Date:	6/28/2024
Your Name:	Prof. Abhishek
Manuscript Title:	Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Trial.
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.

		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
2	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.  Grants or contracts from any entity (if not indicated in item #1 above).	None   Time frame: past 36 month     None	Click the tab key to add additional rows.
3	Royalties or	□ None	
	licenses	UnTodata	To me
		UpTodate Springer	To me
		- 17 0-	

		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)
4	Consulting fees	NGM Bio Limbic Inflazome	
0	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Cadilla	To me
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	HTA Prioritisation Committee B	2022-2026
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.			

Date:	2/19/2024
Your Name:	Dr Laura C Coates, PhD
Manuscript Title:	Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Trial.
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
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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	AbbVie, Amgen, Celgene, Eli Lilly, Janssen, Novartis, Pfizer and UCB	
3	Royalties or licenses	None None	

		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)
4	Consulting fees	AbbVie, Amgen, Bristol Myers Squibb, Celgene, Eli Lilly, Gilead, Galapagos, Janssen, Moonlake, Novartis, Pfizer and UCB	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AbbVie, Amgen, Biogen, Celgene, Eli Lilly, Galapagos, Gilead, GSK, Janssen, Medac, Novartis, Pfizer and UCB	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	Abbvie, Novartis	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Board member of the British PsA Consortium (BritPACT)	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	HTA General Committee 2022-2023	
Please place an "X" next to the following statement to indicate your agreement:			
[oxtimes]	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	7/1/2024
Your Name:	Professor Hywel C. Williams, PhD, DSc
Manuscript Title:	Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Trial.
Manuscript Number (if known): Click or tap here to enter text.	
In the interest of transparency, w	e ask you to disclose all relationships/activities/interests listed below that are related to the

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.

		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
2	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.  Grants or	None  Time frame: past 36 month  None  None	Click the tab key to add additional rows.
3	contracts from any entity (if not indicated in item #1 above).	None None	
•	licenses	None	

		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)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	Image: square of the property o	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Image: square of the property o	

		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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	National Institute for Health and Care Research  Hywel Williams was director of the NIHR Health Technology Assessment Programme from 2015 to 2020. Hywel Williams was a member of HTA Antimicrobial Resistance Themed Call Board, HTA Commissioning Sub-Board, HTA Efficient Study Designs – 2, HTA Efficient Study Designs Board, HTA Funding Teleconference Member, HTA Surgery Themed Call Board, NIHR CTU Standing Advisory Committee, NIHR Journals Library Board, PgfAR EOIs – HTA projects Remit meeting, Pre- Exposure Prophylaxis Impact Review Panel, HTA Remit and Competitiveness Group, HTA General Committee, HTA Post-Funding Committee teleconference, HTA Funding Committee Policy Group and HTA Commissioning Committee. Hywel had no part in the decision making for funding this study.	HW worked for the National Institute for Health and Care Research between 2015 and 2021. He played no part in the funding decision for this study
r 1	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:	8/31/2023		
Your Name:	Nicholas Peckham, MSc		
Manuscript Title: Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Tr			
Manuscript Number (if known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the man	ask you to disclose all relationships/activities/interests listed below that are related to the ted" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily 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 suppor frame for disclosure is the past 36	rt for the work reported in this manuscript without time limit. For all other items, the time months.		

Name all entities with whom you have this Specifications/Comments (e.g., if payments relationship or indicate none (add rows as were made to you or to your institution) needed) Time frame: Since the initial planning of the work All support for  $\boxtimes$ None the present manuscript (e.g., funding, provision of study Click the tab key to add additional rows materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or  $\boxtimes$ None contracts from any entity (if not indicated in item #1 above). Royalties or  $\boxtimes$ None licenses

4	Consulting fees	None
5	Payment or honoraria for	None     ■
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript writing or educational	
	events	
6	Payment for expert testimony	None     Non
7	Support for attending	None
	meetings and/or travel	
	tiavei	
8	Patents planned, issued or	None
	pending	
9	Participation on a Data Safety	■ None
	Monitoring Board or Advisory Board	
10	Leadership or fiduciary role in other board,	
	society,	
	committee or	
	advocacy group,	
	paid or unpaid	
11	Stock or stock options	⊠  None

