

# ICMJE DISCLOSURE FORM

**Date:** 3/12/2025

**Your Name:** David Strawn

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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)                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                                                                                                                                                                                                                |  |  |  |                                                           |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                                                                                                                                                                                                |  |  |  |                                                           |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b>                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>I am a J&amp;J employee (laboratory-based).</td> <td>No payments were made to me directly or indirectly other than my regular compensation as an employee. I cannot speak on behalf of J&amp;J Johnson &amp; Johnson Innovative Medicine (formerly Janssen R&amp;D) as a whole.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><a href="#">Click the tab key to add additional rows.</a></td> </tr> </table> | I am a J&J employee (laboratory-based). | No payments were made to me directly or indirectly other than my regular compensation as an employee. I cannot speak on behalf of J&J Johnson & Johnson Innovative Medicine (formerly Janssen R&D) as a whole. |  |  |  | <a href="#">Click the tab key to add additional rows.</a> |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                                                                                                                                                                                                |  |  |  |                                                           |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                   |                                         | See 1 above.                                                                                                                                                                                                   |  |  |  |                                                           |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                   |                                         | See 1 above.                                                                                                                                                                                                   |  |  |  |                                                           |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> |                                                                                     | See 1 above. |  |  |  |  |  |  |  |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                |                                                                                     | See 1 above. |  |  |  |  |  |  |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                |                                                                                     | See 1 above. |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                |                                                                                     | See 1 above. |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                |                                                                                     | See 1 above. |  |  |  |  |  |  |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                |                                                                                     | See 1 above. |  |  |  |  |  |  |  |
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| 11 | Stock or stock options                                                           | <input checked="" type="checkbox"/> None                                                     | <table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> |  | See 1 above. |  |  |  |  |
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|    |                                                                                  |                                                                                              |                                                                                                                                      |  |              |  |  |  |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None                                                     | <table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> |  | See 1 above. |  |  |  |  |
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| 13 | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> None                                                     | <table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> |  | See 1 above. |  |  |  |  |
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**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:** 3/25/2025

**Your Name:** James G. Krueger, MD, PhD

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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| <b>1</b>                                                                                                                                                                                                                                                                             | <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br/> <b>No time limit for this item.</b> </div> <div style="flex: 2;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <input checked="" type="checkbox"/> <span style="margin-left: 5px;">None</span> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> </div> </div>                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                      |                            |  |  |  |  |  |
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| <b>2</b>                                                                                                                                                                                                                                                                             | <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> Grants or contracts from any entity (if not indicated in item #1 above). </div> <div style="flex: 2;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <input type="checkbox"/> <span style="margin-left: 5px;">None</span> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> AbbVie, Amgen, Artax Biopharma, Avillion, Biogen, Boehringer Ingelheim, Bristol-Myers Squibb, Bruxelles Biopharma, Exicure, Innovaderm, Incyte, Janssen, Kyowa Kirin, Lilly, Novan, Novartis, ONO-Pharma, Pfizer, Provectus, Regeneron, SUDO Bio, Takeda, UCB, Vitae Pharmaceuticals </td> <td style="width: 40%;"> Grants paid to Institution </td> </tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> </div> </div> | AbbVie, Amgen, Artax Biopharma, Avillion, Biogen, Boehringer Ingelheim, Bristol-Myers Squibb, Bruxelles Biopharma, Exicure, Innovaderm, Incyte, Janssen, Kyowa Kirin, Lilly, Novan, Novartis, ONO-Pharma, Pfizer, Provectus, Regeneron, SUDO Bio, Takeda, UCB, Vitae Pharmaceuticals | Grants paid to Institution |  |  |  |  |  |
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| 3                                                                                                                                                                                                                                                                                                                                                                                                             | Royalties or licenses                                                                                        | <input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                               |               |  |  |  |  |  |  |
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| 4                                                                                                                                                                                                                                                                                                                                                                                                             | Consulting fees                                                                                              | <input type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 499 1516 938"> <tr> <td>AbbVie, Allergan, Almirall, Amgen, Artax Biopharma, Aristeia, Biogen Idec, Boehringer Ingelheim, Bristol-Myers Squibb, Calliditas, Eli Lilly, Escalier, Incyte, Janssen, Kymera Therapeutics, Kyowa Kirin, MC2 Therapeutics, Merck, MoonLake, Immunotherapeutics, Novartis, Nuvig Therapeutics, Oruka Therapeutics, Pfizer, Sanofi, Sun Pharma, Takeda, Target-Derm, UCB, UNION Therapeutics, Valeant, Ventyx</td> <td>Personal fees</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     | AbbVie, Allergan, Almirall, Amgen, Artax Biopharma, Aristeia, Biogen Idec, Boehringer Ingelheim, Bristol-Myers Squibb, Calliditas, Eli Lilly, Escalier, Incyte, Janssen, Kymera Therapeutics, Kyowa Kirin, MC2 Therapeutics, Merck, MoonLake, Immunotherapeutics, Novartis, Nuvig Therapeutics, Oruka Therapeutics, Pfizer, Sanofi, Sun Pharma, Takeda, Target-Derm, UCB, UNION Therapeutics, Valeant, Ventyx | Personal fees |  |  |  |  |  |  |
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| 6                                                                                                                                                                                                                                                                                                                                                                                                             | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1371 1516 1472"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                               |               |  |  |  |  |  |  |
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| 7                                                                                                                                                                                                                                                                                                                                                                                                             | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1587 1516 1688"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                               |               |  |  |  |  |  |  |
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| 8                                                                                                                                                                                                                                                                                                                                                                                                             | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1803 1516 1904"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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) |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                 | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| 11 | Stock or stock options                                                                            | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| 13 | Other financial or non-financial interests                                                        | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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**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:** 3/13/2025

