## **ICMJE DISCLOSURE FORM (1)**

Date: February 9 <sup>th</sup> , 2023	
Your Name:_S.C. Bergkamp	
Manuscript Title: Correlations between capillary density and degree of skin pigmentation in healthy children analyse	ed by

nailfold video capillaroscopy

Manuscript number (if known): QIMS-22-993

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</u> <u>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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	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.	None	Stichting Zeldzame Ziektenfonds Stichting Steun Emma
3	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	Time frame: pastX_NoneX_None	36 months
4	Consulting fees	XNone	

		T			
5	Payment or honoraria for	X_None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	X None			
-	meetings and/or travel				
	eege array or array				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	_XNone			
	in other board, society,				
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
12	Receipt of equipment,	X None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Dlaa	Disease summering the charge conflict of interest in the following how				

I am a PhD student, and I was funded for my PhD trajectory by Stichting Zeldzame Ziektenfonds and the Stichting Steun Emma.

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

\_\_X\_ 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: 13FEB2023	
Your Name: PROF. DR. VANESSA SMITH	
Manuscript Title: Correlations between capillary density and degree of skin pigmentation in healthy children analyse	d by
nailfold video capillaroscopy	
Manuscript number (if known): QIMS-22-993	

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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)
		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	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	Research Foundation Flanders	Research support, senior clinical investigator (payment made to institution)
	in item #1 above).	Belgian Fund for Scientific Research in Rheumatic Diseases	Research grant (payment made to institution)
		Boehringer Ingelheim	Research support (payment made to institution)
		Janssen-Cilag	Educational chair (payment made to institution)
3	Royalties or licenses	None	

4	Consulting food	Doobringer Ingelheim	Consultancy fees (payments made on both personal
4	Consulting fees	Boehringer Ingelheim	account and institution)
		Janssen-Cilag	Consultancy fees (payments made to institution)
г	Dayment or honororio for	Doobringer Ingelheim	Charles face / normants made on both personal account
5	Payment or honoraria for lectures, presentations,	Boehringer Ingelheim	Speaker fees (payments made on both personal account and institution)
	speakers bureaus,	Janssen-Cilag	Speaker fees (payments made on institution)
	manuscript writing or educational events	Galapagos	Speaker fee (payment made to personal account)
6	Payment for expert testimony	None	
	·		
7	Support for attending meetings and/or travel	Boehringer Ingelheim	ACR congress 2022 (travel arrangements made directly)
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring Board or	Janssen-Cilag	Advisory Board (payment made to institution)
	Advisory Board		
10	Leadership or fiduciary role	EULAR Study group on	Chair, unpaid
	in other board, society, committee or advocacy	Microcirculation in Rheumatic Diseases	
	group, paid or unpaid	ACR Study Group on	Co-chair, unpaid
		Microcirculation	
		SCTC working group on capillaroscopy	Co-chair, unpaid
		ERN-ReCONNET	Steering committee member, unpaid
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		

Vanessa Smith has received research support from: the Research Foundation Flanders (FWO), the Belgian Fund for Scientific Research in Rheumatic Diseases (FWRO), Boehringer Ingelheim and Janssen-Cilag.

Vanessa Smith has received consulting fees from Boehringer Ingelheim and Janssen-Cilag and speaker fees from Boehringer Ingelheim, Janssen-Cilag and Galapagos.

Please place an "X" next to the following statement to indicate your agreement:
X 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 (3)

Date:	10-Feb-2023
Your Name	:T.W. Kuijpers
nailfold vid	Title: Correlations between capillary density and degree of skin pigmentation in healthy children analysed by eo capillaroscopy number (if known): QIMS-22-993
related to to parties who	est of transparency, we ask you to disclose all relationships/activities/interests listed below that are he content of your manuscript. "Related" means any relation with for-profit or not-for-profit third ose interests may be affected by the content of the manuscript. Disclosure represents a commitment ency and does not necessarily indicate a bias. If you are in doubt about whether to list a

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

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.