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non-financial interests	None
Plea	•	et to the following statement to indicate your agreement:  e answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM				
Date:	8/24/2023			
Your Name:	Dr Joseph M Gibbons, PhD			
Manuscript Title:	Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Trial.			
Manuscript Number (if known):	Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the mar	ask you to disclose all relationships/activities/interests listed below that are related to the ted" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily 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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		ionship or ind	with whom you have t licate none (add rows		Specifications/Comments (e.g., if payments were made to you or to your institution)
		Tim	e frame: Since the init	ial planning o	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.	None			Click the tab key to add additional rows.
			Time frame: pa	st 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	None			

4	Consulting fees	None
5	Payment or honoraria for	None     ■
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript writing or educational	
	events	
6	Payment for expert testimony	None     Non
7	Support for attending	None
	meetings and/or travel	
	tiavei	
8	Patents planned, issued or	None
	pending	
9	Participation on a Data Safety	■ None
	Monitoring Board or Advisory Board	
10	Leadership or fiduciary role in other board,	
	society,	
	committee or	
	advocacy group,	
	paid or unpaid	
11	Stock or stock options	⊠  None

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non-financial interests	None None
Plea	•	t to the following statement to indicate your agreement:  answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM			
Date:	8/29/2023		
Your Name:	Dr Catherine J. Reynolds, PhD		
Manuscript Title:	· · · · · · · · · · · · · · · · · · ·	VROOM): Does temporarily suspending methotrexate -19 vaccine response? A Randomised Controlled Trial.	
Manuscript Number (if k	nown): Click or tap here to enter text.		
content of your manuscriaffected by the content of indicate a bias. If you are the author's relationship epidemiology of hypertenthat medication is not medicated.	of the manuscript. Disclosure represents a commitre in doubt about whether to list a relationship/actives/activities/interests should be defined broadly. For a sion, you should declare all relationships with man centioned in the manuscript.  All support for the work reported in this manuscript.	not-for-profit third parties whose interests may be nent to transparency and does not necessarily ity/interest, it is preferable that you do so.  It example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if	
	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)	

		onship or	es with whom you have this indicate none (add rows as	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.	None		Click the tab key to add additional rows.
			Time frame: past 36 mont	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None		

4	Consulting fees	None
5	Payment or honoraria for	None     ■
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript writing or educational	
	events	
6	Payment for expert testimony	None     Non
7	Support for attending	None
	meetings and/or travel	
	traver	
8	Patents planned, issued or	None
	pending	
9	Participation on a Data Safety	■ None
	Monitoring Board or Advisory Board	
10	Leadership or fiduciary role in	
	other board, society,	
	committee or	
	advocacy group,	
	paid or unpaid	
11	Stock or stock options	⊠  None

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non-financial interests	None None
Plea	•	t to the following statement to indicate your agreement:  answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM			
Date:	8/27/2023		
Your Name:	Lucy Cureton, BSc		
Manuscript Title:	Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Trial.		
Manuscript Number (if known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned	rt for the work reported in this manuscript without time limit. For all other items, the time		

		onship or	es with whom you have this indicate none (add rows as		Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planni	ng c	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.	None			Click the tab key to add additional rows.
			Time frame: past 36 mor	nths	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	None			

4	Consulting fees	None
5	Payment or honoraria for	None     ■
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript writing or educational	
	events	
6	Payment for expert testimony	None     Non
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
	pending	
9	Participation on a Data Safety	■ None
	Monitoring Board or Advisory Board	
10	Leadership or fiduciary role in	
	other board, society,	
	committee or	
	advocacy group,	
	paid or unpaid	
11	Stock or stock options	⊠  None

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non-financial interests	None None
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:	8/26/2021				
Your Name:	Dr Anne Francis, PhD				
Manuscript Title:	Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Trial.				
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.					

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indicated in item #1 above).

