

ICMJE DISCLOSURE FORM

Date: 9/9/2021

Your Name: David Fiorentino

Manuscript Title: **Immune responses to CCAR1 and other novel dermatomyositis autoantigens are associated with attenuated cancer emergence.**

Manuscript number: **15201-JCI-RG-1**

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**.

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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	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).		
		Pfizer	Payment to institution
3	Royalties or licenses	___ None	

4	Consulting fees	Pfizer	Payments to me
		Corbus	Payments 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	
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	

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.

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Date: 9/9/2021

Your Name: Christopher A Mecoli

Manuscript Title: **Immune responses to CCAR1 and other novel dermatomyositis autoantigens are associated with attenuated cancer emergence.**

Manuscript number: **15201-JCI-RG-1**

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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.	NIAMS Grant K23AR075898, Jerome L Greene Foundation	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 09/09/2021

Your Name: Matthew Rosen

Manuscript Title: **Immune responses to CCAR1 and other novel dermatomyositis autoantigens are associated with attenuated cancer emergence.**

Manuscript number: **15201-JCI-RG-1**

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 9/9/21

Your Name: __Lisa Christopher-Stine

Manuscript Title: Immune responses to CCAR1 and other novel dermatomyositis autoantigens are associated with attenuated cancer emergence.

Manuscript number (if known) 15201-JCI-RG-1

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Pfizer	Paid to the institution; clinical trial support
		Corbus	Paid to the institution; clinical trial support
		Kezar	Paid to the institution; clinical trial support
3	Royalties or licenses	Inova Diagnostics	Royalties for IP related to anti-HMGCR assay
4	Consulting fees	Janssen	Consultant; paid to me
		Boehringer-Ingelheim	Consultant; paid to me
		Mallinckrodt	Consultant; paid to me

		EMD-Serono	Consultant; paid to me
		ArgenX	Consultant; paid to me
		Allogene	Consultant; paid to me
		Octapharma	Consultant; paid to me
		Roivant	Consultant; paid to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	Bendin Sumrall and Ladner LLC Feldman, Kleidman Coffey & Sappe LLP Downs Ward Bender Hauptmann & Herzog, P.A. Suloway and Hollis	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	Inova Diagnostics/RDL	Anti-HMGCR assay
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 09/09/2021

Your Name: Lorinda Chung

Manuscript Title: **Immune responses to CCAR1 and other novel dermatomyositis autoantigens are associated with attenuated cancer emergence.**

Manuscript number: **15201-JCI-RG-1**

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	Grant funding from Boehringer Ingelheim
3	Royalties or licenses	<input type="checkbox"/> None	

4	Consulting fees	___ None	Consulting fees from Boehringer Ingelheim, Eicos Sciences, Genentech, Kyverna, Mitsubishi Tanabe
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	
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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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: September 12, 2020

Your Name: Antony Rosen

Manuscript Title: **Immune responses to CCAR1 and other novel dermatomyositis autoantigens are associated with attenuated cancer emergence.**

Manuscript number: **15201-JCI-RG-1**

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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.	NIH grants RO1AR073208 and P30-AR070254, and the Stabler Foundation	Payments made to Johns Hopkins
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	Inova Diagnostics	Royalty payments for several autoantibody assays (HMGCR, PAD4), not related to this manuscript
		Celgene	Royalty payments for PAD4 assay (unrelated to this manuscript)

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	___ Patent application pending	
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	
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Date: 09/09/2021

Your Name: Livia Casciola-Rosen

Manuscript Title: Immune responses to CCAR1 and other novel dermatomyositis autoantigens are associated with attenuated cancer emergence.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___ None	
3	Royalties or licenses	Inova Diagnostics	Royalties for IP related to anti-HMGCR assay

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	Patent planned: "Methods & Materials for treating cancer"	
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	
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