Date: May 21, 2022 Your Name: Tao Huang

Manuscript Title: Retinal Microvasculature Alteration in Patients with Systemic Sclerosis and Chloroquine Treatment

Manuscript number (if known): QIMS-21-1166

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)	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.		
		Time frame: past	36 months
2	Grants or contracts from		
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses		
4	Consulting fees	√None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	√None	
0	testimony		
7	Support for attending meetings and/or travel		
8	Patents planned, issued or pending	√None	
9	Participation on a Data	√ None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	√None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	√None	
12	Receipt of equipment,	√ None	
12	materials, drugs, medical		
	writing, gifts or other		
13	services Other financial or non-	√ None	
13	financial interests		
	Please summarize the above conflict of interest in the following box: The authors have no conflicts of interest to declare.		

Date: May 21, 2022

Your Name: Rongbin Liang

Manuscript Title: Retinal Microvasculature Alteration in Patients with Systemic Sclerosis and Chloroquine Treatment

Manuscript number (if known): QIMS-21-1166

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	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as	institution)
		needed)	
		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.		
	THE UNITED THIS ICENT		
		Time frame: past	36 months
2	Grants or contracts from	√None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	√None	
4	Consulting fees	√None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony		
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	
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	
	Please summarize the above conflict of interest in the following box: The authors have no conflicts of interest to declare.		

Date: May 21, 2022 Your Name: Lijuan Zhang

Manuscript Title: Retinal Microvasculature Alteration in Patients with Systemic Sclerosis and Chloroquine Treatment

Manuscript number (if known): QIMS-21-1166

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	Specifications/Comments (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	√None	
	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	√None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses		
4	Consulting fees	√None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony		
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	
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	
	Please summarize the above conflict of interest in the following box: The authors have no conflicts of interest to declare.		

Date: May 21, 2022 Your Name: Huiye Shu

Manuscript Title: Retinal Microvasculature Alteration in Patients with Systemic Sclerosis and Chloroquine Treatment

Manuscript number (if known): QIMS-21-1166

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)
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	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: past √None √None	36 months
4	Consulting fees	√None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony		
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	
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	
	Please summarize the above conflict of interest in the following box: The authors have no conflicts of interest to declare.		

Date: May 21, 2022 Your Name: Qianmin Ge

Manuscript Title: Retinal Microvasculature Alteration in Patients with Systemic Sclerosis and Chloroquine Treatment

Manuscript number (if known): QIMS-21-1166

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.

e to you or to your

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony		
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	
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	
	Please summarize the above conflict of interest in the following box: The authors have no conflicts of interest to declare.		

Date: May 21, 2022 Your Name: Xulin Liao

Manuscript Title: Retinal Microvasculature Alteration in Patients with Systemic Sclerosis and Chloroquine Treatment

Manuscript number (if known): QIMS-21-1166

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	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	mlanning of the work
		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.		
		Time frame: past	36 months
2	Grants or contracts from		
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses		
4	Consulting fees	√None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony		
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	
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	
	Please summarize the above conflict of interest in the following box: The authors have no conflicts of interest to declare.		

Date: May 21, 2022 Your Name: Jieli Wu

Manuscript Title: Retinal Microvasculature Alteration in Patients with Systemic Sclerosis and Chloroquine Treatment

Manuscript number (if known): QIMS-21-1166

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)
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	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: past √None √None	36 months
4	Consulting fees	√None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony		
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	
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	
	Please summarize the above conflict of interest in the following box: The authors have no conflicts of interest to declare.		

Date: May 21, 2022 Your Name: Ting Su

Manuscript Title: Retinal Microvasculature Alteration in Patients with Systemic Sclerosis and Chloroquine Treatment

Manuscript number (if known): QIMS-21-1166

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)
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.	\lambdaNone	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: past √None √None	36 months
4	Consulting fees	√None	

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

Date: May 21, 2022 Your Name: Yicong Pan

Manuscript Title: Retinal Microvasculature Alteration in Patients with Systemic Sclerosis and Chloroquine Treatment

Manuscript number (if known): QIMS-21-1166

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	Specifications/Comments (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	√None	
	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	√None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses		
4	Consulting fees	√None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony		
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	
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	
	Please summarize the above conflict of interest in the following box: The authors have no conflicts of interest to declare.		

Date: May 21, 2022 Your Name: Qiong Zhou

Manuscript Title: Retinal Microvasculature Alteration in Patients with Systemic Sclerosis and Chloroquine Treatment

Manuscript number (if known): QIMS-21-1166

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)
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.	\lambdaNone	
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	Time frame: past √None √None	36 months
4	Consulting fees	√None	

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

Date: May 21, 2022 Your Name: Yi Shao

Manuscript Title: Retinal Microvasculature Alteration in Patients with Systemic Sclerosis and Chloroquine Treatment

Manuscript number (if known): QIMS-21-1166

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)	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 in item #1 above).	√None	
3	Royalties or licenses		
4	Consulting fees	√None	

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