Date: <u>July 29<sup>th</sup>, 2022</u>	
Your Name: <u>Jang V</u>	/oo Ha
Manuscript Title:	Clinical impact of antineutrophil cytoplasmic antibody positivity on the occurrence of interstitial
lung disease in patient	s with polymyositis/dermatomyositis
Manuscript number (if	known):

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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.	grant from the Korea Health Technology R&D Project through the Korea Health Industry Development Institute, funded by the Ministry of Health and Welfare (No. HI14C1324)	
		the Handok Inc., Seoul, Republic of Korea (No. HANDOK 2021-006) CELLTRION PHARM, Inc. Chungcheongbuk-do,	

		Republic of Korea (No. NCR 2019-6)	
		(= 10.11.010.2017-0)	
		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
2	in item #1 above).	V N	
3	Royalties or licenses	_XNone	
4	Consulting fees	X None	
-	Consulting rees	XNOTE	
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	XNone	
,	meetings and/or travel	^_NOTIE	
	compo ana, or traver		
8	Patents planned, issued or	X None	
	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 None	
11	Stock or stock options	_XNone	
12	Receipt of equipment,	XNone	
12	materials, drugs, medical	NOTIC	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

Date: <u>July 29<sup>th</sup>, 2022</u>	
Your Name: Jung Y	oon Pyo
Manuscript Title:	Clinical impact of antineutrophil cytoplasmic antibody positivity on the occurrence of interstitial
lung disease in patient	s with polymyositis/dermatomyositis
Manuscript number (if	known):

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	any entity (if not indicated		
2	in item #1 above).	V N	
3	Royalties or licenses	_XNone	
4	Consulting fees	X None	
-	Consulting rees	XNOTE	
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	XNone	
,	meetings and/or travel	^_NOTIE	
	compo ana, or traver		
8	Patents planned, issued or	X None	
	pending		
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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 None	
11	Stock or stock options	_XNone	
12	Receipt of equipment,	XNone	
12	materials, drugs, medical	NOTIC	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

Date: <u>July 29<sup>th</sup>, 2022</u>	
Your Name: Sung	Soo Ahn
Manuscript Title:	Clinical impact of antineutrophil cytoplasmic antibody positivity on the occurrence of interstitial
lung disease in patient	s with polymyositis/dermatomyositis
Manuscript number (if	known):

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		Republic of Korea (No. NCR 2019-6)	
		(= 10.11.010.2017-0)	
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2	Grants or contracts from	XNone	
	any entity (if not indicated		
2	in item #1 above).	V N	
3	Royalties or licenses	_XNone	
4	Consulting fees	X None	
-	Consulting rees	XNOTE	
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	XNone	
,	meetings and/or travel	^_NOTIE	
	compo ana, or traver		
8	Patents planned, issued or	X None	
	pending		
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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 None	
11	Stock or stock options	_XNone	
12	Receipt of equipment,	XNone	
12	materials, drugs, medical	NOTIC	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

Date: <u>July 29<sup>th</sup>, 2022</u>	
Your Name: <u>Jason</u>	Jungsik Song
Manuscript Title:	Clinical impact of antineutrophil cytoplasmic antibody positivity on the occurrence of interstitial
lung disease in patient	s with polymyositis/dermatomyositis
Manuscript number (if	known):

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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	grant from the Korea	
	manuscript (e.g., funding,	Health Technology	
	provision of study materials,	R&D Project through	
	medical writing, article	the Korea Health	
	processing charges, etc.)	Industry Development	
	No time limit for this item.	Institute, funded by	
		the Ministry of Health	
		and Welfare (No.	
		HI14C1324)	
		the Handok Inc.,	
		Seoul, Republic of	
		Korea (No. HANDOK	
		2021-006)	
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		PHARM, Inc.	
		Chungcheongbuk-do,	

		Republic of Korea (No. NCR 2019-6)	
		(= 10.11.010.2017-0)	
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2	Grants or contracts from	XNone	
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3	Royalties or licenses	_XNone	
4	Consulting fees	X None	
-	Consulting rees	XNOTE	
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	XNone	
,	meetings and/or travel	^_NOTIE	
	compo ana, or traver		
8	Patents planned, issued or	X None	
	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 None	
11	Stock or stock options	_XNone	
12	Receipt of equipment,	XNone	
12	materials, drugs, medical	NOTIC	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

Date: <u>July 29<sup>th</sup>, 202</u>	2
Your Name: Yon	g-Beom Park
Manuscript Title:	Clinical impact of antineutrophil cytoplasmic antibody positivity on the occurrence of interstitial
lung disease in patie	nts with polymyositis/dermatomyositis
Manuscript number	(if known):

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		Republic of Korea (No. NCR 2019-6)	
		(1.0.1101120170)	
		Time frame: pas	t 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	X None	
4	Consulting rees		
5	Payment or honoraria for	X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Compare for attackling	V Name	
7	Support for attending meetings and/or travel	XNone	
	meetings and/or traver		
8	Patents planned, issued or	X None	
	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 Stock or stock options	X None	
11	Stock of Stock Options	_^NOTIE	
12	Receipt of equipment,	XNone	
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	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

Date: <u>July 29<sup>th</sup>, 202</u>	2
Your Name: <u>Sar</u>	g-Won Lee
Manuscript Title:	Clinical impact of antineutrophil cytoplasmic antibody positivity on the occurrence of interstitial
lung disease in pation	ents with polymyositis/dermatomyositis
Manuscript number	(if known):

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		(-10.11.010.2017.0)	
		Time frame: pas	t 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
2	in item #1 above).	l v N	
3	Royalties or licenses	_XNone	
4	Consulting fees	X None	
•	Consulting ICCs		
5	Payment or honoraria for	_XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V 1	
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
,	meetings and/or travel		
8	Patents planned, issued or	X None	
	pending		
9	Participation on a Data	XNone	
	afety 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	
11	Stock of Stock Options	_ANone	
12	Receipt of equipment,	XNone	
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13	Other financial or non-	XNone	
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