 $\boxtimes$ 

None

Royalties or

licenses

4	Consulting fees	None
5	Payment or honoraria for	None     ■
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript writing or educational	
	events	
6	Payment for expert testimony	⊠ None
7	Support for	
	attending	
	meetings and/or	
	travel	
8	Patents planned, issued or	☑ None
	pending	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☑ None
10	Leadership or fiduciary role in	☑ None
	other board,	
	society, committee or	
	advocacy group,	
	paid or unpaid	
11	Stock or stock	
	options	

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non-financial interests	None None
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.		

Date:	8/30/2023	
Your Name:	Dr Vicki S Barber, PhD	
Manuscript Title:	A multi-centre randomised controlled trial examining the effects of temporarily suspending low-dose methotrexate treatment for two weeks after SARS-CoV-2 vaccine booster on vaccine response in immunosuppressed adults with inflammatory conditions, including a nested mechanistic sub-study	
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.

		e all entities with whom you have this onship or indicate none (add rows as ed)	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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

8	Royalties or licenses	None     Non	
4	Consulting fees	None     Non	
5	Payment or	None	
	honoraria for		
	lectures,		
	presentations, speakers		
	bureaus,		
	manuscript		
	writing or		
	educational events		
6	Payment for		
	expert testimony		
		<u> </u>	
7 Support for   None		None	
	attending meetings and/or travel		
8	Patents planned, issued or	□ None	
	pending		
9	Participation on a Data Safety	None	
	Monitoring		
	Board or		
	Advisory Board		
10	Leadership or fiduciary role in	None	
	other board,		
	society,		
	committee or		

	advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None    Output   Outp	
13	Other financial or non-financial interests	None  None	
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.		

Date:	8/30/2023		
Your Name:	Dr Jennifer Williams, PhD		
Manuscript Title:	Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Trial.		
Manuscript Number (if known):	Click or tap here to enter text.		
In the interest of transparency, w	e ask you to disclose all relationships (activities (interests listed below that are related to the		

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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.

		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	of the work
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		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

8	Royalties or licenses	⊠ None	
4	Consulting fees	None     Non	
5	Payment or	None     ■ No	
	honoraria for		
	lectures, presentations,		
	speakers		
	bureaus,		
	manuscript		
	writing or		
	educational events		
6	Payment for	None	
	expert testimony		
7	Support for	None	
	attending meetings and/or		
	travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety	None	
	Monitoring		
	Board or		
	Advisory Board		
10	Leadership or fiduciary role in	None	
	other board,		
	society,		
	committee or		

	advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None    Output   Outp	
13	Other financial or non-financial interests	None  None	
Plea [⊠]	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 FO	DRIVI	
Date:		8/24/2023		
Your Name:		Dr Duncan Appelbe, PhD		
Manuscript Title:		A multi-centre randomised controlled trial examining the effects of temporarily suspending low-dose methotrexate treatment for two weeks after SARS-CoV-2 vaccine booster on vaccine response in immunosuppressed adults with inflammatory conditions, including a nested mechanistic sub-study		
Manuscript Number (if	f known):	Click or tap here to enter text.		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned.		ated" means any relation with for-profit or nuscript. Disclosure represents a commitme t about whether to list a relationship/activit res/interests should be defined broadly. For u should declare all relationships with manuin the manuscript.		
		l entities with whom you have this ship or indicate none (add rows as	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, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	[⊠] No	one	Click the tab key to add additional rows.	

Time frame: past 36 months

None

NIHR HTA grants to the University of Oxford

Grants or contracts from

any entity (if not indicated in item #1 above).

8	Royalties or licenses	⊠ None	
4	Consulting fees	None     Non	
5	Payment or	None     ■ No	
	honoraria for		
	lectures, presentations,		
	speakers		
	bureaus,		
	manuscript		
	writing or		
	educational events		
6	Payment for	None	
	expert testimony		
7	Support for	None	
	attending meetings and/or		
	travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety	None	
	Monitoring		
	Board or		
	Advisory Board		
10	Leadership or fiduciary role in	None	
	other board,		
	society,		
	committee or		

	advocacy group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None    Output   Outp
13	Other financial or non-financial interests	None  None
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.	