		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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	_XNone	
4	Consulting fees	_XNone	

5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	_XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	_XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	V Name	
11	Stock or stock options	XNone	
12	Descipt of agricument	V. None	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	X None	
13	financial interests	XNONC	
	333		
Plea	se summarize the above co	nflict of interest in the fol	lowing box:

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

\_X\_\_ 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 (4)**

Date: February 14			
2023			
Your Name:	Maurizio Cutolo		

**Manuscript Title:** Correlations between capillary density and degree of skin pigmentation in healthy children analysed by nailfold video capillaroscopy

Manuscript number (if known): QIMS-22-993

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	_XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	

4	Consulting fees	X None	
7	Consulting rees	_XNone	
5	Payment or honoraria for	X None	
J	lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
U	testimony	X_None	
	testimony		
7	Support for attending	X_None	
′	meetings and/or travel	^_None	
	meetings and/or traver		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	EULAR School of	Advisor for Education at EULAR School of Rheumatology
	Safety Monitoring Board or	Rheumatology (ESoR)	(ESOR)
	Safety Monitoring Board or Advisory Board	Rheumatology (ESoR)	(ESOR)
	Advisory Board	Rheumatology (ESoR)	(ESOR)
10	Advisory Board  Leadership or fiduciary role	Rheumatology (ESoR)  _XNone	(ESOR)
10	Advisory Board  Leadership or fiduciary role in other board, society,		(ESOR)
10	Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy		(ESOR)
10	Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid		(ESOR)
10	Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy		(ESOR)
	Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	_XNone	(ESOR)
11	Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options	_XNone	(ESOR)
	Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment,	_XNone	(ESOR)
11	Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical	_XNone	(ESOR)
11	Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other	_XNone	(ESOR)
11	Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNoneXNoneXNone	(ESOR)
11	Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-	_XNone	(ESOR)
11	Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services	_XNoneXNoneXNone	(ESOR)
11	Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-	_XNoneXNoneXNone	(ESOR)
11	Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-	_XNoneXNoneXNone	(ESOR)

Maurizio Cutolo is Advisor for Education at EULAR School of Rheumatology (ESoR)		

Please place an "X" next to the following statement to indicate your agreement:		
X certify that I have answered every question and have not altered the wording of any of the questions on the form.		

### ICMJE DISCLOSURE FORM

Date: 2023 10 02

Your Name: J.M. van den Berg

Manuscript Title: Correlations between capillary density and degree of skin pigmentation in healthy children analysed by

nailfold video capillaroscopy

Manuscript number (if known): QIMS-22-993

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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		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)
	<del></del>	Time frame: Since the initia	l 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	
		Time frame: past	: 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None		
	lectures, presentations,	None	ALC: NO STATE OF THE STATE OF T	
n,	speakers bureaus, manuscript writing or educational events			
	Payment for expert testimony	None		
7	Support for attending meetings and/or travel	None		
	Patents planned, issued or pending	None		
)	Participation on a Data	None		
	Safety Monitoring Board or Advisory Board			-
0	Leadership or fiduciary role	None		7 11
U	in other board, society, committee or advocacy group, paid or unpaid	None		_
1	Stock or stock options	None		
2	Receipt of equipment,	None		
	materials, drugs, medical writing, gifts or other services			
L3	Other financial or non-	None		
	financial interests			

None		
	Classic	

X 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 (6)**

Date: 16-02-2023

Your Name: D. Schonenberg-Meinema

Manuscript Title: Correlations between capillary density and degree of skin pigmentation in healthy children analysed

by nailfold video capillaroscopy

Manuscript number (if known): QIMS-22-993-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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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
13	Other financial or non- financial interests	XNone	
	Please summarize the above conflict of interest in the following box:  None.		
DI -	oo nloos on ((V))	falla	facts

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

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