Date:	4/20/2023
Your Name:	Veronica Marcoux
Manuscript Title:	Treatment of Rheumatoid Arthritis-Associated Interstitial Lung Disease in a Multi-Center Registry Cohort
Manuscript Number (if known):	JTD-22-1820

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.	Canadian Registry for Pulmonary Fibrosis is sponsored by Boehringer Ingelheim Canada but it has had no influence on this study design/manuscript. Click the tab key to add additional rows.	
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	Astra Zeneca Roche Boehringer Ingelheim Royal University Hospital Foundation University of Saskatchewan	Institution Institution Institution Institution Institution
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	Boehringer Ingelheim Canada Roche	Self Self
		Astra Zeneca	Self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Boehringer Ingelheim Canada	Self
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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 non-financial 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	e:	2/26/2023	2/26/2023		
Your Name:		Stacey Lok	Stacey Lok		
Manuscript Title:		Treatment of Rheumatoid Arthritis-Association	ted Interstitial Lung Disease in a Multi-Center Registry		
Mar	nuscript Number (if k	nown): JTD-22-1820			
cont affe indi	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.				
epic	demiology of hyperte	s/activities/interests should be defined broadly. Fonsion, you should declare all relationships with man entioned in the manuscript.			
	In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
		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	g 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.	Canadian Registry for Pulmonary Fibrosis is sponsored by Boehringer Ingelheim Canada but it has had no influence on this study design/manuscript.	the tab key to add additional rows.		
		Time frame: past 36 mor	ths		
2	Grants or contracts from	□ None			
any entity (if not Univers		University of Saskatchewan	Institution		

1 12/13/2021 ICMJE Disclosure Form

indicated in item #1 above).

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	Consultancy Fees- Boehringer Ingelheim	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Moderator honoraria - Boehringer Ingelheim	
6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	[□] None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Advisory Board- Boehringer Ingelheim	
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 non-financial 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:	2/26/2023		
Your Name:	Prosanta Mondal		
Manuscript Title:	[Treatment of Rheumatoid Arthritis-Associated Interstitial Lung Disease in a Multi-Center Registry Cohort		
Manuscript Number (if known):	JTD-22-1820		

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 nee	ded)	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. Grants or contracts from any entity (if not indicated in item.	Canadian Registry for Pulmonary Fibrosis is sponsored by Boehringer Ingelheim Canada but it has had no influence on this study design/manuscript. Time frame: past 36 r None		e tab key to add additional rows.
3	indicated in item #1 above). 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 Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as nee	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 non-financial interests	[⊠] None		
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:			

Date:			2/26/2023			
Your Name:			Deborah Assayag			
Mar	nuscript Title:		Treatment of Rheumatoid Arthritis-Ass Cohort	sociate	d Interstitial Lung Disease in a Multi-Center Registry	
Mar	nuscript Number (if k	nown):	JTD-22-1820			
In the interest of transparency, we as content of your manuscript. "Related affected by the content of the manus indicate a bias. If you are in doubt ab. The author's relationships/activities/i epidemiology of hypertension, you shifted that medication is not mentioned in the content of the properties of the properti		ipt. "Rela of the man e in doubt s/activitionsion, you entioned all suppo	ated" means any relation with for-profinuscript. Disclosure represents a comit about whether to list a relationship/ates/interests should be defined broadly ushould declare all relationships with in the manuscript.	it or no mitmen octivity, . For e manufa	es/interests listed below that are related to the 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 ithout time limit. For all other items, the time	
			I entities with whom you have this Specifications/Comments (e.g., if payments were made to you or to your institution)			
			Time frame: Since the initial pla	nning	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.	Canadia sponso but it h	an Registry for Pulmonary Fibrosis is red by Boehringer Ingelheim Canada as had no influence on this study /manuscript.	Click th	e 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).		one nger Ingelheim		Research grant paid to institution	
3	Royalties or licenses	⊠ No	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 Biehringer Ingelheim Canada	Advisory board member
		Roche Canada	Advisory board member
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Boehringer Ingelheim Canada	Lecture
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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 non-financial 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:		2/26/2023
Your Name:		Jolene H Fisher
Manuscript Title:		Treatment of Rheumatoid Arthritis-Associated Interstitial Lung Disease in a Multi-Center Registry Cohort
Mar	nuscript Number (if kı	wn): JTD-22-1820
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/activitic epidemiology of hypertension, you that medication is not mentioned.		support for the work reported in this manuscript without time limit. For all other items, the time
	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
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	None Canadian Registry for Pulmonary Fibrosis is sponsored by Boehringer Ingelheim Canada but it has had no influence on this study design/manuscript. Click the tab key to add additional rows.
	this item.	
		Time frame: past 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Canadian Pulmonary Fibrosis Foundation University of Toronto
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 Boehringer-Ingelheim and AstraZeneca	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Boehringer-Ingelheim	
6	Payment for expert testimony	[□] None	
7	Support for attending meetings and/or travel	[□] None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Medical advisory board member, Canadian Pulmonary Fibrosis Foundation.	Unpaid