Date:	Click or tap to enter a date.
Your Name:	Lucy Eldridge BA
Manuscript Title:	Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Trial.
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.

		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	g 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	

8	Royalties or licenses	⊠ None	
4	Consulting fees	None     Non	
5	Payment or	None     ■ No	
	honoraria for		
	lectures, presentations,		
	speakers		
	bureaus,		
	manuscript		
	writing or		
	educational events		
6	Payment for	None	
	expert testimony		
7	Support for	None	
	attending meetings and/or		
	travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety	None	
	Monitoring		
	Board or		
	Advisory Board		
10	Leadership or fiduciary role in	None	
	other board,		
	society,		
	committee or		

	advocacy group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None    Output   Outp
13	Other financial or non-financial interests	None  None
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:	8/23/2023
Your Name:	Patrick Julier, MSc
Manuscript Title:	Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Trial.
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
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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

8	Royalties or licenses	⊠ None
4	Consulting fees	None     Non
5	Payment or	None     ■ No
	honoraria for	
	lectures,	
	presentations, speakers	
	bureaus,	
	manuscript	
	writing or	
	educational events	
6	Payment for	
	expert testimony	
		<u> </u>
7	Support for	None
	attending meetings and/or	
	travel	
8	Patents planned, issued or	None
	pending	
9	Participation on a Data Safety	None
	Monitoring	
	Board or	
	Advisory Board	
10	Leadership or fiduciary role in	None
	other board,	
	society,	
	committee or	

	advocacy group, paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None    Output   Outp
13	Other financial or non-financial interests	None  None
f 1		ct to the following statement to indicate your agreement:
	I certify that I have	e answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

Date:	11/21/2023
Your Name:	Dr Daniel Altmann
Manuscript Title:	A multi-centre randomised controlled trial examining the effects of temporarily suspending low-dose methotrexate treatment for two weeks after SARS-CoV-2 vaccine booster on vaccine response in immunosuppressed adults with inflammatory conditions, including a nested mechanistic sub-study
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.

		e all entities with whom you have this onship or indicate none (add rows as ed)	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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

3	Royalties or licenses	None
4	Consulting fees	Altmann has received honoraria for consultancy work with: Oxford Immunotec; AstraZeneca; Pfizer; Novavax
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Altmann has received speaker honoraria from Shionogi
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society,	None None

	committee or	
	advocacy group,	
	paid or unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	[⊠] None
	materials, drugs, medical writing,	
	gifts or other	
	services	
13	Other financial or non-financial	[⊠] None
	interests	
Plea	ise place an "X" nex	kt to the following statement to indicate your agreement:
[oxtimes]	I certify that I have	e answered every question and have not altered the wording of any of the questions on this form.

	ICMJE DISCLOSURE FO	DRM
Date:	8/24/2023	
Your Name:	Dr James Bluett, PhD	
Manuscript Title:	·	(ROOM): Does temporarily suspending methotrexate 19 vaccine response? A Randomised Controlled Trial.
Manuscript Number (if kr	nown): 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.		
r	Name all entities with whom you have this elationship 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	⊠ None	

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

4	Consulting fees	⊠ None
5	Payment or honoraria for	□ None
	lectures, presentations, speakers	travel/conference fees from Fresenius Kabi, UCB,  Pfizer and Eli Lilly.
	bureaus,	
	manuscript writing or educational events	
6	Payment for expert testimony	⊠ None
7	Support for attending meetings and/or	None
	travel	travel/conference fees from Fresenius Kabi, UCB,  Pfizer and Eli Lilly.
		The should be sh
8	Patents planned, issued or pending	None
	pending	
9	Participation on a Data Safety Monitoring	None
	Board or Advisory Board	
10	Leadership or fiduciary role in	None
	other board, society,	
	committee or	
	advocacy group, paid or unpaid	
11	Stock or stock options	⊠  None

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non-financial interests	None
Plea	•	et to the following statement to indicate your agreement:  e answered every question and have not altered the wording of any of the questions on this form.

