ICMJE DISCLOSURE FORM

Date: 5/28/2023

Your Name: Christine Wang MD MSCS

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

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.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	**Specifications/Comments (e.g., if payments were made to you or to your institution)**
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ None	
		NIH/NCATS Colorado CTSI Grant Number UL1 TR002535	Institution
		Childhood Arthritis and Rheumatology Research Alliance	Institution
		Lupus Foundation of America	Institution
Time frame: past 36 months			
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**	

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ICMJE DISCLOSURE FORM

Date: 5/26/2023

Your Name: Rebecca E Sadun, MD, PhD

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

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		Childhood Arthritis and Rheumatology Research Alliance funding	Made to institution
		Lupus Foundation of America funding	Made to institution
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Rheumatology Research Foundation grant support]	Mechanisms: Clinician Scholar Educator Award and Investigator Award
3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Honoraria for lectures]	Lectures at: North Carolina Rheumatology Association, Southern California Rheumatology Society, Montefiore School of Medicine, UPenn School of Medicine, New York State Rheumatology Society. Pediatric Rheumatology Symposium
6	Payment for expert testimony	☐ **None**	
		Yes]	Cases pertaining to sJIA/MAS, KD/RMSF, and EDS
7	Support for attending meetings and/or travel	☐ **None**	
		Yes]	Global Conference on Myositis (speaker); Pediatric Rheumatology Society (travel award winner)
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**	

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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 6/2/2023

Your Name: Wenru Zhou

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

Manuscript Number (if known): Click or tap here to enter text.

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3	Royalties or licenses	☒ **None**	

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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**	
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ICMJE DISCLOSURE FORM

Date: 5/28/2023

Your Name: Kristen Miller

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 5/20/2022

Your Name: Laura Pyle

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

Manuscript Number (if known): Click or tap here to enter text.

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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**	

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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 8/10/2022

Your Name: Stacy Ardoin

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

Manuscript Number (if known): Click or tap here to enter text.

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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**	
		Childhood Arthritis and Rheumatology Research Alliance	Payment to my institution
		American Board of Pediatrics	Payment to me

		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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 8/15/2021

Your Name: Christine Bacha

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 5/28/2023

Your Name: Emily Hause

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

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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**	
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ICMJE DISCLOSURE FORM

Date: 5/29/2023

Your Name: Joyce Hui-Yuen

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

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ICMJE DISCLOSURE FORM

Date: 5/16/2023

Your Name: Nicole Ling

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

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		Lupus Foundation of America	Made to institution
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13	Other financial or non-financial interests	☒ **None**	

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☒ 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: 5/28/2023

Your Name: Maria Pereira

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

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.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	**Specifications/Comments (e.g., if payments were made to you or to your institution)**
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ **None**	
		Childhood Arthritis and Rheumatology Research Alliance	Made to institution
		Lupus Foundation of America	Made to institution
			Click the tab key to add additional rows.
Time frame: past 36 months			
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**	

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

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ICMJE DISCLOSURE FORM

Date: 5/15/2023

Your Name: Meredith Riebschleger, MD, MS

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

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.

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 6/1/2023

Your Name: Kelly Rouster-Stevens

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

Manuscript Number (if known): Click or tap here to enter text.

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **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**	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 6/2/2023

Your Name: Aliese Sarkissian

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

Manuscript Number (if known): Click or tap here to enter text.

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **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**	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 6/1/2023

Your Name: Julia Shalen

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

Manuscript Number (if known): Click or tap here to enter text.

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3	Royalties or licenses	☒ **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**	

		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**	

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ICMJE DISCLOSURE FORM

Date: 5/26/2023

Your Name: William Daniel Soulsby, MD

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

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.

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			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Arthritis Foundation Diversity, Equity and Inclusion Research in Health Outcomes Grant (#891767)	
3	Royalties or licenses	☒ **None**	

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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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 5/28/2023

Your Name: Marinka Twilt

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

Manuscript Number (if known): Click or tap here to enter text.

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		Childhood Arthritis and Rheumatology Research Alliance funding	Made to institution
		Lupus Foundation of America	Made to institution
			Click the tab key to add additional rows.
Time frame: past 36 months			
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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 5/10/2023

Your Name: Eveline Wu

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

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.

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		Childhood Arthritis Rheumatology Research Alliance (CARRA) funding	Made to institution
		Lupus Foundation of America funding	Made to institution
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

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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**	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 5/12/2023

Your Name: Laura B. Lewandowski, MD, MS

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

Manuscript Number (if known): Click or tap here to enter text.

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		NIAMS Intramural research program	
		Childhood Arthritis Rheumatology Research Alliance	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Lupus Research Alliance	
3	Royalties or licenses	☒ **None**	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
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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**	
		Childhood Arthritis Rheumatology Research Alliance	
		American College of Rheumatology	

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ICMJE DISCLOSURE FORM

Date: 5/15/2023

Your Name: Scott E. Wenderfer

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

Manuscript Number (if known): Click or tap here to enter text.

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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 6/5/2023

Your Name: Jennifer C. Cooper

Manuscript Title: The EuroLupus Cyclophosphamide Dosing Regimen is an Alternative to the NIH Dosing Regimen in Childhood-Onset Proliferative Lupus Nephritis

Manuscript Number (if known): Click or tap here to enter text.

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