

## ICMJE DISCLOSURE FORM

**Date:** 1/27/2022

**Your Name:** Gary G Koch

**Manuscript Title:** Risk factors for major adverse cardiovascular events with tofacitinib vs tumour necrosis factor inhibitors in patients with rheumatoid arthritis: results from ORAL Surveillance

**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 planning of the work																												
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Pfizer Inc</td> <td style="width: 50%;">Sponsored the work and funded medical writing support</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>	Pfizer Inc	Sponsored the work and funded medical writing support			<small>Click the tab key to add additional rows.</small>																					
Pfizer Inc	Sponsored the work and funded medical writing support																											
<small>Click the tab key to add additional rows.</small>																												
Time frame: past 36 months																												
<b>2</b>	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>AbbVie</td><td> </td></tr> <tr><td>Accelaron</td><td> </td></tr> <tr><td>Amgen</td><td> </td></tr> <tr><td>Arena</td><td> </td></tr> <tr><td>AstraZeneca</td><td> </td></tr> <tr><td>Cytokinetics</td><td> </td></tr> <tr><td>Eli Lilly</td><td> </td></tr> <tr><td>Gilead</td><td> </td></tr> <tr><td>Glaxo Smith Kline</td><td> </td></tr> <tr><td>Huya Bioscience International</td><td> </td></tr> <tr><td>Johnson &amp; Johnson</td><td> </td></tr> <tr><td>Landos Biopharma</td><td> </td></tr> <tr><td>Merck</td><td> </td></tr> </table>	AbbVie		Accelaron		Amgen		Arena		AstraZeneca		Cytokinetics		Eli Lilly		Gilead		Glaxo Smith Kline		Huya Bioscience International		Johnson & Johnson		Landos Biopharma		Merck	
AbbVie																												
Accelaron																												
Amgen																												
Arena																												
AstraZeneca																												
Cytokinetics																												
Eli Lilly																												
Gilead																												
Glaxo Smith Kline																												
Huya Bioscience International																												
Johnson & Johnson																												
Landos Biopharma																												
Merck																												

		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)												
		<table border="1"> <tr><td>Momentum</td><td></td></tr> <tr><td>Novartis</td><td></td></tr> <tr><td>Otsuka</td><td></td></tr> <tr><td>Pfizer</td><td></td></tr> <tr><td>Sanofi</td><td></td></tr> <tr><td>vTv Therapeutics</td><td></td></tr> </table>	Momentum		Novartis		Otsuka		Pfizer		Sanofi		vTv Therapeutics		
Momentum															
Novartis															
Otsuka															
Pfizer															
Sanofi															
vTv Therapeutics															
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>													
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>													
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>													
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>													
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>													
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>													
9	Participation on a Data Safety	<input checked="" type="checkbox"/> <b>None</b>													

		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)						
	Monitoring Board or Advisory Board								
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Pfizer Inc</td> <td>Member of the Steering Committee for ORAL Surveillance</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Pfizer Inc	Member of the Steering Committee for ORAL Surveillance					
Pfizer Inc	Member of the Steering Committee for ORAL Surveillance								
<b>11</b>	Stock or stock options	<input type="checkbox"/> None <table border="1"> <tr> <td>IQVIA</td> <td>Shareholder</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	IQVIA	Shareholder					
IQVIA	Shareholder								
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1"> <tr> <td>University of North Carolina at Chapel Hill</td> <td>Employee</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	University of North Carolina at Chapel Hill	Employee					
University of North Carolina at Chapel Hill	Employee								
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>									