		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 non-financial 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 wo	ording of any of the questions on this form.

Date:	2/26/2023
Your Name:	Shane Shapera
Manuscript Title:	Treatment of Rheumatoid Arthritis-Associated Interstitial Lung Disease in a Multi-Center Registry Cohort
Manuscript Number (if known):	JTD-22-1820

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		Name all entities with whom you have this relationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Since the initial plann	ing 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 nadian Registry for Pulmonary Fibrosis is onsored by Boehringer Ingelheim Canada tit has had no influence on this study	
		Time frame: past 36 mg	nths	
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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Boehringer-Ingelheim Canada Hoffman La-Roche Canada AstraZeneca Canada	Honorarium for speaking engagements Honorarium for speaking engagements Honorarium for speaking engagements
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Boehringer Ingelheim Canada Hoffman La-Roche Canada AstraZeneca	Participation in advisory boards Participation in advisory boards Participation in advisory boards
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 non-financial 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:	2/26/2023
Your Name:	Julie Morisset
Manuscript Title:	[Treatment of Rheumatoid Arthritis-Associated Interstitial Lung Disease in a Multi-Center Registry Cohort
Manuscript Number (if known):	JTD-22-1820

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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.

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		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. Grants or contracts from any entity (if not	[⊠] None [Canadian Registry for Pulmonary Fibrosis is sponsored by Boehringer Ingelheim Canada but it has had no influence on this study design/manuscript. Time frame: past 36 r [☑] None		e tab key to add additional rows.
3	indicated in item #1 above). 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 Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Roche Boehringer Ingelheim Canada	Payments made to me Payments made to me
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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 non-financial 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:	2/26/2023
Your Name:	Helene Manganas
Manuscript Title:	[Treatment of Rheumatoid Arthritis-Associated Interstitial Lung Disease in a Multi-Center Registry Cohort
Manuscript Number (if known):	JTD-22-1820

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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 need	Specifications/Comments (e.g., if payments were made to you or to your institution)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Canadian Registry for Pulmonary Fibrosis is sponsored by Boehringer Ingelheim Canada but it has had no influence on this study design/manuscript.	ick the tab key to add additional rows.
	this item.		
		Time frame: past 36 m	onths
2	Grants or contracts from any entity (if not indicated in item	Boehringer Ingelheim Canada Galapagos	Pharma research grants Pharma research grants
	#1 above).	BMS Roche	Pharma research grants Pharma research grants
3	Royalties or licenses	None 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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Boehringer Ingelheim Canada	In preparation of an educational program
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Boehringer Ingelheim Canada	Advisory Board
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 non-financial interests	[⊠] None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	2/26/2023
Your Name:	Charlene Fell
Manuscript Title:	[Treatment of Rheumatoid Arthritis-Associated Interstitial Lung Disease in a Multi-Center Registry Cohort
Manuscript Number (if known):	JTD-22-1820

