| Date:                                                                                                                                                                           |                                                                                                                                                                                                                 |                                                                                   | 9/5/2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--|
| Your Name:                                                                                                                                                                      |                                                                                                                                                                                                                 |                                                                                   | Hanna Nurmi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 |  |
| Manuscript Title:                                                                                                                                                               |                                                                                                                                                                                                                 |                                                                                   | [Inflammatory myositis-associated interstitial lung disease can be distinguished from that associated with other connective tissue diseases ]                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                 |  |
| Mai                                                                                                                                                                             | nuscript Number (if k                                                                                                                                                                                           | (nown):                                                                           | Click or tap here to enter text.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                 |  |
| In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti |                                                                                                                                                                                                                 | ript. "Rela<br>of the mar<br>e in doubt<br>os/activitie<br>nsion, you<br>entioned | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript. |                                                                                                                                 |  |
|                                                                                                                                                                                 | em #1 below, report<br>ne for disclosure is th                                                                                                                                                                  |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ript without time limit. For all other items, the time                                                                          |  |
|                                                                                                                                                                                 |                                                                                                                                                                                                                 |                                                                                   | l entities with whom you have this<br>ship or indicate none (add rows as nee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Specifications/Comments (e.g., if payments were made to you or to your institution)                                             |  |
|                                                                                                                                                                                 |                                                                                                                                                                                                                 |                                                                                   | Time frame: Since the initial pla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ning of the work                                                                                                                |  |
|                                                                                                                                                                                 |                                                                                                                                                                                                                 |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                 |  |
| 1                                                                                                                                                                               | All support for the present manuscript (e.g., funding provision                                                                                                                                                 | Founda                                                                            | tion of the Finnish Anti-Tuberculosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | grant for funding the study                                                                                                     |  |
| 1                                                                                                                                                                               | present<br>manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing,                                                                                                                   | Founda<br>Associa<br>the Nor                                                      | tion of the Finnish Anti-Tuberculosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | grant for funding the study grant for funding the study                                                                         |  |
| 1                                                                                                                                                                               | present<br>manuscript (e.g.,<br>funding, provision<br>of study materials,                                                                                                                                       | Founda<br>Associa<br>the Nor                                                      | ntion of the Finnish Anti-Tuberculosis<br>tion<br>rth Savo Regional Fund of the Finnish                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                 |  |
| 1                                                                                                                                                                               | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for                                                                           | Founda<br>Associa<br>the Nor                                                      | ntion of the Finnish Anti-Tuberculosis<br>tion<br>rth Savo Regional Fund of the Finnish                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | grant for funding the study  Click the tab key to add additional rows.                                                          |  |
| 2                                                                                                                                                                               | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item | Founda<br>Associa<br>the Nor<br>Cultura                                           | rtion of the Finnish Anti-Tuberculosis<br>ition<br>rth Savo Regional Fund of the Finnish<br>I Foundation<br>Time frame: past 36 one                                                                                                                                                                                                                                                                                                                                                                                                                                                        | grant for funding the study  Click the tab key to add additional rows.                                                          |  |
|                                                                                                                                                                                 | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not                   | Founda<br>Associa<br>the Nor<br>Cultura                                           | rtion of the Finnish Anti-Tuberculosis<br>ition<br>rth Savo Regional Fund of the Finnish<br>I Foundation<br>Time frame: past 36 one                                                                                                                                                                                                                                                                                                                                                                                                                                                        | grant for funding the study  Click the tab key to add additional rows.  nonths  grant for attending a Finnish congress (outside |  |

|    |                                                                                                                                         | 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                                                                                                                         | None                                                                                         |                                                                                                                                                             |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | Roche Boehringer-Ingelheim                                                                   | Received lecturers fee Received lecturers fee                                                                                                               |
| 6  | Payment for expert testimony                                                                                                            | [⊠] None                                                                                     |                                                                                                                                                             |
| 7  | Support for attending meetings and/or travel                                                                                            | None   Boehringer- Ingelheim   Sanofi-Genzyme   Chiesi                                       | Congress / meeting participation and travel support Congress / meeting participation and travel support Congress / meeting participation and travel support |
| 8  | Patents planned,<br>issued or<br>pending                                                                                                | None                                                                                         |                                                                                                                                                             |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                                           | None                                                                                         |                                                                                                                                                             |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | 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                                                                                                                                                                                  | [⊠] None                                                                                     |                                                                                     |
| 12          | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services                                                                                                         | [⊠] None                                                                                     |                                                                                     |
| 13          | Other financial or<br>non-financial<br>interests                                                                                                                                                        | [⊠] None                                                                                     |                                                                                     |
| Plea<br>[⊠] | 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. |                                                                                              |                                                                                     |

| Date:                         | 9/5/2022                                                                                                                                   |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Your Name:                    | Elfving Pia K                                                                                                                              |
| Manuscript Title:             | Inflammatory myositis-associated interstitial lung disease can be distinguished from that associated with other connective tissue diseases |
| 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.

