ICMJE DISCLOSURE FORM

Date:_____October 15, 2024_____
Your Name:_____George Earl Georges_____
Manuscript Title:___ Autologous non-myeloablative hematopoietic stem cell transplantation for diffuse cutaneous systemic sclerosis: identifying disease risk factors for toxicity and long-term outcomes in a prospective, single-arm trial_____
Manuscript number (if known):___AR-24-1177_____

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)
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.**	___X_None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	____None	
		Cabaletta bio	Institutional
		Novartis	Institutional
		Immune Tolerance Network	Institutional
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	

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: 10/1/2024

Your Name: DInesh Khanna

Manuscript Title: Autologous non-myeloablative hematopoietic stem cell transplantation for diffuse cutaneous systemic sclerosis: identifying disease risk factors for toxicity and long-term outcomes in a prospective, single-arm trial

Manuscript Number (if known): **AR-24-1177**

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Time frame: Since the initial planning of the work			
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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**	
		NIH R01	Institution
		DoD	Institution
		Boehringer Ingelheim	Institution
		Merck	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**	
		Abbvie	Me
		Amgen	Me
		Argenx	Me
		Boehringer Ingelheim	Me
		BMS	Me
		Cabaletta	Me
		Certa	Me
		Merck	Me
		Novartis	Me
		Fate Thera	Me
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		
		Abbvie	
10	Leadership or fiduciary role in other board, society,	☒ **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)
	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**	

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:_____October 1, 2024_____
Your Name:____Mark H. Wener_____
Manuscript Title: Autologous non-myeloablative hematopoietic stem cell transplantation for diffuse cutaneous systemic sclerosis: identifying disease risk factors for toxicity and long-term outcomes in a prospective, single-arm trial
Manuscript number (if known):__AR-24-1177_____

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: 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.**	__X__None	
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	

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:_____October 1, 2024_____
Your Name:____ Matthew G Mei **_____**
Manuscript Title: Autologous non-myeloablative hematopoietic stem cell transplantation for diffuse cutaneous systemic sclerosis: identifying disease risk factors for toxicity and long-term outcomes in a prospective, single-arm trial
Manuscript number (if known):__AR-24-1177_____

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: 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.**	__X__None	
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	

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:_____October 1, 2024_____
Your Name:____ Maureen D Mayes MD MPH **_____**
Manuscript Title: Autologous non-myeloablative hematopoietic stem cell transplantation for diffuse cutaneous systemic sclerosis: identifying disease risk factors for toxicity and long-term outcomes in a prospective, single-arm trial
Manuscript number (if known):__AR-24-1177_____

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: 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.**	__X__None	
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	

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:_____October 1, 2024_____
Your Name:____ Robert W Simms **_____**
Manuscript Title: Autologous non-myeloablative hematopoietic stem cell transplantation for diffuse cutaneous systemic sclerosis: identifying disease risk factors for toxicity and long-term outcomes in a prospective, single-arm trial
Manuscript number (if known):__AR-24-1177_____

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: 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.**	__X__None	
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	

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: October 2, 2024
Your Name: Vaishali Sanchorawala
Manuscript Title: Autologous non-myeloablative hematopoietic stem cell transplantation for diffuse cutaneous systemic sclerosis: identifying disease risk factors for toxicity and long-term outcomes in a prospective, single-arm trial
Manuscript number (if known): Arthritis & Rheumatology - ar-24-1177

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: 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	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Celgene, Takeda, Janssen, Prothena, Sorrento, Karyopharm. Alexion/Caelum, Intellia, Oncopeptide	Institution

3	Royalties or licenses	_X__None	
4	Consulting fees	Pfizer, Janssen, Attralus, Gatebio, Abbvie, Bridgebio	Personal
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	Protego, Caleum, Abbvie, Janssen, Regeneron, Prothena, Nexcella, Alexion, AstraZeneca	Personal
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	