	ICMJE DISCLOSURE FORM
Date:	8/23/2023
Your Name:	Dr Tim Brooks, F. R. C. Path
Manuscript Title:	Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Trial.
Manuscript Number (if known)	: Click or tap here to enter text.
affected by the content of the mindicate a bias. If you are in dou	elated" means any relation with for-profit or not-for-profit third parties whose interests may be nanuscript. Disclosure represents a commitment to transparency and does not necessarily ubt about whether to list a relationship/activity/interest, it is preferable that you do so.  ities/interests should be defined broadly. For example, if your manuscript pertains to the
• •	you should declare all relationships with manufacturers of antihypertensive medication, even if
In item #1 below, report all supp frame for disclosure is the past 3	port for the work reported in this manuscript without time limit. For all other items, the time 36 months.
Nama	all entities with whom you have this Specifications/Comments (e.g. if payments

		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.	None  None	Click the tab key to add additional rows.
		Time frame: past 36 month	is .
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None
5	Payment or honoraria for	None     ■
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript writing or educational	
	events	
6	Payment for expert testimony	None     Non
7	Support for attending	None
	meetings and/or travel	
	tiavei	
8	Patents planned, issued or pending	None
	pending	
9	Participation on a Data Safety	■ None
	Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role in other board,	
	society,	
	committee or	
	advocacy group,	
	paid or unpaid	
11	Stock or stock options	⊠  None

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non-financial interests	None
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:	8/24/2021		
Your Name:	Dr Laura C Coates, PhD		
Manuscript Title:	Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Trial.		
Manuscript Number (if known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned	rt for the work reported in this manuscript without time limit. For all other items, the time		

		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	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.	None  None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	AbbVie, Amgen, Celgene, Eli Lilly, Janssen, Novartis, Pfizer and UCB	
3	Royalties or licenses	None	

4	Consulting fees	□ None
		AbbVie, Amgen, Bristol Myers Squibb, Celgene, Eli Lilly, Gilead, Galapagos, Janssen, Moonlake, Novartis, Pfizer and UCB
5	Payment or honoraria for	□ None
	lectures, presentations, speakers bureaus,	AbbVie, Amgen, Biogen, Celgene, Eli Lilly, Galapagos, Gilead, GSK, Janssen, Medac, Novartis, Pfizer and UCB
	manuscript	
	writing or educational events	
6	Payment for expert testimony	None
7	Support for attending meetings and/or	None  Abbaia Navartia
	travel	Abbvie, Novartis
8	Patents planned, issued or	[⊠] None
	pending	
9	Participation on a Data Safety	⊠  None
	Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role in other board,	None  Reard member of the British ReA Concertium
	society,	Board member of the British PsA Consortium (BritPACT)
	committee or advocacy group,	
	paid or unpaid	

11	Stock or stock options	None None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
13	Other financial or non-financial interests	None
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:		8/23/2023	8/23/2023		
Your Name:		Dr Ines Rombach, PhD			
Manuscript Title:			(VROOM): Does temporarily suspending methotrexate D-19 vaccine response? A Randomised Controlled Trial.		
Ma	nuscript Number (if l	cnown): Click or tap here to enter text.			
cor affo ind The epi tha	ntent of your manuscrected by the content of licate a bias. If you ar e author's relationship idemiology of hyperteat medication is not me	of the manuscript. Disclosure represents a commit e in doubt about whether to list a relationship/actions/activities/interests should be defined broadly. Finsion, you should declare all relationships with maintenance in the manuscript.  all support for the work reported in this manuscript.	r not-for-profit third parties whose interests may be ment to transparency and does not necessarily vity/interest, it is preferable that you do so.  or example, if your manuscript pertains to the nufacturers of antihypertensive medication, even if		
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments		
		relationship or indicate none (add rows as needed)	were made to you or to your institution)		
		relationship or indicate none (add rows as	were made to you or to your institution)		
1	All support for	relationship or indicate none (add rows as needed)	were made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study	relationship or indicate none (add rows as needed)  Time frame: Since the initial planning	were made to you or to your institution)		
1	the present manuscript (e.g., funding, provision of study materials,	relationship or indicate none (add rows as needed)  Time frame: Since the initial plannin  None  NIHR and the Medical Research Council (MRC)	were made to you or to your institution) g of the work		
1	the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	relationship or indicate none (add rows as needed)  Time frame: Since the initial plannin  None  NIHR and the Medical Research Council (MRC)	were made to you or to your institution)  g of the work  Award ID NIHR134607		
1	the present manuscript (e.g., funding, provision of study materials, medical writing,	relationship or indicate none (add rows as needed)  Time frame: Since the initial plannin  None  NIHR and the Medical Research Council (MRC)	were made to you or to your institution)  g of the work  Award ID NIHR134607		
1	the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relationship or indicate none (add rows as needed)  Time frame: Since the initial plannin  None  NIHR and the Medical Research Council (MRC)	were made to you or to your institution)  g of the work  Award ID NIHR134607		
1	the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relationship or indicate none (add rows as needed)  Time frame: Since the initial plannin  None  NIHR and the Medical Research Council (MRC)	were made to you or to your institution)  g of the work  Award ID NIHR134607  Click the tab key to add additional rows.		
1	the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relationship or indicate none (add rows as needed)  Time frame: Since the initial plannin  None  NIHR and the Medical Research Council (MRC) partnership award for this work	were made to you or to your institution)  g of the work  Award ID NIHR134607  Click the tab key to add additional rows.		

