Your Name:	Alvise Berti
Manuscript <sup>-</sup>	Fitle: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated
Vasculitis	
	number (if known):

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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		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
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.	_X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	VF/VCRC and CERAINO	A. Berti was supported by funds from the Vasculitis Foundation/Vasculitis Clinical Research Consortium fellowship (VF/VCRC), and by the National Reference Center for Rare Autoimmune Diseases in Brest, France (CERAINO).
3	Royalties or licenses	_X None	

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

Manuscript Title: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated Vasculitis Manuscript number (if known):
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X None	
3	Royalties or licenses	_X None	

4 Consulting feesX_ None	
lectures, presentations,	
lectures, presentations,	
lectures, presentations,	
speakers bureaus,	
manuscript writing or educational events	
6 Payment for expertX None testimony	
7 Support for attendingX_ None meetings and/or travel	
8 Patents planned, issued orX None 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	

Date:(	09/01/2021
Your Name:_	Amber Hummel
Manuscript T	itle: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated
Vasculitis	
Manuscript n	number (if known):
-	•

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2	Grants or contracts from any entity (if not indicated in item #1 above).	_X None	
3	Royalties or licenses	_X None	

4	Consulting food	X None	
4	Consulting fees	X Notic	
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending	X None	
,	meetings and/or travel	X Notic	
8	Patents planned, issued or pending	X None	
	5	V N	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10		V N	
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
		_	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

Date:09/01/2021	
Your Name: Young Min Son	
Manuscript Title: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated	
Vasculitis	
Manuscript number (if known):	

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3	Royalties or licenses	_X None	

4	Consulting food	X None	
4	Consulting fees	X Notic	
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending	X None	
,	meetings and/or travel	X Notic	
8	Patents planned, issued or pending	X None	
	5	V N	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10		V N	
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
		_	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

Date:0	9/01/2021
Your Name:	Nedra Chriti
Manuscript Tit	tle: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated
Vasculitis	
Manuscript nu	umber (if known):

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: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X None	
3	Royalties or licenses	_X None	

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

form.

# **ICMJE DISCLOSURE FORM**

Date:	:09/01/2021		
	Name: Eva Carmon		
Manı Vascı		utoreactive Proteinase 3+	B Cells and Tolerance Checkpoints in ANCA-Associated
Manı	uscript number (if known)	:	
relate partie to tra	ed to the content of your es whose interests may be ansparency and does not	manuscript. "Related" mea e affected by the content o	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the same in doubt about whether to list a so.
	ollowing questions apply uscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
to the medi	e epidemiology of hypertocation, even if that medic	ension, you should declare ation is not mentioned in toport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.  d in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initi	al planning of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	_X None	

Time frame: past 36 months

\_X\_\_\_ None

Grants or contracts from any entity (if not indicated

in item #1 above).

_	Davidia andi	V Nove	
3 R	Royalties or licenses	_X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
	-		
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

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

Date:09/01/2021	
Your Name: Tobias Peikert	
Manuscript Title: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated	
Vasculitis	
Manuscript number (if known):	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X None	

_	Davidia andi	V Nove	
3 R	Royalties or licenses	_X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
	-		
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

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

Date:	09/01/2021
Your Name:_	Fernando Fervenza
Manuscript T	itle: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated
Vasculitis	
Manuscript r	number (if known):

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past _X None	36 months

3	Royalties or licenses	_X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
0	Dankisia skiana su a Daka	V. Nana	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

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

Date:09/01/2021	
Your Name: Cees GM Kallenberg	
Manuscript Title: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated	
Vasculitis	
Manuscript number (if known):	
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	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	_X None	
	in item #1 above).		
		•	
3	Royalties or licenses	X None	

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

form.

## **ICMJE DISCLOSURE FORM**

Date:09/01/2021	
Your Name: Carol Langford	
Manuscript Title: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated	
Vasculitis	
Manuscript number (if known):	

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X None	
3	Royalties or licenses	_X None	

4	Consulting fees	X None	
4	Consulting rees	X Notic	
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending	X None	
,	meetings and/or travel	X Notic	
8	Patents planned, issued or pending	X None	
	5	V N	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10		V N	
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
		_	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

Date:	09/01/2021
Your Name:_	Peter Merkel
Manuscript 1	Fitle: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated
Vasculitis	
Manuscript i	number (if known):

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X None	
3	Royalties or licenses	_X None	