|   |                                                                                                                                                                       | 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                                                                                     | Click the tab key to add additional rows.                                           |
|   |                                                                                                                                                                       | Time frame: past 36 month                                                                    | is .                                                                                |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).                                                                                  | [⊠] None                                                                                     |                                                                                     |
| 3 | Royalties or<br>licenses                                                                                                                                              | 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) |
|----|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4  | Consulting fees                                                                                              | Abbvie                                                                                       |                                                                                     |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | [□] None                                                                                     |                                                                                     |
| 6  | Payment for expert testimony                                                                                 | [⊠] None                                                                                     |                                                                                     |
| 7  | Support for<br>attending<br>meetings and/or<br>travel                                                        | Mylan Oy, Pfizer                                                                             |                                                                                     |
| 8  | Patents planned, issued or pending                                                                           | [⊠] None                                                                                     |                                                                                     |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board                                   | Advisory Board for Astra Zeneca                                                              |                                                                                     |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | [⊠] 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                                                           | None                                                                                         |                                                                                     |  |
| 12        | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None                                                                                     |                                                                                     |  |
| 13        | Other financial or<br>non-financial<br>interests                                 | [⊠] None                                                                                     |                                                                                     |  |
| Plea<br>⊠ | Please place an "X" next to the following statement to indicate your agreement:  |                                                                                              |                                                                                     |  |

3 12/13/2021 ICMJE Disclosure Form

| Date:                         | 9/5/2022                                                                                                                                   |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Your Name:                    | Hannu-Pekka Kettunen                                                                                                                       |
| Manuscript Title:             | Inflammatory myositis-associated interstitial lung disease can be distinguished from that associated with other connective tissue diseases |
| 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.

|   |                                                                                                                                                                       | e all entities with whom you have this onship 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                                                                                | Click the tab key to add additional rows.                                           |
|   |                                                                                                                                                                       | Time frame: past 36 month                                                           | s                                                                                   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).                                                                                  | None                                                                                |                                                                                     |
| 3 | Royalties or<br>licenses                                                                                                                                              | 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) |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4  | Consulting fees                                                                                                                         | None None                                                                                    |                                                                                     |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None                                                                                         |                                                                                     |
| 6  | Payment for expert testimony                                                                                                            | [⊠] None                                                                                     |                                                                                     |
| 7  | Support for attending meetings and/or travel                                                                                            | [⊠] None                                                                                     |                                                                                     |
| 8  | Patents planned,<br>issued or<br>pending                                                                                                | [⊠] None                                                                                     |                                                                                     |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                                           | [⊠] None                                                                                     |                                                                                     |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | [⊠] 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                                                                                                                                                                                  | [⊠] None                                                                                     |                                                                                     |
| 12          | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services                                                                                                         | [⊠] None                                                                                     |                                                                                     |
| 13          | Other financial or<br>non-financial<br>interests                                                                                                                                                        | [⊠] None                                                                                     |                                                                                     |
| Plea<br>[⊠] | 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9/5/2022                                  | 9/5/2022                                                                                                                                                                                                                                 |  |
| Your Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | e: Sanna-Katja Suoranta                   |                                                                                                                                                                                                                                          |  |
| Manuscript Title: [Inflammatory myositis-associated interstitial lung disease can be distinguis from that associated with other connective tissue diseases ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                                                                                                                                                                                                                          |  |
| Manuscript Number (if k                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nown): 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 recontent of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose in affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not not indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you the author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertain epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive 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 item frame for disclosure is the past 36 months. |                                           | ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name all entities with whom you have this | Specifications/Comments (e.g., if payments were                                                                                                                                                                                          |  |

