

## ICMJE DISCLOSURE FORM

**Date:** 12/10/2024

**Your Name:** Russell Yanofsky

**Manuscript Title:** A Practical Approach to Positioning Therapies in Ulcerative Colitis]

**Manuscript Number (if known):** JCAG-2024-0077

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)												
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		[My wife is employed by and owns stock in Pfizer Inc.]	

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.

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		Abbvie	
		Abivax SA	
		Altrubio	
		Avalo Therapeutics	
		Bausch Health	
		Bristol-Myers Squibb	
		Buhlmann Diagnostics Corp	
		Celltrion	
		ClostraBio	
		Connect BioPharma	
		Douglas Pharmaceuticals	
		Eli Lilly & Co.	
		Foresee	
		Genentech (Roche) Inc.	
		Image Analysis Group	
		InDex Pharmaceuticals	
		Iterative Health	
		Janssen Pharmaceuticals	
		Odyssey Therapeutics	
		Pfizer	
Sanofi			
Takeda Pharmaceuticals			
Throne			
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		Crohn's & Colitis Foundation	Board of Trustees
		Cornerstones Health	Board of Directors
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