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

Date:	09/01/2021
Your Name	: Paul Monach
Manuscript Vasculitis	t Title: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated
Manuscrip	t number (if known):
in the inter	est of transparency, we ask you to disclose all relationships/activities/interests listed below that are
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2	Grants or contracts from any entity (if not indicated in item #1 above).	_X None	
	,		
3	Royalties or licenses	_X None	

4	Consulting fees	None Kiniksa	Manufacturers/developers of drugs that might be used to treat vasculitis
		ChemoCentryx	
		Celgene/BMS	
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

	A Accociator
Manuscript Title: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANC Vasculitis	A-Associated
Manuscript number (if known):	

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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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
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.	_X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X None	
3	Royalties or licenses	_X None	

4 Consulting fees X None  5 Payment or honoraria for lectures, presentations, speakers bureaus,	
lectures, presentations,	
lectures, presentations,	
lectures, presentations,	
l speakers bureaus.	
manuscript writing or educational events	
6 Payment for expertX None testimony	
7 Support for attendingX_ None meetings and/or travel	
8 Patents planned, issued orX None 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	

Date:	09/01/2021
Your Name	e: Robert Spiera
Manuscrip Vasculitis	t Title: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated
Manuscrip	ot number (if known):
related to parties wh	rest of transparency, we ask you to disclose all relationships/activities/interests listed below that are the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third lose interests may be affected by the content of the manuscript. Disclosure represents a commitment
•	rency and does not necessarily indicate a bias. If you are in doubt about whether to list a ip/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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		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			
	All support for the present manuscript (e.g., funding,	_X None				
	provision of study materials,					
	medical writing, article processing charges, etc.)					
No time lin	No time limit for this item.					
	Time frame: past 36 months					
2	Grants or contracts from any entity (if not indicated	_X None				
	in item #1 above).					
3	Royalties or licenses	_X None				

4 Consulting feesX_ None	
lectures, presentations,	
lectures, presentations,	
lectures, presentations,	
speakers bureaus,	
manuscript writing or educational events	
6 Payment for expertX None testimony	
7 Support for attendingX_ None meetings and/or travel	
8 Patents planned, issued orX None 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	

Date:	09/01/2021
Your Name:_	Paul Brunetta
Manuscript 1	Fitle: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated
Vasculitis	
Manuscript r	number (if known):

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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.	_X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Genentech	Genentech employee at the time of the RAVE trial
3	Royalties or licenses	_X None	

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

\_X\_\_ 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:	09/01/2021	_
Your Name:_	William St. Clair	
<b>Manuscript T</b>	Fitle: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated	
Vasculitis		
Manuscript n	number (if known):	

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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
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.	_X None	
2	Time frame: past 36 months		36 Months
2	Grants or contracts from any entity (if not indicated in item #1 above).	_X None	
3	Royalties or licenses	_X None	

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

Date:	_09/01/2021
Your Name	e: Kristina Harris
Manuscrip Vasculitis	t Title: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated
Manuscrip	t number (if known):
In the inte	rest 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 wh	ose interests may be affected by the content of the manuscript. Disclosure represents a commitment
to transpa	rency and does not necessarily indicate a bias. If you are in doubt about whether to list a

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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
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 any entity (if not indicated in item #1 above).	_X None	
3	Royalties or licenses	_X None	

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

Date:09/01/	<sup>'</sup> 2021
Your Name: J	ohn Stone
<b>Manuscript Title: Ci</b>	rculating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated
Vasculitis	
Manuscript number	r (if known):
-	

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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		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
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.	_X None	
		Time frame: past	36 months
2	Grants or contracts from		
	any entity (if not indicated	Roche/Genentech	Grants
	in item #1 above).		
3	Royalties or licenses	_X None	

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

\_X\_\_ 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:	09/01/2021
Your Name:_	Guido Grandi
Manuscript 1	Title: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated
Vasculitis	
Manuscript ı	number (if known):

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	_X None	
2	Grants or contracts from any entity (if not indicated	Time frame: past _X None	36 months
	in item #1 above).		
3	Royalties or licenses	_X None	
4	Consulting fees	X None	

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

\_X\_\_ 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:09/01/2021	
Your Name: Jacques-Olivier Pers	
Manuscript Title: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated	
Vasculitis	
Manuscript number (if known):	

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	_X None	
2	Grants or contracts from any entity (if not indicated	Time frame: past _X None	36 months
	in item #1 above).		
3	Royalties or licenses	_X None	
4	Consulting fees	X None	