|   |                                                                                                                                                                       | all entities with whom you have this<br>onship 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                                                                                 | Click the tab key to add additional rows.                                           |
|   |                                                                                                                                                                       | Time frame: past 36 month                                                            | s                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                              | None                                                                                 |                                                                                     |
| 3 | Royalties or licenses                                                                                                                                                 | 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) |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4  | Consulting fees                                                                                                                         | None None                                                                                    |                                                                                     |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None                                                                                         |                                                                                     |
| 6  | Payment for expert testimony                                                                                                            | [⊠] None                                                                                     |                                                                                     |
| 7  | Support for attending meetings and/or travel                                                                                            | [⊠] None                                                                                     |                                                                                     |
| 8  | Patents planned,<br>issued or<br>pending                                                                                                | [⊠] None                                                                                     |                                                                                     |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                                           | [⊠] None                                                                                     |                                                                                     |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | [⊠] 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                                                                                               | [□] None                                                                                     |                                                                                     |  |  |
|      |                                                                                                                      | CRISPR Therapeutics AG                                                                       | 3M Co.                                                                              |  |  |
|      |                                                                                                                      | Faron Pharmaceuticals Oy                                                                     |                                                                                     |  |  |
|      |                                                                                                                      | Merck & Company, Inc.                                                                        |                                                                                     |  |  |
|      |                                                                                                                      |                                                                                              |                                                                                     |  |  |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other                                              | None                                                                                         |                                                                                     |  |  |
|      | services                                                                                                             |                                                                                              |                                                                                     |  |  |
| 13   | Other financial or<br>non-financial<br>interests                                                                     | None                                                                                         |                                                                                     |  |  |
| Plea | 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. |                                                                                              |                                                                                     |  |  |

| Date:                         | 9/5/2022                                                                                                                                   |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Your Name:                    | Henrik Martti Ilmari Järvinen                                                                                                              |
| Manuscript Title:             | Inflammatory myositis-associated interstitial lung disease can be distinguished from that associated with other connective tissue diseases |
| 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.

|   |                                                                                                                                                                       | e all entities with whom you have this onship 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                                                                         |
|   | 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                                                                                | Click the tab key to add additional rows.                                           |
|   |                                                                                                                                                                       | Time frame: past 36 month                                                           | s                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                              | None                                                                                |                                                                                     |
| 3 | Royalties or licenses                                                                                                                                                 | 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) |
|----|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 4  | Consulting fees                                                                                                                         | None None                                                                                    |                                                                                     |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None                                                                                         |                                                                                     |
| 6  | Payment for expert testimony                                                                                                            | [⊠] None                                                                                     |                                                                                     |
| 7  | Support for attending meetings and/or travel                                                                                            | [⊠] None                                                                                     |                                                                                     |
| 8  | Patents planned,<br>issued or<br>pending                                                                                                | [⊠] None                                                                                     |                                                                                     |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                                           | [⊠] None                                                                                     |                                                                                     |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | [⊠] 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                                                                          | [⊠] None                                                                                                                                                                          |  |  |
| 12                                                                              | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | [⊠] None                                                                                                                                                                          |  |  |
| 13                                                                              | Other financial or<br>non-financial<br>interests                                                | [⊠] None                                                                                                                                                                          |  |  |
| Please place an "X" next to the following statement to indicate your agreement: |                                                                                                 |                                                                                                                                                                                   |  |  |

| Date:                                                                  | 9/5/2022                                                                                                                                                                                                                                                                                                                                                                               |  |  |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Your Name:                                                             | Vili Antti Eemeli Kuittinen                                                                                                                                                                                                                                                                                                                                                            |  |  |
| Manuscript Title:                                                      | [Inflammatory myositis-associated interstitial lung disease can be distinguished from that associated with other connective tissue diseases                                                                                                                                                                                                                                            |  |  |
| Manuscript Number (if known):                                          | anuscript Number (if known): Click or tap here to enter text.                                                                                                                                                                                                                                                                                                                          |  |  |
| content of your manuscript. "Rela<br>affected by the content of the ma | re ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily ot 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                                                                                                                               |  |  |

|   |                                                                                                                                                                       | all entities with whom you have this<br>onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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|   |                                                                                                                                                                       | 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                                                                                 | Click the tab key to add additional rows.                                           |
|   |                                                                                                                                                                       | Time frame: past 36 month                                                            | s                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                              | None                                                                                 |                                                                                     |
| 3 | Royalties or licenses                                                                                                                                                 | 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) |
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| 4  | Consulting fees                                                                                                                         | None None                                                                                    |                                                                                     |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None                                                                                         |                                                                                     |
| 6  | Payment for expert testimony                                                                                                            | [⊠] None                                                                                     |                                                                                     |
| 7  | Support for attending meetings and/or travel                                                                                            | [⊠] None                                                                                     |                                                                                     |
| 8  | Patents planned,<br>issued or<br>pending                                                                                                | [⊠] None                                                                                     |                                                                                     |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                                           | [⊠] None                                                                                     |                                                                                     |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | [⊠] 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                                                                          | [⊠] None                                                                                                                                                                          |  |  |
| 12                                                                              | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | [⊠] None                                                                                                                                                                          |  |  |
| 13                                                                              | Other financial or<br>non-financial<br>interests                                                | [⊠] None                                                                                                                                                                          |  |  |
| Please place an "X" next to the following statement to indicate your agreement: |                                                                                                 |                                                                                                                                                                                   |  |  |

