ICMJE DISCLOSURE FORM

Date:
January 26th 2023

Your Name:
Jacob Berkowitz

Manuscript Title:
Cell-type-specific biomarkers of systemic sclerosis disease severity capture cell-intrinsic and cell-extrinsic circuits

Manuscript number (if known):
ar-22-1295

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.**	___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	

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__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:
January 26th 2023

Your Name:
Tracy Tabib

Manuscript Title:
Cell-type-specific biomarkers of systemic sclerosis disease severity capture cell-intrinsic and cell-extrinsic circuits

Manuscript number (if known):
ar-22-1295

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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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ICMJE DISCLOSURE FORM

Date:
January 26th 2023

Your Name:
Hanxi Xiao

Manuscript Title:
Cell-type-specific biomarkers of systemic sclerosis disease severity capture cell-intrinsic and cell-extrinsic circuits

Manuscript number (if known):
ar-22-1295

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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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ICMJE DISCLOSURE FORM

Date:
January 26th 2023

Your Name:
Gabrielle Sadej

Manuscript Title:
Cell-type-specific biomarkers of systemic sclerosis disease severity capture cell-intrinsic and cell-extrinsic circuits

Manuscript number (if known):
ar-22-1295

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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	

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ICMJE DISCLOSURE FORM

Date: 1/26/2023

Your Name: Dinesh Khanna

Manuscript Title: Cell-type-specific biomarkers of systemic sclerosis disease severity capture cell-intrinsic and cell-extrinsic circuits

Manuscript Number (if known): ar-22-1295

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Time frame: Since the initial planning of the work			
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			Institution
			Click the tab key to add additional rows.
Time frame: past 36 months			
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		BMS, Bayer, Horizon, Pfizer	Paid to 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, Genentech, Boehringer Ingelheim, Astra Zeneca, CSL Behring, Horizon, Prometheus	Paid to 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	☐ **None**	
		Abbvie	Paid to me
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:
January 24th 2023

Your Name:
Patrizia Fuschiotti

Manuscript Title:
Cell-type-specific biomarkers of systemic sclerosis disease severity capture cell-intrinsic and cell-extrinsic circuits

Manuscript number (if known):
ar-22-1295.R1

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Time frame: past 36 months			
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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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ICMJE DISCLOSURE FORM

Date:____1/23/2023_____
Your Name:____Robert Lafyatis_____
Manuscript Title:__ Cell-type-specific biomarkers of systemic sclerosis disease severity capture cell-intrinsic and cell-extrinsic circuits
Manuscript number (if known):__ ar-22-1295

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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 this item.**	National Institute of Arthritis and Musculoskeletal and Skin Diseases: P50 AR060780	Institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Corbus, Formation, Moderna, Regeneron, Astra Zeneca, Pfizer	
		Mitsubishi	

3	Royalties or licenses	____None	
4	Consulting fees	Pfizer, Bristol Myers Squibb, Boehringer-Ingleheim, Formation, Sanofi, Boehringer-Mannheim, Merck, Genentech/Roche, Biogen	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Cleveland Clinic	
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	

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ICMJE DISCLOSURE FORM

Date: 01/26/2023
Your Name: Jishnu Das
Manuscript Title: Cell-type-specific biomarkers of systemic sclerosis disease severity capture cell-intrinsic and cell-extrinsic circuits
Manuscript number (if known): ar-22-1295

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3	Royalties or licenses	____None	

4	Consulting fees	Seromyx	Self
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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11	Stock or stock options	____None	
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