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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 neede	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial plann	ng 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	Canadian Registry for Pulmonary Fibrosis is sponsored by Boehringer Ingelheim Canada but it has had no influence on this study design/manuscript.	ck the tab key to add additional rows.
	this item.		
		Time frame: past 36 mc	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	Boehringer-Ingelheim Roche Canadian Pulmonary Fibrosis Foundation	Education and research grants Education and research grants Education and research grants
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 honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Roche Boehringer Ingelheim	Personal fees Personal fees
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chair of the Board for the Canadian Pulmonary Fibrosis Foundation.	Active Chair role

		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 non-financial interests	[⊠] None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:		2/	26/2023		
Your Name:		Na	athan Hambly		
Manuscript Title:			Treatment of Rheumatoid Arthritis-Associated Interstitial Lung Disease in a Multi-Center Registry Cohort		
Mar	nuscript Number (if k	nown):J	ΓD-22-1820		
content of your manuscript. "Relar affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned in		ipt. "Related of the manusce in doubt about os/activities/in nsion, you sh entioned in the	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 t 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.		
fran	ne for disclosure is th	e past 36 mo	nths.		
			tities with whom you have this or indicate none (add rows as n	eeded)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial p	lanning	of the work
1		r 1			
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	sponsored	egistry for Pulmonary Fibrosis is by Boehringer Ingelheim Canada ad no influence on this study		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Canadian R sponsored but it has h	egistry for Pulmonary Fibrosis is by Boehringer Ingelheim Canada ad no influence on this study	Click th	ne 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	Canadian R sponsored but it has h	egistry for Pulmonary Fibrosis is by Boehringer Ingelheim Canada ad no influence on this study	Click th	ne tab key to add additional rows.
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Canadian R sponsored but it has h	legistry for Pulmonary Fibrosis is by Boehringer Ingelheim Canada and no influence on this study nuscript.		,
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Canadian R sponsored but it has h	Registry for Pulmonary Fibrosis is by Boehringer Ingelheim Canada and no influence on this study nuscript. Time frame: past 3		,
	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	Canadian R sponsored but it has h design/mar	legistry for Pulmonary Fibrosis is by Boehringer Ingelheim Canada and no influence on this study nuscript. Time frame: past 3		Investigator initiated projects

		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 Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Boehringer Ingelheim Janssen Roche	Speakers Honoraria Speakers Honoraria Speakers Honoraria
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	Boehringer Ingelheim Janssen Roche	advisory board member advisory board member advisory board member
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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 non-financial interests	[⊠] None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	2/26/2023
Your Name:	P Gerard Cox
Manuscript Title:	[Treatment of Rheumatoid Arthritis-Associated Interstitial Lung Disease in a Multi-Center Registry Cohort
Manuscript Number (if known):	JTD-22-1820

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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 need		Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial plan	ning of t	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.	Canadian Registry for Pulmonary Fibrosis is sponsored by Boehringer Ingelheim Canada but it has had no influence on this study design/manuscript. Time frame: past 36 m		ab key to add additional rows.
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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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 non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:			2/26/2023		
Your Name:			Martin Kolb		
Manuscript Title:			Treatment of Rheumatoid Arthritis-Associated Interstitial Lung Disease in a Multi-Center Registry Cohort		
Ma	nuscript Number (if k	nown):	JTD-22-1820		
con affe indi The epic that	tent of your manuscriceted by the content of cate a bias. If you are author's relationship demiology of hyperter t medication is not me	ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned all suppor	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship 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.,	Canadia	one an Registry for Pulmonary Fibrosis is		
	funding, provision of study materials, medical writing,	has had	red by Boehringer Ingelheim Canada but it I no influence on this study manuscript.		
	article processing charges, etc.) No time limit for this item.			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	Boehrin	•	Research funding for preclinical work As above	
	#1 above).	Roche		Research funding for clinical projects	
3	Royalties or licenses		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	Boehringer Ingelheim Roche Horizon Cipla Abbvie Bellerophon Algernon CSL Behring United Therapeutics LabCorp	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Roche Novartis Boehringer Ingelheim	
6	Payment for expert testimony	□ None Roche	
7	Support for attending meetings and/or travel	□ None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	United Therapeutics LabCorp	
10	Leadership or fiduciary role in other board, society,	□ None Allowance for Chief Editor ERJ	

