ICMJE DISCLOSURE FORM

Date	e:_29-08-2022		
You	r Name:E. d'Angremon	t	
Mar	nuscript Title:Vroege be	ehandeling van reumatisch	e artritis
Mar	nuscript number (if known):	D7188	
rela part to ti	ted to the content of your nies whose interests may be	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias.	relationships/activities/interests listed below that are any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment f you are in doubt about whether to list a so.
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>
to tl		nsion, you should declare a	efined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive manuscript.
	em #1 below, report all sup time frame for disclosure is		in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials,	X None	
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	X None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events 6 Payment for expert testimony 7 Support for attending meetings and/or travel 8 Patents planned, issued orX None	
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7 Support for attending meetings and/or travel	
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8 Patents planned, issued orX None	
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pending	
9 Participation on a DataX None Safety Monitoring Board or	
Advisory Board	
10 Leadership or fiduciary roleX_ None in other board, society,	
committee or advocacy	
group, paid or unpaid	
11 Stock or stock optionsX_ None	
12 Receipt of equipment,X None materials, drugs, medical	
writing, gifts or other	·—-
services	
13 Other financial or non- financial interestsX None	

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

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