**Your Name:** Robert Bissonnette

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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) |                                                                                                                                                   |                         |  |  |  |  |
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| Time frame: Since the initial planning of the work                                                                                                |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                                                                                                                                   |                         |  |  |  |  |
| <b>1</b>                                                                                                                                          | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>                                                                                                                                         |                                                                                     |                                                                                                                                                   |                         |  |  |  |  |
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| Time frame: past 36 months                                                                                                                        |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                                                                                                                                   |                         |  |  |  |  |
| <b>2</b>                                                                                                                                          | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">AbbVie, Alumis, Amgen, Arcutis, Bausch Health, BMS, Dermavant, Janssen, LEO Pharma, Nimbus, Pfizer, Regeneron, UCB, Ventyx, Vyne, Xencor, Zai Lab</td> <td>Paid to the institution</td> </tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     | AbbVie, Alumis, Amgen, Arcutis, Bausch Health, BMS, Dermavant, Janssen, LEO Pharma, Nimbus, Pfizer, Regeneron, UCB, Ventyx, Vyne, Xencor, Zai Lab | Paid to the institution |  |  |  |  |
| AbbVie, Alumis, Amgen, Arcutis, Bausch Health, BMS, Dermavant, Janssen, LEO Pharma, Nimbus, Pfizer, Regeneron, UCB, Ventyx, Vyne, Xencor, Zai Lab | Paid to the institution                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                                                                                                                                   |                         |  |  |  |  |
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| <b>3</b>                                                                                                                                          | Royalties or licenses                                                                                                                                                          | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>                                                                                                                                         |                                                                                     |                                                                                                                                                   |                         |  |  |  |  |
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| 4                                                                                                                 | Consulting fees                                                                                              | <input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">AbbVie, Amgen, Bausch Health, BMS, Boston, Dermavant, Eli Lilly, J&amp;J (Janssen), LEO Pharma, Nimbus, Novartis, UCB</td> <td style="width: 50%;">Paid to self</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> |                                                                                     | AbbVie, Amgen, Bausch Health, BMS, Boston, Dermavant, Eli Lilly, J&J (Janssen), LEO Pharma, Nimbus, Novartis, UCB | Paid to self |  |  |  |  |  |  |
| AbbVie, Amgen, Bausch Health, BMS, Boston, Dermavant, Eli Lilly, J&J (Janssen), LEO Pharma, Nimbus, Novartis, UCB | Paid to self                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |                                                                                                                   |              |  |  |  |  |  |  |
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| 6                                                                                                                 | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                                                                                                                                                                                              |                                                                                     |                                                                                                                   |              |  |  |  |  |  |  |
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| 7                                                                                                                 | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                                                                                                                                                                                              |                                                                                     |                                                                                                                   |              |  |  |  |  |  |  |
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| 8                                                                                                                 | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                                                                                                                                                                                              |                                                                                     |                                                                                                                   |              |  |  |  |  |  |  |
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| <b>11</b>           | Stock or stock options                                                           | <input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Innovaderm Research</td> <td>Shareholder</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> |                                                                                     | Innovaderm Research | Shareholder |  |  |  |  |
| Innovaderm Research | Shareholder                                                                      |                                                                                                                                                                                             |                                                                                     |                     |             |  |  |  |  |
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| <b>13</b>           | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                    |                                                                                     |                     |             |  |  |  |  |
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**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:** [Kilian Eyerich]