		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)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	□ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None	
13	Other financial or non-financial interests	□ None	
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:	2/26/2023
Your Name:	Andrea S. Gershon
Manuscript Title:	Treatment of Rheumatoid Arthritis-Associated Interstitial Lung Disease in a Multi-Center Registry Cohort
Manuscript Number (if known):	JTD-22-1820

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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 nee	ded)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial pla	nning	of the work
2	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. Grants or contracts from any entity (if not indicated in item	[⊠] None Canadian Registry for Pulmonary Fibrosis is sponsored by Boehringer Ingelheim Canada but it has had no influence on this study design/manuscript. Time frame: past 36 I Image: None		e tab key to add additional rows.
	#1 above).			
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 Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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 non-financial 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:	2/26/2023
Your Name:	Teresa To
Manuscript Title:	Treatment of Rheumatoid Arthritis-Associated Interstitial Lung Disease in a Multi-Center Registry Cohort
Manuscript Number (if known):	JTD-22-1820

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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 neede	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial plann	ng 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.	Canadian Registry for Pulmonary Fibrosis is sponsored by Boehringer Ingelheim Canada but it has had no influence on this study design/manuscript.	k the tab key to add additional rows.
		Time frame: past 36 mo	nths
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 Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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 non-financial 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:	2/26/2023
Your Name:	Mohsen Sadatsafavi
Manuscript Title:	[Treatment of Rheumatoid Arthritis-Associated Interstitial Lung Disease in a Multi-Center Registry Cohort
Manuscript Number (if known):	JTD-22-1820

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		Name all entities with whom you have this relationship or indicate none (add rows as nee	ded)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial plan	nning	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. Grants or contracts from any entity (if not indicated in item.	Canadian Registry for Pulmonary Fibrosis is sponsored by Boehringer Ingelheim Canada but it has had no influence on this study design/manuscript. Time frame: past 36 r None		e tab key to add additional rows.
3	indicated in item #1 above). 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 Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Boehringer Ingelheim	Honoraria for attending symposia (independent of this activity)
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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 non-financial 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:	Feb 26, 2023
Your Name:	Nasreen Khalil
Manuscript Title:	Treatment of Rheumatoid Arthritis-Associated Interstitial Lung Disease in a Multi-Center Registry Cohort
Manuscript Number (if known):	[JTD-22-1820]

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		Name all entities with whom you have this relationship or indicate none (add rows as need)	adad)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			-	, ,
		Time frame: Since the initial p	anning	or 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.	Canadian Registry for Pulmonary Fibrosis is sponsored by Boehringer Ingelheim Canada but it has had no influence on this study design/manuscript.	Click the	e 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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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 non-financial interests	[⊠] None	
Plea [⊠]	-	to the following statement to indicate your agreement answered every question and have not altered the wor	

3 12/13/2021 ICMJE Disclosure Form

Date:	2/26/2023
Your Name:	[Alyson Wong
Manuscript Title:	Treatment of Rheumatoid Arthritis-Associated Interstitial Lung Disease in a Multi-Center Registry Cohort
Manuscript Number (if known):	JTD-22-1820

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		Name all entities with whom you have this relationship or indicate none (add rows as nee	ded)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of the work		
2	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. Grants or contracts from any entity (if not indicated in item	[⊠] None Canadian Registry for Pulmonary Fibrosis is sponsored by Boehringer Ingelheim Canada but it has had no influence on this study design/manuscript. Time frame: past 36 I Image: None		e tab key to add additional rows.
	#1 above).			
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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Speakers honoraria Speakers honoraria	Boehringer Ingelheim AstraZeneca
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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 non-financial 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:	2/26/2023
Your Name:	Pearce Wilcox
Manuscript Title:	[Treatment of Rheumatoid Arthritis-Associated Interstitial Lung Disease in a Multi-Center Registry Cohort
Manuscript Number (if known):	JTD-22-1820

