

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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#### Definitions.

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Michael E.

2. Surname (Last Name) Wechsler

3. Date 19-March-2019

4. Are you the corresponding author?  Yes  No Corresponding Author's Name Evans Fernandez

5. Manuscript Title  
"Trends in Antineutrophil Cytoplasmic Autoantibody-Associated Vasculitis-Related Mortality in the United States, 1999-2017"

6. Manuscript Identifying Number (if you know it)  
18-17163

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AstraZeneca	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant 2018; consultant 25-50k 2018, <10k 2019
Novartis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRsearch rgant; Consultant 5-10k 2018
Sanofi	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant 2018; Consultant 25-50k 2018
Regeneron	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 10-25k 2018
Mylan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 5-10k 2018
Genentech	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 5-10k 2018

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Sentien	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSMB member , <5k 2018
Teva	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided Study drugs fro another Asthmanet Study; research grant; consultant/advisory board 10-20k in 2018 research grant 2018
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided Study Drugs fro another Asthmanet Study, Consultant 5-10k 2018
GlaxoSmithKline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant \$10-25k 2018, <10k 2019
Restorbio	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 2018 <5k
Equilium	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 2018 <5k
Boston Scientific	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 2017 <10k
Merck	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provided Study Drugs fro another Asthmanet Study (SIENA)
Genzyme	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant 2018 <10k
GALA therapeutics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COnsultant <5k 2018
Pulmatrix	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COnsultant <5k 2018

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Wechsler reports grants and personal fees from AstraZeneca, grants and personal fees from Novartis, grants and personal fees from Sanofi, personal fees from Regeneron, personal fees from Mylan, personal fees from Genentech, personal fees from Sentien, grants, personal fees and non-financial support from Teva, personal fees and non-financial support from Boehringer Ingelheim, grants and personal fees from GlaxoSmithKline, personal fees from Restorbio, personal fees from Equilium, personal fees from Boston Scientific, non-financial support from Merck, personal fees from Genzyme, personal fees from GALA therapeutics, personal fees from Pulmatrix, outside the submitted work; .

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Alexander

2. Surname (Last Name)  
Steinberg

3. Date  
15-July-2019

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Trends in Antineutrophil Cytoplasmic Autoantibody-Associated Vasculitis-Related Mortality in the United States, 1999-2017

6. Manuscript Identifying Number (if you know it)  
M19-1564

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Dr. Steinberg has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Evans

2. Surname (Last Name)  
Fernandez Perez

3. Date  
28-June-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Alexander Steinberg

5. Manuscript Title  
Trends in Antineutrophil Cytoplasmic Autoantibody-Associated Vasculitis-Related Mortality in the United States, 1999-2017

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Research grant-Investigator Initiated study-Genentech  
Research grant-Investigator Initiated study-Boehringer Ingelheim

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Dr. Fernandez Perez reports and Research grant-Investigator Initiated study-Genentech  
Research grant-Investigator Initiated study-Boehringer Ingelheim.

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