**Manuscript Title:** [Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients]

**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 |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |                   |                                         |  |  |                                           |  |
| <b>1</b>                                           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Johnson &amp; Johnson</td> <td style="width: 40%;">No direct payments to me or institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> |                                                                                     | Johnson & Johnson | No direct payments to me or institution |  |  | Click the tab key to add additional rows. |  |
| Johnson & Johnson                                  | No direct payments to me or institution                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |                   |                                         |  |  |                                           |  |
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| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                     |                   |                                         |  |  |                                           |  |
| <b>2</b>                                           | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                                                                                                                                                                                        |                                                                                     |                   |                                         |  |  |                                           |  |
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| <b>3</b>                                           | Royalties or licenses                                                                                                                                                          | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                                                                                                                                                                                        |                                                                                     |                   |                                         |  |  |                                           |  |
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| 4                                                  | Consulting fees                                                                                              | <input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Abbvie, Almirall, Boehringer Ingelheim, Leo, Lilly</td> <td></td> </tr> <tr> <td>Moonlake, Pfizer, Sitryx, Janssen, Sanofi, UCB</td> <td></td> </tr> <tr> <td>Novartis</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> |                                                                                     | Abbvie, Almirall, Boehringer Ingelheim, Leo, Lilly |  | Moonlake, Pfizer, Sitryx, Janssen, Sanofi, UCB |  | Novartis |  |  |  |
| Abbvie, Almirall, Boehringer Ingelheim, Leo, Lilly |                                                                                                              |                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                    |  |                                                |  |          |  |  |  |
| Moonlake, Pfizer, Sitryx, Janssen, Sanofi, UCB     |                                                                                                              |                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                    |  |                                                |  |          |  |  |  |
| Novartis                                           |                                                                                                              |                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                    |  |                                                |  |          |  |  |  |
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| 5                                                  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Abbvie, Almirall, Boehringer Ingelheim, Leo, Lilly</td> <td></td> </tr> <tr> <td>Moonlake, Pfizer, Sitryx, Janssen, Sanofi, UCB</td> <td></td> </tr> <tr> <td>Novartis</td> <td></td> </tr> </table>                                |                                                                                     | Abbvie, Almirall, Boehringer Ingelheim, Leo, Lilly |  | Moonlake, Pfizer, Sitryx, Janssen, Sanofi, UCB |  | Novartis |  |  |  |
| Abbvie, Almirall, Boehringer Ingelheim, Leo, Lilly |                                                                                                              |                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                    |  |                                                |  |          |  |  |  |
| Moonlake, Pfizer, Sitryx, Janssen, Sanofi, UCB     |                                                                                                              |                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                    |  |                                                |  |          |  |  |  |
| Novartis                                           |                                                                                                              |                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                    |  |                                                |  |          |  |  |  |
| 6                                                  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                                             |                                                                                     |                                                    |  |                                                |  |          |  |  |  |
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| 7                                                  | Support for attending meetings and/or travel                                                                 | <input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Abbvie, Janssen</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                                         |                                                                                     | Abbvie, Janssen                                    |  |                                                |  |          |  |  |  |
| Abbvie, Janssen                                    |                                                                                                              |                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                    |  |                                                |  |          |  |  |  |
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| 8                                                  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></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"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                                             |                                                                                     |                                                    |  |                                                |  |          |  |  |  |
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| 10                                                 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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|    |                                                                                  |                                                                                                                                                                                                                                                                                                                                              |                                                                                     |  |  |  |  |  |  |
| 13 | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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**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:** 3/12/2025