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		Name all entities with whom you have this relationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial plann	ng 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.	Canadian Registry for Pulmonary Fibrosis is sponsored by Boehringer Ingelheim Canada but it has had no influence on this study design/manuscript.	k the tab key to add additional rows.
		Time frame: past 36 mo	nths
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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	[□] None [Vertex	presentation
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Cystic Fibrosis Foundation Drug Safety Monitoring Board.	member
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 non-financial 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:	2/26/2023
Your Name:	Christopher Ryerson
Manuscript Title:	Treatment of Rheumatoid Arthritis-Associated Interstitial Lung Disease in a Multi-Center Registry Cohort
Manuscript Number (if known):	JTD-22-1820
•	e ask you to disclose all relationships/activities/interests listed below that are related to the

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	Time frame: Since the initial planning of the work			of the work
	All support for the present manuscript (e.g.,	None Restricted to the simple of the state o	Com	dia Daido fa Dula a sa Filancia i a sa s
	funding, provision	Boehringer Ingelheim		adian Registry for Pulmonary Fibrosis is sponsored Boehringer Ingelheim Canada but has had no
	of study materials,			uence on this study design/manuscript.
	medical writing,			
	article processing charges, etc.)		Click th	ne tab key to add additional rows.
No time limit for				
	this item.			
		Time frame: past 36	nonth	s
any entity (if r	contracts from	[⊠] None		
	any entity (if not indicated in item #1 above).			
3 Royalties or				

		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	
		Boehringer Ingelheim	Paid to me
		Hoffmann-La Roche	Paid to me
		Veracyte	Paid to me
		Astra Zeneca	Paid to me
		Pliant Therapeutics	Paid to me
		Ensho Health	Paid to me
5	Payment or honoraria for lectures, presentations,	None Boehringer Ingelheim Hoffmann-La Roche	Paid to me Paid to me
	speakers	Cipla Ltd	Paid to me
	bureaus, manuscript writing or educational events		
6	Payment for expert testimony	[⊠] None	
attending		□ None Cipla Ltd	
	travel	[[] [] [] [] [] [] [] [] [] [
8	Patents planned, issued or	[⊠] None	
	pending	[
	Pelianip		
9	Participation on a Data Safety	[⊠] None	
	Monitoring		
	Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board,	[⊠ None	
	society,		
	committee or		
	advocacy group,		
	paid or unpaid		

		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 non-financial 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:	2/26/2023
Your Name:	Kerri Johannson
Manuscript Title:	Treatment of Rheumatoid Arthritis-Associated Interstitial Lung Disease in a Multi-Center Registry Cohort
Manuscript Number (if known):	JTD-22-1820

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		Name all entities with whom you have this relationship or indicate none (add rows as need	ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of the work		of the work
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		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	University Hospital Foundation Three Lakes Foundation University of Calgary CSM		Institution Institution Institution
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	-
		Boehringer-Ingelheim Hoffman La Roche	To me
		Pliant Therapeutics	To me
		Three Lakes Foundation	To me
5	Payment or honoraria for		
	lectures,	Boehringer-Ingelheim	To me
	presentations,	Hoffman La Roche	To me
	speakers bureaus,		
	manuscript writing or educational		
	events		
6	Payment for expert testimony	[⊠] None	
			<u>L</u>
7 Support for attending meetings and/or □ None			
	travel		
8 Patents planned, issued or pending			
	pending		
9 Participation on a Data Safety			
	Monitoring	PFOX Trial	DSMB – no payment
	Board or Advisory Board		
	Advisory Board		
10	Leadership or	[⊠] None	
	fiduciary role in		
	other board, society,		
	committee or		
	advocacy group,		
	paid or unpaid		
	•		

		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 non-financial 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.		