

ICMJE DISCLOSURE FORM

Date: 5/24/2022

Your Name: Rosemary DRAY-SPIRA

Manuscript Title: Benefits and risks associated with continuation of anti-TNF after 24 weeks of pregnancy in women with inflammatory bowel disease: a nationwide emulation trial

Manuscript Number (if known): M22-0819

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.

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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: May 30, 2022

Your Name: MEYER Antoine

Manuscript Title: Click or tap here to enter text. Benefits and risks associated with continuation of anti-TNF after 24 weeks of pregnancy in women with inflammatory bowel disease: a nationwide emulation trial

Manuscript Number (if known): M22-0819

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Date: 6/2/2022

Your Name: WEILL Alain

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Manuscript Number (if known): M22-0819

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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | | | | | | | |
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 6/30/2022

Your Name: Anke NEUMANN

Manuscript Title: Benefits and risks associated with continuation of anti-TNF after 24 weeks of pregnancy in women with inflammatory bowel disease: a nationwide emulation trial

Manuscript Number (if known): M22-0819

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.

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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 8/1/2022

Your Name: Carbonnel

Manuscript Title: Benefits and risks associated with continuation of anti-TNF after 24 weeks of pregnancy in women with inflammatory bowel disease: a nationwide emulation trial

Manuscript Number (if known): M22-0819

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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| Time frame: Since the initial planning of the work | | | | | | | | | |
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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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Nestlé</td> <td>Payment made to my institution</td> </tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> | Nestlé | Payment made to my institution | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> | | | | | | | |
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| 4 | Consulting fees | <input type="checkbox"/> None | |
| | | Arena | Payment made to me |
| | | Enterome | Payment made to me |
| | | Janssen | Payment made to me |
| | | MaaT pharma | Payment made to me |
| | | Nordic pharma | Payment made to me |
| | | Takeda | Payment made to me |
| | | Tillotts | Payment made to me |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | Ferring | Payment made to me |
| | | Janssen | Payment made to me |
| | | Nestlé | Payment made to me |
| | | Takeda | Payment made to me |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None | |
| | | Janssen | Virtual DDW, UEG and ECCO |
| | | Takeda | Virtual UEG |
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| 8 | Patents planned, issued or pending | <input type="checkbox"/> None | |
| | | APHP | No payment until now |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
| | | MaaT pharma | Payment made to me |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 7/25/2022

Your Name: Jérôme DROUIN

Manuscript Title: The risk of myocardial infarction, stroke, and pulmonary embolism following COVID-19 vaccines in adults aged less than 75 years in France

Manuscript Number (if known): M22-0988

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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