**Your Name:** Laura Ferris

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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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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>Time frame: Since the initial planning of the work</b>                                                                                                                                                                                                                                             |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                      |                                                                                                                                                                                                                                                                                                       |  |  |                                                           |
| <b>1</b>                                                                                                                                                                                                                                                                                              | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td><a href="#">Click the tab key to add additional rows.</a></td></tr> </table>                                                                                                                                                                                                                                                                          |         |                      |                                                                                                                                                                                                                                                                                                       |  |  | <a href="#">Click the tab key to add additional rows.</a> |
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| <b>Time frame: past 36 months</b>                                                                                                                                                                                                                                                                     |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                      |                                                                                                                                                                                                                                                                                                       |  |  |                                                           |
| <b>2</b>                                                                                                                                                                                                                                                                                              | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Janssen</td> <td>Grant to institution</td> </tr> <tr> <td>Investigator: AbbVie, Acelyrin, Amgen, Apogee, Arcutis, Aristea, Boehringer-Ingelheim, Bristol-Myers Squibb, Cara Therapeutics, Castle Biosciences, DermTech, Eli Lilly, Galderma, GRAIL, Incyte, Johnson &amp; Johnson, Leo Pharma, Moberg, Mobius, Novartis, Regeneron, SkinAnalytics, Takeda, and UCB;</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | Janssen | Grant to institution | Investigator: AbbVie, Acelyrin, Amgen, Apogee, Arcutis, Aristea, Boehringer-Ingelheim, Bristol-Myers Squibb, Cara Therapeutics, Castle Biosciences, DermTech, Eli Lilly, Galderma, GRAIL, Incyte, Johnson & Johnson, Leo Pharma, Moberg, Mobius, Novartis, Regeneron, SkinAnalytics, Takeda, and UCB; |  |  |                                                           |
| Janssen                                                                                                                                                                                                                                                                                               | Grant to institution                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                      |                                                                                                                                                                                                                                                                                                       |  |  |                                                           |
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| 3                                                                                                               | Royalties or licenses                                                                                        | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                      |                                                                                     |                                                         |                    |                                                                                                                 |  |  |  |
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| 4                                                                                                               | Consulting fees                                                                                              | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>Janssen, Abbvie, Novartis, Arcutis, Amgen, Sun<br/>BMS</td> <td>All payments to me</td> </tr> <tr> <td>Apogee, Boehringer-Ingelheim, Cara Therapeutics, Dermavant, DermTech, Leo Pharma, Pfizer, Regeneron, and Takeda</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> |                                                                                     | Janssen, Abbvie, Novartis, Arcutis, Amgen, Sun<br>BMS   | All payments to me | Apogee, Boehringer-Ingelheim, Cara Therapeutics, Dermavant, DermTech, Leo Pharma, Pfizer, Regeneron, and Takeda |  |  |  |
| Janssen, Abbvie, Novartis, Arcutis, Amgen, Sun<br>BMS                                                           | All payments to me                                                                                           |                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                         |                    |                                                                                                                 |  |  |  |
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| 5                                                                                                               | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>Arcutis, BMS, Abbvie<br/>Boehringer-Ingelheim, Regeneron</td> <td>All payments to me</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                              |                                                                                     | Arcutis, BMS, Abbvie<br>Boehringer-Ingelheim, Regeneron | All payments to me |                                                                                                                 |  |  |  |
| Arcutis, BMS, Abbvie<br>Boehringer-Ingelheim, Regeneron                                                         | All payments to me                                                                                           |                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                         |                    |                                                                                                                 |  |  |  |
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| 6                                                                                                               | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                      |                                                                                     |                                                         |                    |                                                                                                                 |  |  |  |
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| 7                                                                                                               | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                      |                                                                                     |                                                         |                    |                                                                                                                 |  |  |  |
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| 8                                                                                                               | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></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 type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>Pfizer</td> <td>Payment to me</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                                                                                     |                                                                                     | Pfizer                                                  | Payment to me      |                                                                                                                 |  |  |  |
| Pfizer                                                                                                          | Payment to me                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                         |                    |                                                                                                                 |  |  |  |
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| <b>10</b>                                                                                                                                                                                                                                                     | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                                            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                                        | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                                   |                                                                                                                                                                    |                                                                                     |  |  |  |  |  |  |