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

\_X\_\_ 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:	_09/01/2021
Your Name:	Ulrich Specks
Manuscript	Title: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated
Vasculitis	
Manuscript	number (if known):

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments  (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Vasculitis foundation  National Institutes of	This study was supported by a research grant from the Vasculitis foundation to Dr. D. Cornec and U. Specks (http://www.vasculitisfoundation.org/research/research -program/).
	No time limit for this item.	Health	ITN021AI RAVE Trial was conducted by the Immune Tolerance Network and sponsored by the National Institute of Allergy and Infectious Diseases of the National Institutes of Health under Contract N01 AI15416 and Award Number UM1AI109565),
		Genentech and Biogen/IDEC Mayo Foundation for	Genentech and Biogen/IDEC provided the study medications and partial funding  The work was also supported in part by funds from the
		Education and Research and the Connor Group Foundation	Mayo Foundation for Education and Research and the Connor Group Foundation to Dr. U. Specks.

2	Grants or contracts from any entity (if not indicated in item #1 above).	_X None	
3	Royalties or licenses	_X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

\_X\_\_ 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:	09/01/2021
Your Name:	Divi Cornec
Manuscript	Title: Circulating Autoreactive Proteinase 3+ B Cells and Tolerance Checkpoints in ANCA-Associated
Vasculitis	
Manuscript	number (if known):

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		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
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.	Vasculitis foundation	This study was supported by a research grant from the Vasculitis foundation to Dr. D. Cornec and U. Specks (http://www.vasculitisfoundation.org/research/research-program/).

		Time frame: past	: 36 months
2	Grants or contracts from any entity (if not indicated	Fellowship salary	Dr D. Cornec received funds from the "Société Française de Rhumatologie"
	in item #1 above).		
3	Royalties or licenses	_X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X 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.				
		ICMJE DISCLO	OSURE FORM	
Date	e: 09/01/2021			
You	r Name: Wayel Abdula	ahad		
Mar Vas	nuscript Title: Circulating Au culitis	toreactive Proteinase 3+ B	Cells and Tolerance Checkpoints in ANCA-Associated	
	, , , , , , , , , , , , , , , , , , ,			
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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u> .				
The author's relationships/activities/interests should be <u>defined broadly</u> . 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	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	_X None		
	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article processing charges, etc.)			
	No time limit for this item.			

2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past _X None	36 months
3	Royalties or licenses	_X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	_X None	
	educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	_X None	
	services		
13	Other financial or non- financial interests	X None	

Plea	se place an "X" next to the	following statement to ind	icate your agreement:
_x_	_ I certify that I have answe form.	ered every question and ha	ve not altered the wording of any of the questions on this
		ICMJE DISCLO	OSURE FORM
		15	
Date	e:09/01/2021		
You	r Name: Peter Heering	ga	
	nuscript Title: Circulating Au culitis	toreactive Proteinase 3+ B	Cells and Tolerance Checkpoints in ANCA-Associated
			_
iviai	raseripe namber (ii known,		
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			
rela	tionship/activity/interest, it	is preferable that you do s	50.
The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u> .			
The author's relationships/activities/interests should be <u>defined broadly</u> . 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	Specifications/Comments
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)
		none (add rows as	institution)
		needed)	
		Time frame: Since the initial	planning of the work
1	All support for the present	_X None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
l			

2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past _X None	36 months
3	Royalties or licenses	_X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	_X None	
	educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	X None	
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	_X None	
	services		
13	Other financial or non- financial interests	X None	

Plea	se place an "X" next to the	following statement to ind	icate vour agreement:	
			,	
_X_	_ I certify that I have answe form.	ered every question and ha	ve not altered the wording of any of the questions on this	
	ICMJE DISCLOSURE FORM			
Date	e:09/01/2021			
You	r Name: Jie Sun			
Mar	nuscript Title: Circulating Au	toreactive Proteinase 3+ B	Cells and Tolerance Checkpoints in ANCA-Associated	
	culitis		·	
Mar	nuscript number (if known):			
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				
	tionship/activity/interest, it		•	
	,	,		
The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u> .				
	<del></del>			
to th	•	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	
tile	ume trame for disclosure is	the past 56 months.		
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate none (add rows as	institution)	
		needed)		
		Time frame: Since the initial	planning of the work	
1	All support for the present	RO1 Al112844, RO1 Al15	Payment done at institution	
	manuscript (e.g., funding,	4598 and RO1 Al147394		
	provision of study materials, medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			

		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	_X None	30 months
	in item #1 above).		
3	Royalties or licenses	_X None	
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	_X None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

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