ICMJE DISCLOSURE FORM

Date:_13 September 2023_____
Your Name:__Dr Laura Ross_____
Manuscript Title:_Development at Retrospective Validation of the Novel Scleroderma Clinical Trials Consortium Activity Index
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.

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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)
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	
		Scleroderma Clinical Trials Consortium	Payment made to institution
		Scleroderma Research Foundation	Payment made to institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__None	
3	Royalties or licenses	__X__None	

4	Consulting fees	__X__None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__None	
6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	__X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X__None	
13	Other financial or non-financial interests	__X__None	

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ICMJE DISCLOSURE FORM

Date:_13 September 2023_____
Your Name:__Mr Dylan Hansen_____
Manuscript Title:_Development at Retrospective Validation of the Novel Scleroderma Clinical Trials Consortium Activity Index
Manuscript number (if known):_____

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3	Royalties or licenses	__X__None	
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11	Stock or stock options	__X__None	
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13	Other financial or non-financial interests	__X__None	

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Date:_13 September 2023_____
Your Name:__Prof Susanna Proudman_____
Manuscript Title:_Development at Retrospective Validation of the Novel Scleroderma Clinical Trials Consortium Activity Index
Manuscript number (if known):_____

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3	Royalties or licenses	__X__None	
4	Consulting fees	__X__None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__None	
6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	__X__None	
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11	Stock or stock options	__X__None	
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13	Other financial or non-financial interests	__X__None	

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Date:_13 September 2023_____
Your Name:__Prof Dinesh Khanna_____
Manuscript Title:_Development at Retrospective Validation of the Novel Scleroderma Clinical Trials Consortium Activity Index
Manuscript number (if known):_____

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3	Royalties or licenses	__X__None	
4	Consulting fees	____None	
		Actelion Pharmaceuticals	

		Acceleron	
		Amgen	
		Bayer	
		Boehringer Ingelheim	
		Chemomab	
		CSL Behring	
		Genentech / Roche	
		Horizon	
		Paracrine Cell Therapy	
		Mitsubishi Tanabe	
		Prometheus	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__None	
6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	____None	
		Eicos Sciences Inc	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X__None	
13	Other financial or non-financial interests	__X__None	

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Date:_13 September 2023_____
Your Name:__Prof Ariane Herrick_____
Manuscript Title:_Development at Retrospective Validation of the Novel Scleroderma Clinical Trials Consortium Activity Index
Manuscript number (if known):_____

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2	Grants or contracts from any entity (if not indicated in item #1 above).	____None	
		Gesynta Pharma	Paid to institution
3	Royalties or licenses	__X__None	
4	Consulting fees	____None	
		Arena	

		Boehringer Ingelheim	
		Camurus	
		Galderma	
		Gesynta Pharma	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____None	
		Janssen	
6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	__X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X__None	
13	Other financial or non-financial interests	__X__None	

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Date:_13 September 2023_____
Your Name:__Dr Wendy Stevens_____
Manuscript Title:_Development at Retrospective Validation of the Novel Scleroderma Clinical Trials Consortium Activity Index
Manuscript number (if known):_____

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11	Stock or stock options	__X__None	
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Date:_13 September 2023_____
Your Name:__Prof Murray Baron_____
Manuscript Title:_Development at Retrospective Validation of the Novel Scleroderma Clinical Trials Consortium Activity Index
Manuscript number (if known):_____

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3	Royalties or licenses	__X__None	

4	Consulting fees	__X__None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__None	
6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	__X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X__None	
13	Other financial or non-financial interests	__X__None	

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Date:_13 September 2023_____
Your Name:__Prof Mandana Nikpour_____
Manuscript Title:_Development at Retrospective Validation of the Novel Scleroderma Clinical Trials Consortium Activity Index
Manuscript number (if known):_____

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		Janssen	
		BMS	
		GSK	
		AstraZeneca	
		Boehringer Ingelheim	

		UCB	
3	Royalties or licenses	__X__None	
4	Consulting fees	____None	
		Janssen	
		Certa	
		AstraZeneca	
		Boehringer Ingelheim	
		Eli Lilly	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	____None	
		Janssen	
		GSK AstraZeneca Boehringer Ingelheim Pfizer UCB	
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