indicated in item #1 above).

**⊠** None

Royalties or

licenses

4	Consulting fees	None
5	Payment or honoraria for	None     ■
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript writing or educational	
	events	
6	Payment for expert testimony	None     Non
7	Support for attending	None
	meetings and/or travel	
	tiavei	
8	Patents planned, issued or pending	None
	pending	
9	Participation on a Data Safety	■ None
	Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role in other board,	
	society,	
	committee or	
	advocacy group,	
	paid or unpaid	
11	Stock or stock options	⊠  None

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non-financial interests	None None
Please place an "X" next to the following statement to indicate your agreement:		

ICMJE DISCLOSURE FORM			
Date:	8/24/2021		
Your Name:	Dr Amanda Semper, PhD		
Manuscript Title:	anuscript Title: Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Tr		
Manuscript Number (if	known): Click or tap here to enter text.		
content of your manusc affected by the content indicate a bias. If you are The author's relationshi epidemiology of hyperte that medication is not m	of the manuscript. Disclosure represents a commit to in doubt about whether to list a relationship/actions/activities/interests should be defined broadly. For ension, you should declare all relationships with material in the manuscript.  all support for the work reported in this manuscript.	r not-for-profit third parties whose interests may be ment to transparency and does not necessarily vity/interest, it is preferable that you do so.  or example, if your manuscript pertains to the nufacturers of antihypertensive medication, even if	
	Name all entities with whom you have this	Specifications/Comments (e.g., if payments	

		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.	None  None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	World Health Organisation	To UKHSA; coinvestigator; SARS-CoV-2 serology
3	Royalties or licenses	None None □	

4	Consulting fees	None	
5	Payment or honoraria for	None     ■	
	lectures, presentations,		
	speakers		
	bureaus, manuscript writing or educational		
	events		
6	Payment for expert testimony	⊠  None	
			<u> </u>
7	Support for attending	□ None	
	meetings and/or travel	Wellcome	Attendance at R&D Roadmap meetings
	traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety	None	
	Monitoring Board or Advisory Board		
10	Leadership or fiduciary role in	⊠  None	
	other board,		
	society, committee or		
	advocacy group,		
	paid or unpaid		
11	Stock or stock options	⊠  None	
			4

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None None		
Plea	Please place an "X" next to the following statement to indicate your agreement:  \[ \textstyle  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: 10/11/2023				
Your Name: Dr Ashley Otter, PhD				
Manuscript Title:	Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Trial.			
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 al	l entities with whom you have this	Specifications/Comments (e.g., if payments		

		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)	
				Fime frame: Since the initial planni	ng c	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.		None			Click the tab key to add additional rows.
				Time frame: past 36 mor	nths	5
2	Grants or contracts from any entity (if not indicated in item #1 above).		None			
3	Royalties or licenses		None			

