

## ICMJE DISCLOSURE FORM

**Date:** 3/22/2022

**Your Name:** Anne Hammer

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0855.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.

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b> <input type="checkbox"/> Employee of GlaxoSmithKline <input type="checkbox"/> <input type="checkbox"/>	

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:** 3/22/2022

**Your Name:** Cynthia Aranow

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

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**Date:** 3/22/2022

**Your Name:** Damon L Bass

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0855.R1

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		Holdings stocks and shares in GlaxoSmithKline	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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		Employee of GlaxoSmithKline	

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**Your Name:** Deven Chauhan

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**Your Name:** David A Roth

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<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
<b>10</b>	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b>	<table border="1"> <tr><td></td><td></td></tr> </table>								

		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		
<b>11</b>	Stock or stock options	<input type="checkbox"/> <b>None</b> <input type="checkbox"/> Holds stocks and shares in GlaxoSmithKline <input type="checkbox"/> <input type="checkbox"/>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b> <input type="checkbox"/> Employee of GlaxoSmithKline <input type="checkbox"/> <input type="checkbox"/>	

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:** 3/22/2022

**Your Name:** Daniel J Wallace

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0855.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)								
Time frame: Since the initial planning of the work										
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Click the tab key to add additional rows.										
Time frame: past 36 months										
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								



		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Consultant for GSK	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Speaker's bureau member for GSK	
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,	<input checked="" type="checkbox"/> None	

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

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

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## ICMJE DISCLOSURE FORM

**Date:** 3/22/2022

**Your Name:** Ellen M. Ginzler

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0855.R1

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Consultant for AbbVie	
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	
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	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		Received research funding from Aurinia, Genentech, GSK	

**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:** 3/22/2022

**Your Name:** Holly Quasny

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0855.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.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b> <input type="checkbox"/> Employee of GlaxoSmithKline <input type="checkbox"/> <input type="checkbox"/>	

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:** 3/22/2022

**Your Name:** Ian N. Bruce

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0855.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.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Consultant for AstraZeneca, Aurinia, Eli Lilly, GSK, ILTOO and UCB	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Speaker's bureau member for AstraZeneca, Aurinia, Eli Lilly, GSK, ILTOO and UCB	
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	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)												
	other board, society, committee or advocacy group, paid or unpaid	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
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## ICMJE DISCLOSURE FORM

**Date:** 3/22/2022

**Your Name:** Jennifer A. Gilbride

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0855.R1

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10	Leadership or fiduciary role in	<input checked="" type="checkbox"/> None									

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	other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/>	
<b>11</b>	Stock or stock options	<input type="checkbox"/> <b>None</b>	
		<input type="checkbox"/> Holds stocks and shares in GlaxoSmithKline	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		<input type="checkbox"/> Employee of GlaxoSmithKline at the time of the manuscript being 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.

## ICMJE DISCLOSURE FORM

**Date:** 3/22/2022

**Your Name:** Joan T. Merrill

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0855.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.

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3	Royalties or licenses	<input checked="" type="checkbox"/> None							
4	Consulting fees	<input type="checkbox"/> None							
		<table border="1"> <tr> <td>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</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	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						
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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							
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None							
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None							
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9	Participation on a Data Safety Monitoring	<input checked="" type="checkbox"/> None							
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Board or Advisory Board		
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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

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## ICMJE DISCLOSURE FORM

**Date:** 3/22/2022

**Your Name:** Maria Dall'Era

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0855.R1

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3	Royalties or licenses	<input checked="" type="checkbox"/> None									
4	Consulting fees	<input type="checkbox"/> None	<table border="1"> <tr> <td>Consultant for GSK</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Consultant for GSK							
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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	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>								
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>								
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	<table border="1"> <tr> <td>Advisory board member for GSK</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Advisory board member for GSK							
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# Petri

## ICMJE DISCLOSURE FORM

**Date:** 3/22/2022

**Your Name:** Michelle Petri

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0855.R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Received research grant support from GSK for an unrelated project</td> <td style="width: 40%;"></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> </table>	Received research grant support from GSK for an unrelated project							
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Consultant to GSK	
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	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

**Date:** 3/22/2022

**Your Name:** Murray B Urowitz

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0855.R1

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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)
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"/> None	Speaker bureau member for GSK
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 type="checkbox"/> 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)						
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							
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## foxicMJE DISCLOSURE FORM

**Date:** 3/22/2022

**Your Name:** Norma Lynn Fox

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0855.R1

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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:** 3/22/2022

**Your Name:** Richard Furie

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0855.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.

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## ICMJE DISCLOSURE FORM

**Date:** 3/22/2022

**Your Name:** Roger A. Levy

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0855.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.

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<b>11</b>	Stock or stock options	<input type="checkbox"/> <b>None</b>	
		Holds stocks and shares in GlaxoSmithKline	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		Employee of GlaxoSmithKline	

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

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## ICMJE DISCLOSURE FORM

**Date:** 3/22/2022

**Your Name:** Ronald van Vollenhoven

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0855.R1

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

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## ICMJE DISCLOSURE FORM

**Date:** 3/22/2022

**Your Name:** Tania Gonzalez-Rivera

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0855.R1

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

## ICMJE DISCLOSURE FORM

**Date:** 3/22/2022

**Your Name:** William Stohl

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0855.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.

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<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> <b>None</b>	
		Clinical trial support from Gilead and Pfizer	

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## ICMJE DISCLOSURE FORM

**Date:** 3/22/2022

**Your Name:** Yumi Asukai

**Manuscript Title:** Impact of belimumab on organ damage in systemic lupus erythematosus

**Manuscript Number (if known):** ACR-21-0855.R1

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