

ICMJE DISCLOSURE FORM

Date: 11/14/2021

Your Name: Francis Berenbaum

Manuscript Title: A RISK SCORE TO DETECT SUBCLINICAL RHEUMATOID ARTHRITIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

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

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

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

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

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
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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)
4	Consulting fees	<input type="checkbox"/> None Boehringer, Bone Therapeutics, Expanscience, Galapagos, Gilead, GSK, Merck Sereno, MSD, Nordic, Novartis, Regulaxis, Roche, Sandoz, Sanofi, Servier, UCB, Peptinov, TRB Chemedica, 4Moving Biotech, 4P Pharma _____ _____ _____	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None _____ _____ _____	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None _____ _____ _____	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None _____ _____ _____	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None _____ _____ _____	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None _____ _____ _____	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None _____ _____ _____	

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11	Stock or stock options	<input checked="" type="checkbox"/> None <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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 11/14/2021

Your Name: Catherine Boileau

Manuscript Title: A RISK SCORE TO DETECT SUBCLINICAL RHEUMATOID ARTHRITIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

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Date: 11/14/2021

Your Name: Raphaël Borie

Manuscript Title: A RISK SCORE TO DETECT SUBCLINICAL RHEUMATOID ARTHRITIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

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		Boehringer Ingelheim, Roche	Outside the submitted work
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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Date: 11/14/2021

Your Name: Guillermo Carvajal Alegria

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Date: 11/14/2021

Your Name: Bernard Combe

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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: 11/14/2021

Your Name: Arnaud Constantin

Manuscript Title: A RISK SCORE TO DETECT SUBCLINICAL RHEUMATOID ARTHRITIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

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

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

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

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

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Time frame: Since the initial planning of the work								
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></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)
4	Consulting fees	<input type="checkbox"/> None	
		Abbvie, Amgen, Biogen, BMS, Boehringer Ingelheim, Fresenius Kabi, Galapagos, Janssen, Lilly, Medac, MSD, Mylan, Novartis, Pfizer, Procter & Gamble, Roche, Sanofi, UCB, Viatris	Outside the submitted work
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="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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ICMJE DISCLOSURE FORM

Date: 11/14/2021

Your Name: Bruno Crestani

Manuscript Title: A RISK SCORE TO DETECT SUBCLINICAL RHEUMATOID ARTHRITIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

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

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

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">Boehringer Ingelheim, AstraZeneca, Roche, Sanofi</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>	Boehringer Ingelheim, AstraZeneca, Roche, Sanofi								
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">Apellis, Boehringer Ingelheim, AstraZeneca, Sanofi, Roche</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>	Apellis, Boehringer Ingelheim, AstraZeneca, Sanofi, Roche								
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ICMJE DISCLOSURE FORM

Date: 11/14/2021

Your Name: Marie-Pierre Debray

Manuscript Title: A RISK SCORE TO DETECT SUBCLINICAL RHEUMATOID ARTHRITIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

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

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ICMJE DISCLOSURE FORM

Date: 11/14/2021

Your Name: Philippe Dieudé

Manuscript Title: A RISK SCORE TO DETECT SUBCLINICAL RHEUMATOID ARTHRITIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

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

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		Pfizer, Roche – Chugai, Bristol Myers Squibb, Abbvie, MSD	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Roche – Chugai, Bristol Myers Squibb	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 11/14/2021

Your Name: Tracy J. Doyle

Manuscript Title: A RISK SCORE TO DETECT SUBCLINICAL RHEUMATOID ARTHRITIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

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

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Time frame: past 36 months									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <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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ICMJE DISCLOSURE FORM

Date: 11/14/2021

Your Name: Esther Ebstein

Manuscript Title: A RISK SCORE TO DETECT SUBCLINICAL RHEUMATOID ARTHRITIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

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

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4	Consulting fees	<input type="checkbox"/> None	
		Bristol Myers Squibb	Outside of this work
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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11	Stock or stock options	<input checked="" type="checkbox"/> None <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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ICMJE DISCLOSURE FORM

Date: 11/14/2021

Your Name: Bruno Fautrel

Manuscript Title: A RISK SCORE TO DETECT SUBCLINICAL RHEUMATOID ARTHRITIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

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

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

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4	Consulting fees	<input type="checkbox"/> None	
		AbbVie, Amgen, Biogen, BMS, Celgene, Fresenius Kabi, Janssen, Lilly, Medac, MSD, NORDIC Pharma, Novartis, Pfizer, Roche, SOBI, UCB	Outside of this work
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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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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ICMJE DISCLOSURE FORM

Date: 11/14/2021

Your Name: René-Marc Flipo

Manuscript Title: A RISK SCORE TO DETECT SUBCLINICAL RHEUMATOID ARTHRITIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

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

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4	Consulting fees	<input type="checkbox"/> None	
		Abbvie, Janssen, MSD and Pfizer. He reports research grants from Abbvie, Janssen, Novartis and Pfizer	Outside the submitted work
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 11/14/2021

Your Name: Benjamin Granger

Manuscript Title: A RISK SCORE TO DETECT SUBCLINICAL RHEUMATOID ARTHRITIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

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

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ICMJE DISCLOSURE FORM

Date: 11/14/2021

Your Name: Pierre-Antoine Juge

Manuscript Title: A RISK SCORE TO DETECT SUBCLINICAL RHEUMATOID ARTHRITIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

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

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

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

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ICMJE DISCLOSURE FORM

Date: 11/14/2021

Your Name: Caroline Kannengiesser

Manuscript Title: A RISK SCORE TO DETECT SUBCLINICAL RHEUMATOID ARTHRITIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

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

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Date: 11/14/2021

Your Name: Joanna Keddra

Manuscript Title: A RISK SCORE TO DETECT SUBCLINICAL RHEUMATOID ARTHRITIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

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

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Your Name: Fabienne Louis Sidney

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Date: 11/14/2021

Your Name: Xavier Mariette

Manuscript Title: A RISK SCORE TO DETECT SUBCLINICAL RHEUMATOID ARTHRITIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

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

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

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Time frame: past 36 months								
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input type="checkbox"/> None	
		BMS, Gilead, Janssen, Pfizer, Samsung, UCB	Outside the submitted work
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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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: 11/14/2021

Your Name: Alain Saraux

Manuscript Title: A RISK SCORE TO DETECT SUBCLINICAL RHEUMATOID ARTHRITIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

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ICMJE DISCLOSURE FORM

Date: 11/14/2021

Your Name: Jean Sibia

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Date: 11/14/2021

Your Name: Jeffrey A. Sparks

Manuscript Title: A RISK SCORE TO DETECT SUBCLINICAL RHEUMATOID ARTHRITIS-ASSOCIATED INTERSTITIAL LUNG DISEASE

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Date: 11/14/2021

Your Name: Olivier Vittecoq

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