
	pending			
9	Participation on a Data Safety Monitoring		None	
	Board or Advisory Board	Adi	noc advisory board member for GSK	
10	Leadership or fiduciary role in		None	
	other board,			

		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)
	society, committee or advocacy group, paid or unpaid		
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	Clinical trial support from Gilead and Pfizer	
Plea	-	t to the following statement to indicate your agreement to answered every question and have not altered the wor	

Date:		3/22/2022							
Your Name:		Yumi Asukai							
Manuscript Title:		Impact of belimumab on organ damage in systemic lupus erythematosus	Impact of belimumab on organ damage in systemic lupus erythematosus						
Manuscript Number (if known):		nown): <u>ACR-21-0855.R1</u>	ACR-21-0855.R1						
con be a	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 <u>current manuscript only</u> .							
The author's relationships/activities/interests should be <u>defined broadly</u> . 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.									
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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.	Funding for this research was provided by GlaxoSmithKline. Medical writing support was provided by Casmira Brazaitis, PhD, of Fishawack Indicia Ltd, UK, part of Fishawack Health, and was funded by GlaxoSmithKline.							
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 months None							

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4	Consulting fees	None None	
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	society, committee or advocacy group, paid or unpaid					
11	Stock or stock options	Holds stocks and shares in GlaxoSmithKline				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None				
13	Other financial or non-financial interests	□ None Was an employee of GlaxoSmithKline at the time this manuscript was initiated				
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.						