1/16/2024

Date:

Your Name:			Puneet Bhullar		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Mar	nuscript Number (if k	(nown):	Click or tap here to enter text.		
content of your manuscript. "Re affected by the content of the maindicate a bias. If you are in double the author's relationships/activit epidemiology of hypertension, you that medication is not mentioned."			lated" means any relation with for-profit or not anuscript. Disclosure represents a commitme bt about whether to list a relationship/activity ties/interests should be defined broadly. For each should declare all relationships with manufind in the manuscript.	/interest, it is preferable that you do so.	
			all entities with whom you have this nship or indicate none (add rows as l)	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	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	X I	None		
3	Royalties or licenses	X !	None		
4	Consulting fees	\boxtimes	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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1/16/2024

Date:

Your Name:			Allison Billi		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Maı	nuscript Number (if	known)	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned			nanuscript. Disclosure represents a commitment of the about whether to list a relationship/activity, stitles/interests should be defined broadly. For each of the about declare all relationships with manufactors.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
fran	ne for disclosure is th	ne past	36 months.		
			all entities with whom you have this nship or indicate none (add rows as d)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning o	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	Click the tab key to add additional rows.	
			Time frame: past 36 months	5	
2	Grants or contracts from any entity (if not indicated in item #1 above).		None		
3	Royalties or licenses	X	None		
4	Consulting fees	X	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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1/16/2024

Date:

Your Name:			Blake Boudreaux		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Mar	nuscript Number (if k	(nown):	Click or tap here to enter text.		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned.			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For ou u should declare all relationships with manuf- in the manuscript.	/interest, it is preferable that you do so.	
			ll entities with whom you have this ship or indicate none (add rows as	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.	⊠ N	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	one		
3	Royalties or licenses	⊠ N	one		
4	Consulting fees	× I	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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1/16/2024

Date:

Your Name:			Emily Branch		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Mar	nuscript Number (if l	known):	Click or tap here to enter text.		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned.			ated" means any relation with for-profit or no inuscript. Disclosure represents a commitme at about whether to list a relationship/activity des/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			ll entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	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.	× N	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	one		
3	Royalties or licenses	× N	one		
4	Consulting fees	\boxtimes	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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1/16/2024

Date:

Your Name:			Caitlin Brumfiel		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Mar	nuscript Number (if k	(nown):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Reaffected by the content of the mindicate a bias. If you are in double the author's relationships/activities epidemiology of hypertension, you that medication is not mentioned."			lated" means any relation with for-profit or no anuscript. Disclosure represents a commitme of about whether to list a relationship/activity ies/interests should be defined broadly. For e ou should declare all relationships with manuf if in the manuscript.	/interest, it is preferable that you do so.	
			ll entities with whom you have this ship or indicate none (add rows as	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.	× N	Time frame: past 36 month	Click the tab key to add additional rows.	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	lone		
3	Royalties or licenses		lone		
4	Consulting fees	\times	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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1/16/2024

Date:

Your Name:			David DiCaudo		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Mar	nuscript Number (if I	known):	Click or tap here to enter text.		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned.			ated" means any relation with for-profit or no inuscript. Disclosure represents a commitme at about whether to list a relationship/activity des/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			ll entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	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.	× N	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	one		
3	Royalties or licenses	× N	one		
4	Consulting fees	\boxtimes	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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1/16/2024

Date:

Your Name:			Tran Do		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Mar	nuscript Number (if k	(nown):	Click or tap here to enter text.		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned.			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	one		
3	Royalties or licenses		one		
4	Consulting fees	× I	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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1/16/2024

Date:

Your Name:			Jennifer Fox			
Manuscript Title:			Oral baricitinib in the treatment of cutaneo	Oral baricitinib in the treatment of cutaneous lichen planus		
Mar	nuscript Number (if I	known	: Click or tap here to enter text.			
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activitiepidemiology of hypertension, you that medication is not mentioned.			nanuscript. Disclosure represents a commitme ubt about whether to list a relationship/activity rities/interests should be defined broadly. For eyou should declare all relationships with manufied in the manuscript.	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
			all entities with whom you have this onship or indicate none (add rows as d)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
			Time frame: Since the initial planning	of the work		
	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	Click the tab key to add additional rows.		
			Time frame: past 36 month	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).		None			
3	Royalties or licenses	X	None			
4	Consulting fees	\boxtimes	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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1/16/2024

Date:

Your Name:			Mehrnaz Gharaee-Kermani		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Maı	nuscript Number (if I	known):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Re affected by the content of the maindicate a bias. If you are in double the author's relationships/activities epidemiology of hypertension, you that medication is not mentioned."			elated" means any relation with for-profit or no anuscript. Disclosure represents a commitme bt about whether to list a relationship/activity ties/interests should be defined broadly. For e ou should declare all relationships with manuf d in the manuscript.	/interest, it is preferable that you do so.	
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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.	× !	None	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× I	None		
3	Royalties or licenses	× 1	None		
4	Consulting fees	$ \mathbf{x} $	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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Date:			1/16/2024		
Υοι	ır Name:		Johann Gudjonsson		
Ma	nuscript Title:		Oral baricitinib in the treatment of cutaneous lichen planus		
Manuscript Number (if known):			Click or tap here to enter text.		
In the interest of transparency, w content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub			ted" means any relation with for-profit or nuscript. Disclosure represents a commitm about whether to list a relationship/activity es/interests should be defined broadly. For a should declare all relationships with man	ties/interests listed below that are related to the not-for-profit third parties whose interests may be tent to transparency and does not necessarily try/interest, it is preferable that you do so. The example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th		·	without time limit. For all other items, the time	
			entities with whom you have this hip or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	g 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.	⊠ No	one	Click the tab key to add additional rows.	
			Time frame: past 36 mont	ths	
2	Grants or contracts from any entity (if not		one		
	indicated in item		na – research grant – research grant		
	#1 above).		elgene – research grant		
			heus Biosciences/Merck – research grant		
		AbbVie	– research grant		
			s – research grant		
			ger Ingelheim – research grant		
			- research grant		
		Eli Lilly	research grant		

		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)
3	Royalties or licenses	None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
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 Janssen – Advisory Board Almirall – Advisory Board AbbVie – Advisory Board Galderma – Advisory Board Sanofi – Advisory Board BMS – Advisory Board UCB – Advisory Board Novartis – Advisory Board	

			e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			hringer Ingelheim – Advisory Board illy – Advisory Board	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	×	None	
11	Stock or stock options	X	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	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.			

1/16/2024

Date:

Your Name:			Alysia Hughes		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Mar	nuscript Number (if I	known):	Click or tap here to enter text.		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned.			ated" means any relation with for-profit or no inuscript. Disclosure represents a commitme at about whether to list a relationship/activity des/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
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			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	one		
3	Royalties or licenses	× N	one		
4	Consulting fees	×	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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1/16/2024

Date:

Your Name:			Angelina S. Hwang		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Maı	nuscript Number (if l	known):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Re affected by the content of the maindicate a bias. If you are in double the author's relationships/activities epidemiology of hypertension, you that medication is not mentioned."			lated" means any relation with for-profit or not anuscript. Disclosure represents a commitme bt about whether to list a relationship/activity ties/interests should be defined broadly. For each should declare all relationships with manufind in the manuscript.	/interest, it is preferable that you do so.	
			all entities with whom you have this nship or indicate none (add rows as l)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
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			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).		None		
3	Royalties or licenses		None		
4	Consulting fees	$ \mathbf{x} $	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests	×	None	

☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

1/16/2024

Date:

Your Name:			J. Michelle Kahlenberg		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Maı	nuscript Number (if I	known):	Click or tap here to enter text.		
In the interest of transparency, w content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub." The author's relationships/activitiepidemiology of hypertension, you that medication is not mentioned.			elated" means any relation with for-profit or no anuscript. Disclosure represents a commitme bt about whether to list a relationship/activity ties/interests should be defined broadly. For e ou should declare all relationships with manuf d in the manuscript.	/interest, it is preferable that you do so.	
			all entities with whom you have this nship or indicate none (add rows as l)	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	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		None		
3	Royalties or licenses	X	None		
4	Consulting fees	$ \mathbf{x} $	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
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 Non	

		e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

1/16/2024

Date:

Your Name:			Jacob Kechter		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Mar	nuscript Number (if k	(nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned			lated" means any relation with for-profit or no anuscript. Disclosure represents a commitme of about whether to list a relationship/activity dies/interests should be defined broadly. For e ou should declare all relationships with manuf d in the manuscript.	/interest, it is preferable that you do so.	
			all entities with whom you have this aship or indicate none (add rows as	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.	⊠ N	None	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	None		
3	Royalties or licenses	× N	None		
4	Consulting fees	\boxtimes	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
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 Non	

		e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

1/16/2024

Date:

Your Name:			Xing Li		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Mar	nuscript Number (if k	(nown):	Click or tap here to enter text.		
content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub The author's relationships/activitiepidemiology of hypertension, you that medication is not mentioned			lated" means any relation with for-profit or no anuscript. Disclosure represents a commitme of about whether to list a relationship/activity dies/interests should be defined broadly. For each of should declare all relationships with manufold in the manuscript.	/interest, it is preferable that you do so.	
			Ill entities with whom you have this aship or indicate none (add rows as	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.	⊠ N	lone	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	lone		
3	Royalties or licenses	× N	lone		
4	Consulting fees		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

		e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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Date:			1/18/2024		
You	r Name:		Aaron Mangold		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Ma	nuscript Number (if k	(nown):	Click or tap here to enter text.		
In the interest of transparency, w content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub." The author's relationships/activitiepidemiology of hypertension, you that medication is not mentioned.			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship or indicate none (add rows as	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.	Eli Lilly	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Kyowa Mirage Regene Corbus SunPha Incyte Pfizer II Merck Priovan Elorac	n rron rma nc. & Co.		
		Novarti	S		

1 12/13/2021 ICMJE Disclosure Form

Janssen

		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)
		Soligenix Argenx Palvella AbbVie	
3	Royalties or licenses	None ■	
4	Consulting fees	Kyowa Eli Lilly Momenta UCB Regeneron Incyte PHELEC Soligenix Clarivate Argenx Janssen Bristol-Myers Squibb Boehringer Ingelheim Pfizer Inc.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or	□ 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)
	pending	Methods and Materials for Assessing and Treating Cutaneous Squamous Cell Carcinoma Use of Oral Jaki in Lichen Planus Topical Ruxolitinib in Lichen Planus	Provisional 63-423254 Provisional 63-453065 Wo2022072814a1
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 Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non-financial interests	None None	

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1/16/2024

Date:

Your Name:			Shams Nassir		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Maı	nuscript Number (if I	known)	: Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
tran	ne for disclosure is th	ne past	36 months.		
			all entities with whom you have this onship or indicate none (add rows as d)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning o	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	Click the tab key to add additional rows.	
			Time frame: past 36 months	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	X	None		
3	Royalties or licenses	×	None		
4	Consulting fees	\boxtimes	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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Date:	4/24/2024
Your Name:	Ewoma Ogbaudu
Manuscript Title:	Oral baricitinib in the treatment of cutaneous lichen planus
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.

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 planni	ng 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	Click the tab key to add additional rows.
		Time frame: past 36 mor	aths
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			
Plea	Please place an "X" next to the following statement to indicate your agreement:				

1/16/2024

Date:

Your Name:			Meera Patel		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Manuscript Number (if known):			Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub! The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned			elated" means any relation with for-profit or no nanuscript. Disclosure represents a commitme but about whether to list a relationship/activity ties/interests should be defined broadly. For each out should declare all relationships with manufind in the manuscript.	/interest, it is preferable that you do so.	
			all entities with whom you have this nship or indicate none (add rows as d)	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	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	×	None		
3	Royalties or licenses	×	None		
4	Consulting fees	\boxtimes	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests	×	None	

☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

1/16/2024

Date:

Your Name:			Mark Pittelkow		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Manuscript Number (if known):			Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.			ated" means any relation with for-profit or no anuscript. Disclosure represents a commitme of about whether to list a relationship/activity ies/interests should be defined broadly. For e ou should declare all relationships with manuf I in the manuscript.	/interest, it is preferable that you do so.	
			ll entities with whom you have this ship or indicate none (add rows as)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	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.	× N	lone	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	lone		
3	Royalties or licenses	× N	lone		
4	Consulting fees	\times	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests	×	None	

☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

1/16/2024

Date:

Your Name:			Olesya Plazyo		
Maı	nuscript Title:		Oral baricitinib in the treatment of cutaneous lichen planus		
Maı	nuscript Number (if l	known)	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
tran	ne for disclosure is th	ne past	36 months.		
			all entities with whom you have this nship or indicate none (add rows as d)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning o	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	Click the tab key to add additional rows.	
			Time frame: past 36 months	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		None		
3	Royalties or licenses	X	None		
4	Consulting fees	\times	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests	×	None	

☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:			1/16/2024		
You	r Name:		Lam C. Tsoi		
Manuscript Title:			Oral baricitinib in the treatment of cutaneo	us lichen planus	
Mai	nuscript Number (if k	nown):	Click or tap here to enter text.		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activitiepidemiology of hypertension, you that medication is not mentioned.			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship or indicate none (add rows as	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.	⊠ No	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Galderi Novarti	ma – Grant/research support is – Grant/research support n – Grant/research support		
3	Royalties or licenses		one		
4	Consulting fees	\boxtimes	lone		

		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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests	×	None	

☐ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

1/16/2024

Date:

Your Name:			Rachael Wasikowski		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Maı	nuscript Number (if l	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.			lated" means any relation with for-profit or no anuscript. Disclosure represents a commitme of about whether to list a relationship/activity dies/interests should be defined broadly. For one of should declare all relationships with manufaction the manuscript.	/interest, it is preferable that you do so.	
			all entities with whom you have this aship or indicate none (add rows as	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.	× 1	None	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× 1	None		
3	Royalties or licenses	× 1	None		
4	Consulting fees	N	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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1/16/2024

Date:

Your Name:			Xianying Xing		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Manuscript Number (if known):			Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doubted." The author's relationships/activite epidemiology of hypertension, you that medication is not mentioned.			lated" means any relation with for-profit or not anuscript. Disclosure represents a commitme bt about whether to list a relationship/activity ties/interests should be defined broadly. For each should declare all relationships with manufind in the manuscript.	/interest, it is preferable that you do so.	
			all entities with whom you have this nship or indicate none (add rows as l)	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.	× 1	None	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× 1	None		
3	Royalties or licenses	× M	None		
4	Consulting fees	\boxtimes	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None ■ None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None ■	
11	Stock or stock options	None Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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1/16/2024

Date:

Your Name:			Miranda Yousif		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Mar	nuscript Number (if l	known):	Click or tap here to enter text.		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned.			ated" means any relation with for-profit or no inuscript. Disclosure represents a commitme at about whether to list a relationship/activity des/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			ll entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	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.	⊠ N	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	one		
3	Royalties or licenses	⊠ N	one		
4	Consulting fees	× I	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
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 Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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1/16/2024

Date:

Your Name:			Nan Zhang		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Mar	nuscript Number (if l	known):	Click or tap here to enter text.		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned.			ated" means any relation with for-profit or no inuscript. Disclosure represents a commitme at about whether to list a relationship/activity des/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	one		
3	Royalties or licenses		one		
4	Consulting fees	× I	None		

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6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
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 Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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1/16/2024

Date:

Your Name:			Samantha Zunich		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Mar	nuscript Number (if I	known):	Click or tap here to enter text.		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned.			ated" means any relation with for-profit or no inuscript. Disclosure represents a commitme at about whether to list a relationship/activity des/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			ll entities with whom you have this ship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
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			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	one		
3	Royalties or licenses	× N	one		
4	Consulting fees	× I	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
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 Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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8/12/2024

Date:

Your Name:			Alyssa Stockard		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Mar	nuscript Number (if k	(nown):	Click or tap here to enter text.		
con affe indi	tent of your manuscr cted by the content of cate a bias. If you are author's relationship demiology of hyperte a medication is not m	ipt. "Re of the many e in doul os/activit nsion, you entioned all supp	lated" means any relation with for-profit or no anuscript. Disclosure represents a commitme bt about whether to list a relationship/activity dies/interests should be defined broadly. For e bu should declare all relationships with manuf d in the manuscript.	/interest, it is preferable that you do so.	
			all entities with whom you have this aship or indicate none (add rows as	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.	⊠ N	None	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× M	None		
3	Royalties or licenses	X N	None		
4	Consulting fees	\boxtimes	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
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 Non	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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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8/12/2024

Date:

Your Name:			Zachary Leibovit-Reiben		
Manuscript Title:			Oral baricitinib in the treatment of cutaneous lichen planus		
Manuscript Number (if known):			Click or tap here to enter text.		
confaffe indi	tent of your manuscr cted by the content of cate a bias. If you ar author's relationship demiology of hyperte t medication is not m	ript. "Re of the m e in dou os/activit ension, you entioned	elated" means any relation with for-profit or not anuscript. Disclosure represents a commitment of about whether to list a relationship/activity ties/interests should be defined broadly. For each ou should declare all relationships with manuful in the manuscript.	/interest, it is preferable that you do so.	
relation			all entities with whom you have this nship or indicate none (add rows as l)	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.	× 1	None	Click the tab key to add additional rows.	
			Time frame: past 36 months	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× 1	None		
3	Royalties or licenses	× 1	None		
4	Consulting fees	X	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)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None ■	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
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 Non	

		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)
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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