

ICMJE DISCLOSURE FORM

Date: 1/23/2024

Your Name: Jeffrey Curtis

Manuscript Title: Home-Based Telemedicine in Rheumatology – A Scoping Review

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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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	☒ None 	
Time frame: past 36 months		
2	☐ None Abbvie, Amgen, Bendcare, BMS, GSK, Horizon, Janssen, Lilly, Novartis, Pfizer, Sanofi, Setpoint, and UCB	Made to institution
3	☒ 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 <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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: 1/31/2024

Your Name: Swamy Venuturupalli

Manuscript Title: Home-Based Telemedicine in Rheumatology – A Scoping Review

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

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Time frame: Since the initial planning of the work		
1	☒ None 	
Time frame: past 36 months		
2	☐ None Kezar Life Sciences, Inc	Study Site for: A Phase 2 Randomized, Double-blind, Placebo-controlled, Crossover Multicenter Study to Evaluate the Safety and Efficacy of KZR-616 in the Treatment of Patients with Active Polymyositis or Dermatomyositis AND An Open-label Extension to the Phase 2 Randomized, Double-blind, Placebo-controlled, Crossover Multicenter Study to Evaluate the Safety and Efficacy of KZR-616 in the Treatment of Patients with Active Polymyositis or Dermatomyositis Payments made to institution.

		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 <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

ICMJE DISCLOSURE FORM

Date: 1/24/2024

Your Name: Alexander Peck

Manuscript Title: Home-Based Telemedicine in Rheumatology – A Scoping Review

Manuscript Number (if known): ACROR-23-170.R1

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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ICMJE DISCLOSURE FORM

Date: 1/31/2024

Your Name: Yogamanas Jinka

Manuscript Title: Home-Based Telemedicine in Rheumatology – A Scoping Review

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

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ICMJE DISCLOSURE FORM

Date: 1/31/2024

Your Name: Natalie Fortune

Manuscript Title: Home-Based Telemedicine in Rheumatology – A Scoping Review

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

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ICMJE DISCLOSURE FORM

Date: 1/31/2024

Your Name: Nikhil Davuluri

Manuscript Title: Home-Based Telemedicine in Rheumatology – A Scoping Review

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: 1/31/2024

Your Name: William B. Nowell

Manuscript Title: Home-Based Telemedicine in Rheumatology – A Scoping Review

Manuscript Number (if known): Manuscript ID ACROR-23-170.R1

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11	Stock or stock options	☐ None	
		Regeneron	Stock and stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None	
13	Other financial or non-financial interests	☐ None	
		Regeneron	Employee of Regeneron as of October 2, 2023

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ICMJE DISCLOSURE FORM

Date: 1/26/2024

Your Name: Kelly Gavigan

Manuscript Title: Home-Based Telemedicine in Rheumatology – A Scoping Review

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

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ICMJE DISCLOSURE FORM

Date: 1/29/2024

Your Name: Neelkamal Soares, MD

Manuscript Title: Home-Based Telemedicine in Rheumatology – A Scoping Review

Manuscript Number (if known): ACROR-23-170.R1

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2	☐ None Wayne State University Developmental Disabilities Institute	To me for mentorship of trainee
3	☒ None 	

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ICMJE DISCLOSURE FORM

Date: 1/30/2024

Your Name: Rebecca Grainger

Manuscript Title: Click or tap here to enter text.

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

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13	Other financial or non-financial interests	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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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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