# ICMJE DISCLOSURE FORM

**Date:** 3/11/2025

**Your Name:** Amy Paller, MD

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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)                                                                                                                                                                                          |                                                                                                                |  |  |  |  |  |  |                                                           |
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| <b>Time frame: Since the initial planning of the work</b>                                                      |                                                                                                                                                                                |                                                                                                                                                                                                                                                                              |                                                                                                                |  |  |  |  |  |  |                                                           |
| <b>1</b>                                                                                                       | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td><a href="#">Click the tab key to add additional rows.</a></td></tr> </table>                      |                                                                                                                |  |  |  |  |  |  | <a href="#">Click the tab key to add additional rows.</a> |
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| <b>Time frame: past 36 months</b>                                                                              |                                                                                                                                                                                |                                                                                                                                                                                                                                                                              |                                                                                                                |  |  |  |  |  |  |                                                           |
| <b>2</b>                                                                                                       | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>investigator for AbbVie, Biomendics, Dermavant, Eli Lilly, Incyte, J&amp;J Innovative Medicine, Regeneron, and UCB</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | investigator for AbbVie, Biomendics, Dermavant, Eli Lilly, Incyte, J&J Innovative Medicine, Regeneron, and UCB |  |  |  |  |  |  |                                                           |
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| <b>3</b>                                                                                                       | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                           |                                                                                                                |  |  |  |  |  |  |                                                           |
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| 4                                                                                                                                                                                                                           | Consulting fees                                                                                              | <input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Consultant for Abeona, Arcutis, BioCryst, Boehringer-Ingelheim, Castle Creek, Chiesi, Dermavant, J&amp;J Innovative Medicine, Krystal, LEO, Lilly, L'Oreal, MoonLake Immunotherapeutics, Peltheos, Quoin, Regeneron, and Sanofi</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     | Consultant for Abeona, Arcutis, BioCryst, Boehringer-Ingelheim, Castle Creek, Chiesi, Dermavant, J&J Innovative Medicine, Krystal, LEO, Lilly, L'Oreal, MoonLake Immunotherapeutics, Peltheos, Quoin, Regeneron, and Sanofi |  |  |  |  |  |  |  |
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| 5                                                                                                                                                                                                                           | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></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 type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Data safety monitoring board for AbbVie, Abeona, Biocryst, Daiichi Sankyo, and Galderma</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                     |                                                                                     | Data safety monitoring board for AbbVie, Abeona, Biocryst, Daiichi Sankyo, and Galderma                                                                                                                                     |  |  |  |  |  |  |  |
| Data safety monitoring board for AbbVie, Abeona, Biocryst, Daiichi Sankyo, and Galderma                                                                                                                                     |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |                                                                                                                                                                                                                             |  |  |  |  |  |  |  |
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| 10                                                                                                                                                                                                                          | Leadership or fiduciary role in other board, society, committee or                                           | <input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>President, International Society of Pediatric Dermatology; President, American Dermatological Association; Board of Directors,</td> <td></td> </tr> </table>                                                                                                                                                                                      |                                                                                     | President, International Society of Pediatric Dermatology; President, American Dermatological Association; Board of Directors,                                                                                              |  |  |  |  |  |  |  |
| President, International Society of Pediatric Dermatology; President, American Dermatological Association; Board of Directors,                                                                                              |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |                                                                                                                                                                                                                             |  |  |  |  |  |  |  |