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

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ICMJE DISCLOSURE FORM

Date:_10/2/2024_____
Your Name:_____Chitra Hosing_____
Manuscript Title:_Autologous non-myeloablative hematopoietic stem cell transplantation for diffuse cutaneous systemic sclerosis: identifying disease risk factors for toxicity and long-term outcomes in a prospective, single-arm trial.
Manuscript number (if known):____ ar-24-1177_____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	_BMS	Clinical trial support
		RUNX 1 foundation	Clinical trial support
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	BioLine Rx	Advisory Board
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:_____October 1, 2024_____
Your Name:____ Suzanne Kafaja **_____**
Manuscript Title: Autologous non-myeloablative hematopoietic stem cell transplantation for diffuse cutaneous systemic sclerosis: identifying disease risk factors for toxicity and long-term outcomes in a prospective, single-arm trial
Manuscript number (if known):__AR-24-1177_____

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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	

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: 10/1/2024

Your Name: ATTAPHOL PAWARODE

Manuscript Title: Click or tap here to enter text.**Autologous non-myeloablative hematopoietic stem cell transplantation for diffuse cutaneous systemic sclerosis: identifying disease risk factors for toxicity and long-term outcomes in a prospective, single-arm trial**

Manuscript Number (if known): AR-24-1177

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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)**
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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**	
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:

☒ 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:_____10/10/2024_____
Your Name:____Leona A Holmberg_____
Manuscript Title: Autologous non-myeloablative hematopoietic stem cell Tx for diffuse cutaneous systemic sclerosis: identifying disease risk factors for toxicity and long-term outcomes in a prospective single center trial
Manuscript number (if known):_____AR-24-1177_____

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			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__None	
3	Royalties or licenses	____None	Up-To-Date
4	Consulting fees	____None	Bioline RX

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	____None	Funding for studies: ITeos, Immune Tolerance Network, Sanofi, Merck, Bristol Myers Squibb, Millennium-Takeda

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:_____October 1, 2024_____
Your Name:____ Jason Kolfenbach **_____**
Manuscript Title: Autologous non-myeloablative hematopoietic stem cell transplantation for diffuse cutaneous systemic sclerosis: identifying disease risk factors for toxicity and long-term outcomes in a prospective, single-arm trial
Manuscript number (if known):__AR-24-1177_____

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)
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.**	__X__None	
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	

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

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ICMJE DISCLOSURE FORM

Date:_____October 1, 2024_____
Your Name:____ Daniel E Furst MD **_____**
Manuscript Title: Autologous non-myeloablative hematopoietic stem cell transplantation for diffuse cutaneous systemic sclerosis: identifying disease risk factors for toxicity and long-term outcomes in a prospective, single-arm trial
Manuscript number (if known):__AR-24-1177_____

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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:____10/3/24_____
Your Name:Keith M Sullivan
_____
Manuscript Title:____Autologous non-myeloablative hematopoietic stem cell transplantation for diffuse cuteaneous systemi sclerosis:_____
Manuscript number (if known):_AR-24-1177
_____

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	_X___None	

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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	_XS___None	

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Keith M Sullivan

ICMJE DISCLOSURE FORM

Date:_____October 1, 2024_____
Your Name:____ Suiyuan Huang MPH **_____**
Manuscript Title: Autologous non-myeloablative hematopoietic stem cell transplantation for diffuse cutaneous systemic sclerosis: identifying disease risk factors for toxicity and long-term outcomes in a prospective, single-arm trial
Manuscript number (if known):__AR-24-1177_____

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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:_____October 1, 2024_____
Your Name:____ Ted Gooley _____
Manuscript Title: Autologous non-myeloablative hematopoietic stem cell transplantation for diffuse cutaneous systemic sclerosis: identifying disease risk factors for toxicity and long-term outcomes in a prospective, single-arm trial
Manuscript number (if known):__AR-24-1177_____

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ICMJE DISCLOSURE FORM

Date:_____10/13/24_____

Your Name:_____Richard A Nash_____

Manuscript Title: Autologous non-myeloablative hematopoietic stem cell transplantation for diffuse cutaneous systemic sclerosis: identifying disease risk factors for toxicity and long-term outcomes in a prospective, single-arm trial

Manuscript number (if known):____AR-24-1177_____

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