ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Maureen</td>
<td>O'Shaughnessy</td>
<td>06-February-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? □ Yes ☑ No

Corresponding Author’s Name

Marco Rizzo, MD

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest? □ Yes ☑ No

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Dr. O'Shaughnessy has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Marco

2. Surname (Last Name)  
Rizzo

3. Date  
04-February-2019

4. Are you the corresponding author?  
☑ Yes  ☐ No

5. Manuscript Title  
Team approach role of medical and surgical management in rheumatoid arthritis of the hand and wrist

6. Manuscript Identifying Number (if you know it)  
REVIEWS-D-18-00196

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
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Dr. Rizzo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Floranne
2. Surname (Last Name) Ernste
3. Date 04-February-2019
4. Are you the corresponding author? ☑ No
Corresponding Author’s Name Marco Rizzo, MD
5. Manuscript Title Team approach: Role of medical and surgical management in rheumatoid arthritis of the hand and wrist.
6. Manuscript Identifying Number (if you know it) D-18-00196

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Member, Medical Advisory board for the Myositis Association

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1. Given Name (First Name)  
   Stephanie

2. Surname (Last Name)  
   Kannas

3. Date  
   04-February-2019

4. Are you the corresponding author?  
   ☑️ No

5. Manuscript Title  
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