

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Urmi

2. Surname (Last Name)

Khanna

3. Date

08-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Anthony P. Fernandez, MD, PhD

5. Manuscript Title

Dermatomyositis and Malignancy: Should All Patients with Dermatomyositis Undergo Malignancy Screening?

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Khanna has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Fabrizio

2. Surname (Last Name)

Galimberti

3. Date

08-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Anthony P. Fernandez, MD, PhD

5. Manuscript Title

Dermatomyositis and Malignancy: Should All Patients with Dermatomyositis Undergo Malignancy Screening?

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Dr. Galimberti has nothing to disclose.

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1. Given Name (First Name)

Yumeng

2. Surname (Last Name)

Li

3. Date

08-July-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Anthony P. Fernandez, MD, PhD

5. Manuscript Title

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Anthony      2. Surname (Last Name) Fernandez      3. Date 08-July-2020

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Dermatomyositis and Malignancy: Should All Patients with Dermatomyositis Undergo Malignancy Screening?

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AbbVie	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting, Speaking
Novartis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research, Consulting, Speaking
Mallinckrodt	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research, Consulting, Speaking
Pfizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research
Corbus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research
Alexion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting

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Dr. Fernandez reports personal fees from AbbVie, grants and personal fees from Novartis, grants and personal fees from Mallinckrodt, other from Pfizer, other from Corbus, personal fees from Alexion, outside the submitted work; .

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