4	Consulting fees	None
5	Payment or honoraria for	None     ■
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript writing or educational	
	events	
6	Payment for expert testimony	None     Non
7	Support for attending	None
	meetings and/or travel	
	tiavei	
8	Patents planned, issued or pending	None
	pending	
9	Participation on a Data Safety	■ None
	Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role in other board,	
	society,	
	committee or	
	advocacy group,	
	paid or unpaid	
11	Stock or stock options	⊠  None

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None None		
Plea	Please place an "X" next to the following statement to indicate your agreement:  \[ \textstyle  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:	8/30/2021			
Your Name:	Professor Ana M Valdes, PhD			
Manuscript Title:	Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Trial.			
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)	
				Fime frame: Since the initial planni	ng c	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.		None			Click the tab key to add additional rows.
				Time frame: past 36 mor	nths	5
2	Grants or contracts from any entity (if not indicated in item #1 above).		None			
3	Royalties or licenses		None			

4	Consulting fees	None
5	Payment or honoraria for	None     ■
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript writing or educational	
	events	
6	Payment for expert testimony	None     Non
7	Support for attending	None
	meetings and/or travel	
	tiavei	
8	Patents planned, issued or pending	None
	pending	
9	Participation on a Data Safety	■ None
	Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role in other board,	
	society,	
	committee or	
	advocacy group,	
	paid or unpaid	
11	Stock or stock options	⊠  None

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None None		
Plea	Please place an "X" next to the following statement to indicate your agreement:  \[ \textstyle  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: 8/24/2023		8/24/2023		
Your Name:	<u>-</u>	Professor Sir Jonathan S. Nguyen-Van-Tam	ı, DM	
Manuscript Title:			ROOM): Does temporarily suspending methotrexate 19 vaccine response? A Randomised Controlled Trial.	
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 were made to you or to your institution)			Specifications/Comments (e.g., if payments were made to you or to your institution)	

		e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
	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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	□ None	
		Moderna	Paid personally from May 2023 onwards
5	Payment or honoraria for	□ None	
	lectures,	AstraZeneca	Paid personally X 1 occasion
	presentations, speakers	Sanofi Pasteur	Paid personally x 2 occasions
	bureaus,	Gilead	Paid personally x1 occasion
	manuscript writing or educational events		
6	Payment for expert testimony	⊠ None	
7	Support for attending	⊠ None	
	meetings and/or	AstraZeneca	Paid personally x 1
	travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety	[⊠] None	
	Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in	□ None	
	other board, society,	Department of Health and Social Care	Salary support during paid secondment October 2017 – March 2022
	committee or		
	advocacy group, paid or unpaid		
44		None	
11	Stock or stock options	⊠ None	
	550013		

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non-financial interests	None
Please place an "X" next to the following statement to indicate your agreement:		

ICMJE DISCLOSURE FORM			
Date: 8/27/2023			
Your Name:	Professor Hywel C. Williams, PhD, DSc		
Manuscript Title:		n/off Methotrexate (VROOM): Does temporarily suspending methotrexate eeks enhance COVID-19 vaccine response? A Randomised Controlled Trial.	
Manuscript Number (if know	Manuscript Number (if known): Click or tap here to enter text.		
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Time frame: Since the initial planning of the work			

		relationship or indicate none (add rows as needed)	were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
2	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.  Grants or contracts from	None   Time frame: past 36 months   None	Click the tab key to add additional rows.
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None None	

4	Consulting fees	None
5	Payment or honoraria for	None     ■
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript writing or educational	
	events	
6	Payment for expert testimony	None     Non
7	Support for attending	None
	meetings and/or travel	
	traver	
8	Patents planned, issued or pending	None
	pending	
9	Participation on a Data Safety	■ None
	Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role in	
	other board, society,	
	committee or	
	advocacy group,	
	paid or unpaid	
11	Stock or stock options	⊠  None