| Date:                                                                                                                                     |                                          | 9/5/2022                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|
| Your Name:                                                                                                                                |                                          | Minna Purokivi                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |
| Manuscript Title:                                                                                                                         |                                          | [Inflammatory myositis-associated interstitial lung disease can be distinguished from that associated with other connective tissue diseases                                                                                                                                                                                                                                         |                                                                                     |  |
| Manuscript Num                                                                                                                            | per (if known):                          | Click or tap here to enter text.                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |  |
| content of your manuscript. "Rela<br>affected by the content of the ma                                                                    |                                          | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be inuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. |                                                                                     |  |
|                                                                                                                                           |                                          | ies/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.                                                                                                                                                                           |                                                                                     |  |
| In item #1 below,<br>frame for disclosu                                                                                                   |                                          |                                                                                                                                                                                                                                                                                                                                                                                     | rithout time limit. For all other items, the time                                   |  |
|                                                                                                                                           |                                          | ll entities with whom you have this<br>ship or indicate none (add rows as needed)                                                                                                                                                                                                                                                                                                   | Specifications/Comments (e.g., if payments were made to you or to your institution) |  |
| All support for present manuscript (effunding, provof study mater medical writing article process charges, etc.) No time limit this item. | e.g.,<br>ision<br>erials,<br>ng,<br>sing | Time frame: Since the initial planning                                                                                                                                                                                                                                                                                                                                              | Click the tab key to add additional rows.                                           |  |
|                                                                                                                                           |                                          | Time frame: past 36 month                                                                                                                                                                                                                                                                                                                                                           | ns                                                                                  |  |
| Grants or contracts fro any entity (if indicated in #1 above).                                                                            | nnot Founda<br>item Associa              | one ation of the Finnish Anti-Tuberculosis ation and Rauha Ahokas Foundation n Seudun Hengityssäätiö Foundation                                                                                                                                                                                                                                                                     | Personal grants                                                                     |  |
| 3 Royalties or licenses                                                                                                                   | ⊠ N                                      | one                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |  |

|    |                                                                                                              | 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                                                                                              | None                                                                                         |                                                                                     |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   Boehringer-Ingelheim Finland Ltd, Roche Ltd                                           | lecturing, payment to me                                                            |
| 6  | Payment for expert testimony                                                                                 | [⊠] None                                                                                     |                                                                                     |
| 7  | Support for attending meetings and/or travel                                                                 | None   Boehringer-Ingelheim Finland Ltd, Orion Pharma Ltd                                    | payment of participation costs, travelling, accomodation                            |
| 8  | Patents planned,<br>issued or<br>pending                                                                     | None                                                                                         |                                                                                     |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None   Boehringer-Ingelheim Finland Ltd                                                      | Advisery board, payment to me                                                       |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | [⊠] 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                                                                          | [⊠] None                                                                                     |                                                                                     |
| 12                                                                                                                                                                                                      | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | [⊠] None                                                                                     |                                                                                     |
| 13                                                                                                                                                                                                      | Other financial or<br>non-financial<br>interests                                                | [⊠] None                                                                                     |                                                                                     |
| 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. |                                                                                                 |                                                                                              |                                                                                     |

| Date:                         | 9/5/2022                                                                                                                                      |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Your Name:                    | Riitta Kaarteenaho                                                                                                                            |
| Manuscript Title:             | [Inflammatory myositis-associated interstitial lung disease can be distinguished from that associated with other connective tissue diseases ] |
| 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.

