

## ICMJE DISCLOSURE FORM

Date: 7/17/23

Your Name: Iya Agha

Manuscript Title: A Rare Presentation of Chronic Generalized Idiopathic pruritus

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 current manuscript only.

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.

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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | None   |   |
|   |  |  |   |
| 4   | Consulting fees  | None   |   |
|   |  |  |   |
| 5   | Payment or honoraria for lectures, presentations,  | None   |   |
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|    | speakers bureaus, manuscript writing or educational events  |                  |  |
| 6  | Payment for expert testimony  | <u>    </u> None |  |
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| 7  | Support for attending meetings and/or travel  | <u>    </u> None |  |
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|    |   |                  |  |
| 8  | Patents planned, issued or pending  | <u>    </u> None |  |
|    |   |                  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                 | <u>    </u> None |  |
|    |   |                  |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <u>    </u> None |  |
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|    |   |                  |  |
| 11 | Stock or stock options  | <u>    </u> None |  |
|    |   |                  |  |
|    |   |                  |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | <u>    </u> None |  |
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|    |   |                  |  |
| 13 | Other financial or non-financial interests  | <u>    </u> None |  |
|    |   |                  |  |
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**Please summarize the above conflict of interest in the following box:**

|   |
|---|
| <p>No conflict of interest to report– financially or personally</p> |
|---|

**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.

## ICMJJE DISCLOSURE FORM

Date: 7-18-23

Your Name: Emmanuel Khodra

Manuscript Title: A Rare Presentation of Generalized Idiopathic Pruritis

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 current manuscript only.

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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|   |   | Name all entities with whom you have this relationship or indicate none (add | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
| <b>Time frame: Since the initial planning of the work</b> |   |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges. | <input checked="" type="checkbox"/> None                                     |   |
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|                                   | processing charges, etc.)<br><b>No time limit for this item.</b>                                      |  |  |
| <b>Time frame: past 36 months</b> |   |  |  |
| 2                                 | Grants or contracts from any entity (if not indicated in item #1 above).                              | <input checked="" type="checkbox"/> None |  |
| 3                                 | Royalties or licenses   | <input checked="" type="checkbox"/> None |  |
| 4                                 | Consulting fees   | <input checked="" type="checkbox"/> None |  |
| 5                                 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational | <input checked="" type="checkbox"/> None |  |
| 6                                 | Payment for expert testimony  | <input checked="" type="checkbox"/> None |  |
| 7                                 | Support for attending meetings and/or travel  | <input checked="" type="checkbox"/> None |  |
| 8                                 | Patents planned, issued or pending  | <input checked="" type="checkbox"/> None |  |
| 9                                 | Participation on a Data Safety Monitoring Board or Advisory Board                                     | <input checked="" type="checkbox"/> None |  |
| 10                                | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or            | <input checked="" type="checkbox"/> None |  |

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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None |  |
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|    |  |  |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 13 | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> None |  |
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**Please summarize the above conflict of interest in the following box:**

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: 07/18/2023 \_\_\_\_\_  
 Your Name: Ryan Cornell \_\_\_\_\_  
 Manuscript Title: A Rare Presentation of Chronic Generalized Idiopathic pruritus: \_\_\_\_\_  
 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 current manuscript only.

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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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> None  |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input type="checkbox"/> None  |   |
|   |  |  |   |
| 4   | Consulting fees  | <input type="checkbox"/> None  |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None            |  |
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| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None            |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
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|    |  |  |  |
| 11 | Stock or stock options   | <input type="checkbox"/> None            |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> None            |  |
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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |
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Please summarize the above conflict of interest in the following box:

*All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of interest to declare.*

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.

## ICMJJE DISCLOSURE FORM

Date: 7/20/2023

Your Name: Jaskaran Ghotra

Manuscript Title: A Rare Presentation of Chronic Generalized Idiopathic pruritus

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 current manuscript only.

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| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 4   | Consulting fees  | <input checked="" type="checkbox"/> None   |   |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input type="checkbox"/> None            |  |
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|    |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None            |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> None            |  |
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| 11 | Stock or stock options   | <input type="checkbox"/> None            |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> None            |  |
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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> None |  |
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**Please summarize the above conflict of interest in the following box:**

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| No Conflict |
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**Please place an "X" next to the following statement to indicate your agreement:**

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

## ICMJE DISCLOSURE FORM

Date: 07.17.23  
 Your Name: Noor Asif  
 Manuscript Title: A Rare Presentation and Novel Treatment of Chronic Generalized Idiopathic Pruritus  
 Manuscript number (if known): ACR-23-40-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> None  |   |
|   |  |  |   |
| 3   | Royalties or licenses  | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
| 4   | Consulting fees  | <input type="checkbox"/> None  |   |
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|----|--|--|--|
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
|    |  |  |  |
|    |  |  |  |
| 6  | Payment for expert testimony   | <input type="checkbox"/> None            |  |
|    |  |  |  |
|    |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None            |  |
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| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None            |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None            |  |
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|    |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
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|    |  |  |  |
| 11 | Stock or stock options   | <input type="checkbox"/> None            |  |
|    |  |  |  |
|    |  |  |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | <input type="checkbox"/> None            |  |
|    |  |  |  |
|    |  |  |  |
| 13 | Other financial or non-financial interests   | <input type="checkbox"/> None            |  |
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**Please summarize the above conflict of interest in the following box:**

We have no conflicts of interest to disclose.

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

**X I certify that I have answered every question and have not altered the wording of any of the questions on this form.**

## ICMJE DISCLOSURE FORM

Date: August 16, 2023

Your Name: Saif Aldeen Agha

Manuscript Title: A Rare Presentation: Chronic Generalized Idiopathic Pruritis

Manuscript number (if known): ACR-23-40-R2

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 current manuscript only.

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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|   |  | 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) |
|---|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |
| 1   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | None   |   |
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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).   | None   |   |
|   |  |  |   |
| 3   | Royalties or licenses  | None   |   |
|   |  |  |   |
| 4   | Consulting fees  | None   |   |
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|----|--|----------|--|
| 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 |  |
| 11 | Stock or stock options   | ___ None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ___ None |  |
| 13 | Other financial or non-financial interests   | ___ None |  |

**Please summarize the above conflict of interest in the following box:**

I have no financial or other conflicts of interest to report.

**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:** August 16, 2023  
**Your Name:** Ayad KM Agha  
**Manuscript Title:** A Rare Presentation: Chronic Generalized Idiopathic Pruritis  
**Manuscript number (if known):** ACR-23-40-R2

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| <b>Time frame: past 36 months</b>                         |  |  |   |
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| 3   | Royalties or licenses  | ___ None   |   |
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| 4   | Consulting fees  | ___ None   |   |
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| 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 |  |
| 11 | Stock or stock options   | ___ None |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                             | ___ None |  |
| 13 | Other financial or non-financial interests   | ___ None |  |

**Please summarize the above conflict of interest in the following box:**

None.

**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.