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None	
13	Other financial or non-financial interests	National Institute for Health and Care Research	HW worked for the National Institute for Health and Care Research between 2015 and 2021. He played no part in the funding decision for this study
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:	11/13/2023		
Your Name:	Professor Rosemary J Boyton, PhD		
Manuscript Title:	Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Trial.		
Manuscript Number (if kno	Click or tap here to enter text.		
indicate a bias. If you are in the author's relationships/epidemiology of hypertens that medication is not men			
In item #1 below, report all frame for disclosure is the	I support for the work reported in this manuscript without time limit. For all other items, the time past 36 months.		
N	ame all entities with whom you have this Specifications/Comments (e.g., if payments		

		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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None None	

4	Consulting fees	None
5	Payment or honoraria for	None     ■
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript writing or educational	
	events	
6	Payment for expert testimony	None     Non
7	Support for attending	None
	meetings and/or travel	
	traver	
8	Patents planned, issued or pending	None
	pending	
9	Participation on a Data Safety	■ None
	Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role in	
	other board, society,	
	committee or	
	advocacy group,	
	paid or unpaid	
11	Stock or stock options	⊠  None

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non-financial interests	None None
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.		

Date:			10/13/2023	
Your Name: Manuscript Title:			Professor Jonathan A. Cook, PhD	
				(ROOM): Does temporarily suspending methotrexate 19 vaccine response? A Randomised Controlled Trial.
Mai	nuscript Number (if	known):	Click or tap here to enter text.	
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activities.			ated" means any relation with for-profit or r nuscript. Disclosure represents a commitme t about whether to list a relationship/activit es/interests should be defined broadly. For u should declare all relationships with manu	ies/interests listed below that are related to the not-for-profit third parties whose interests may be ent to transparency and does not necessarily y/interest, it is preferable that you do so.  example, if your manuscript pertains to the ifacturers of antihypertensive medication, even if
In it	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.			
			entities with whom you have this hip or indicate none (add rows as	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	[ <u></u> ] No	one	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIHR EI	ME grant	Acknowledged in paper
				Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] No	one	
3	Royalties or	⊠ No	one	

licenses

4	Consulting fees	None
5	Payment or honoraria for	None     ■
	lectures,	
	presentations,	
	speakers bureaus,	
	manuscript writing or educational	
	events	
6	Payment for expert testimony	None     Non
7	Support for attending	None
	meetings and/or travel	
	tiavei	
8	Patents planned, issued or pending	None
	pending	
9	Participation on a Data Safety	■ None
	Monitoring Board or Advisory Board	
10	Leadership or fiduciary role in other board,	
	society,	
	committee or	
	advocacy group,	
	paid or unpaid	
11	Stock or stock options	⊠  None

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	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.		

Date:	10/11/2023
Your Name:	Prof. Abhishek
Manuscript Title:	Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Trial.
Manuscript Number (if known):	Click or tap here to enter text.

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

		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)
4	Consulting fees	NGM Bio Limbic Inflazome	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Cadilla	To me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)		
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	None			
Plea	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.				

Date:	8/23/2023		
Your Name:	Dr Corinna Pade, PhD		
Manuscript Title:	Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Trial.		
Manuscript Number (if known):	Click or tap here to enter text.		
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2	Grants or contracts from any entity (if not indicated in	×	None	
	item #1 above).			
3	Royalties or licenses	×	None	

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			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	×	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	×	None	
6	Payment for expert testimony	×	None	
7	Support for attending meetings and/or travel	×	None	
8	Patents planned, issued or pending	×	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	×	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	×	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	×	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	×	None	
13	Other financial or non-financial	×	None	
	interests			

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.

Date:	8/12/2021
Your Name:	Professor Áine McKnight, PhD
Manuscript Title:	Vaccine Response On/off Methotrexate (VROOM): Does temporarily suspending methotrexate treatment for two weeks enhance COVID-19 vaccine response? A Randomised Controlled Trial.
Manuscript Number (if known):	Click or tap here to enter text.

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

		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)
4	Consulting fees	×	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	×	None	
6	Payment for expert testimony	×	None	
7	Support for attending meetings and/or travel	×	None	
8	Patents planned, issued or pending	×	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	×	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	×	None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests	<b>X</b>	None	

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