|   |                                                                                                                                                                       | 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                                                                                                                                                                                                                                                | Click the tab key to add additional rows.                                           |
|   |                                                                                                                                                                       | Time frame: past 36 month                                                                                                                                                                                                                               | s                                                                                   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).                                                                                  | The Foundation of the Finnish Anti-Tuberculosis Association, the Research Foundation of the Pulmonary Diseases, the Research Foundation of North Finland , the Jalmari and Rauha Ahokas Foundation, and a state subsidy of the Oulu University Hospital | Grants for the study group, the payments were made to the institution               |

|    |                                                                                                              | 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) |
|----|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 3  | Royalties or<br>licenses                                                                                     | None                                                                                         |                                                                                     |
| 4  | Consulting fees                                                                                              | None None                                                                                    |                                                                                     |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Behringer-Ingelheim, Roche lecture fees                                                      |                                                                                     |
| 6  | Payment for expert testimony                                                                                 | None                                                                                         |                                                                                     |
| 7  | Support for<br>attending<br>meetings and/or<br>travel                                                        | Roche, Novartis                                                                              | virtual congress costs                                                              |
| 8  | Patents planned,<br>issued or<br>pending                                                                     | None                                                                                         |                                                                                     |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None   Boehringer-Ingelheim, MSD                                                             | Advisory board                                                                      |
| 10 | Leadership or fiduciary role in other board,                                                                 | <ul><li>□ None</li><li>President of the Finnish Respiratory Society</li></ul>                | March 2017 – March 2020                                                             |

|      |                                                                                                                                                                                                            | 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) |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|      | society,<br>committee or<br>advocacy group,<br>paid or unpaid                                                                                                                                              |                                                                                              |                                                                                     |
| 11   | Stock or stock<br>options                                                                                                                                                                                  | None                                                                                         |                                                                                     |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services                                                                                                            | [⊠] None                                                                                     |                                                                                     |
| 13   | Other financial or<br>non-financial<br>interests                                                                                                                                                           | None                                                                                         |                                                                                     |
| Plea | 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. |                                                                                              |                                                                                     |

| Date: 18112022                                                                                              |
|-------------------------------------------------------------------------------------------------------------|
| Your Name: Heikki Koskela                                                                                   |
| Manuscript Title: Inflammatory myositis-associated interstitial lung disease can be distinguished from that |
| associated with other connective tissue diseases                                                            |
| Manuscript number (if known):                                                                               |

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                            | I                                                                                                                           | planning of the work                                                                |
| 1 | All support for the present manuscript (e.g., funding, | X None                                                                                                                      |                                                                                     |
|   | 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                               | x_None                                                                                                                      |                                                                                     |
|   | any entity (if not indicated                           |                                                                                                                             |                                                                                     |
|   | in item #1 above).                                     |                                                                                                                             |                                                                                     |
| 3 | Royalties or licenses                                  | xNone                                                                                                                       |                                                                                     |
|   |                                                        |                                                                                                                             |                                                                                     |
|   |                                                        |                                                                                                                             |                                                                                     |
| 4 | Consulting fees                                        | x_None                                                                                                                      |                                                                                     |
|   |                                                        |                                                                                                                             |                                                                                     |

| 5  | Payment or honoraria for                        | None                     |                                            |
|----|-------------------------------------------------|--------------------------|--------------------------------------------|
|    | lectures, presentations,                        | Boehringer Ingelheim Ltd | Lecturer's fee                             |
|    | speakers bureaus,                               |                          |                                            |
|    | manuscript writing or educational events        |                          |                                            |
| 6  | Payment for expert                              | x None                   |                                            |
|    | testimony                                       |                          |                                            |
|    |                                                 |                          |                                            |
| 7  | Support for attending meetings and/or travel    | None                     |                                            |
|    | ,                                               | AstraZeneca LTD          | Support for attending a scientific meeting |
|    |                                                 |                          |                                            |
| 8  | Patents planned, issued or                      | _xNone                   |                                            |
|    | pending                                         |                          |                                            |
| 9  | Participation on a Data                         | x None                   |                                            |
| 9  | Safety Monitoring Board or                      | xNone                    |                                            |
|    | Advisory Board                                  |                          |                                            |
| 10 | Leadership or fiduciary role                    | xNone                    |                                            |
|    | in other board, society,                        |                          |                                            |
|    | committee or advocacy group, paid or unpaid     |                          |                                            |
| 11 | Stock or stock options                          | None                     |                                            |
|    |                                                 | Orion LTD                | Owning shares                              |
|    | _                                               |                          |                                            |
| 12 | Receipt of equipment, materials, drugs, medical | xNone                    |                                            |
|    | writing, gifts or other                         |                          |                                            |
|    | services                                        |                          |                                            |
| 13 | Other financial or non-                         | xNone                    |                                            |
|    | financial interests                             |                          |                                            |
|    |                                                 |                          |                                            |

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.