

ICMJE DISCLOSURE FORM

Date: 12/10/2021

Your Name: Charlotta Karner

Manuscript Title: Abrocitinib, tralokinumab and upadacitinib for treating moderate-to-severe atopic dermatitis

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.

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

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Date: 12/14/2021

Your Name: Gemma Marceniuk

Manuscript Title: Abrocitinib, tralokinumab and upadacitinib for treating moderate-to-severe atopic dermatitis

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Date: 12/14/2021

Your Name: Miriam Wittmann

Manuscript Title: Abrocitinib, tralokinumab and upadacitinib for treating moderate-to-severe atopic dermatitis

Manuscript Number (if known): Click or tap here to enter text.

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Date: 12/14/2021

Your Name: Samantha Barton

Manuscript Title: Abrocitinib, tralokinumab and upadacitinib for treating moderate-to-severe atopic dermatitis

Manuscript Number (if known): Click or tap here to enter text.

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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: 12/8/2021

Your Name: Steven J. Edwards

Manuscript Title: Abrocitinib, tralokinumab and upadacitinib for treating moderate-to-severe atopic dermatitis

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.

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ICMJE DISCLOSURE FORM

Date: 12/8/2021

Your Name: Tracey Jhita

Manuscript Title: Abrocitinib, tralokinumab and upadacitinib for treating moderate-to-severe atopic dermatitis

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.

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ICMJE DISCLOSURE FORM

Date: 12/12/2021

Your Name: Zenas Z N Yiu

Manuscript Title: Abrocitinib, tralokinumab and upadacitinib for treating moderate-to-severe atopic dermatitis

Manuscript Number (if known): Click or tap here to enter text.

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