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|                                                                                                                                                                                                                                                               | advocacy group, paid or unpaid                                                   | International Psoriasis Council and International Eczema Council                             |                                                                                     |
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| 11                                                                                                                                                                                                                                                            | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| 12                                                                                                                                                                                                                                                            | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| 13                                                                                                                                                                                                                                                            | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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# ICMJE DISCLOSURE FORM

**Date:** 3/11/2025

**Your Name:** Andreas Pinter

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**Manuscript Number (if known):** UNK

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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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                              |  |  |  |  |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> Click the tab key to add additional rows. |  |  |  |  |  |  |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                              |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                           |  |  |  |  |  |  |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                           |  |  |  |  |  |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
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| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
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| 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Other financial or non-financial interests                                       | <input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; vertical-align: top;">           Advisor, grants, investigator, and/or speaker:<br/><br/>           AbbVie, Almirall Hermal, Amgen, Biogen Idec,<br/><br/>           BioNTech, Boehringer Ingelheim, Celgene,<br/><br/>           Celltrion, Eli Lilly, Galderma, GlaxoSmithKline,<br/><br/>           Hexal, Johnson &amp; Johnson, Klinge Pharma, LEO<br/>           Pharma, MC2, Medac, Merck Serono, Mitsubishi,<br/><br/>           MSD, Novartis, Pascoe, Pfizer, Regeneron, Roche,<br/><br/>           Sandoz Biopharmaceuticals, Sanofi Genzyme,<br/><br/>           Schering-Plough, Tigercat Pharma, and UCB<br/>           Pharma, and Zuellig Pharma.         </td> <td style="width: 50%;"></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     | Advisor, grants, investigator, and/or speaker:<br><br>AbbVie, Almirall Hermal, Amgen, Biogen Idec,<br><br>BioNTech, Boehringer Ingelheim, Celgene,<br><br>Celltrion, Eli Lilly, Galderma, GlaxoSmithKline,<br><br>Hexal, Johnson & Johnson, Klinge Pharma, LEO<br>Pharma, MC2, Medac, Merck Serono, Mitsubishi,<br><br>MSD, Novartis, Pascoe, Pfizer, Regeneron, Roche,<br><br>Sandoz Biopharmaceuticals, Sanofi Genzyme,<br><br>Schering-Plough, Tigercat Pharma, and UCB<br>Pharma, and Zuellig Pharma. |  |  |  |  |  |
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**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:** 3/12/2025

**Your Name:** Dylan Richards

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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) |                               |  |  |  |  |                                           |
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| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                               |  |  |  |  |                                           |
| <b>1</b>                                           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Employee of Johnson &amp; Johnson</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: center; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table> |                                                                                     | Employee of Johnson & Johnson |  |  |  |  | Click the tab key to add additional rows. |
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| <b>2</b>                                           | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; 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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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| 13 | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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**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:** 3/13/2025

**Your Name:** Elizabeth Chen

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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)                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                                                                                                                                |  |  |  |                                                           |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                                                                                                                                                |  |  |  |                                                           |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b>                                 | <div> <input type="checkbox"/> <b>None</b> </div> <table border="1"> <tr> <td>I am a J&amp;J employee.</td> <td>No payments were made to me directly or indirectly other than my regular compensation as an employee. I cannot speak on behalf of J&amp;J Johnson &amp; Johnson Innovative Medicine (formerly Janssen R&amp;D) as a whole.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><a href="#">Click the tab key to add additional rows.</a></td> </tr> </table> | I am a J&J employee. | No payments were made to me directly or indirectly other than my regular compensation as an employee. I cannot speak on behalf of J&J Johnson & Johnson Innovative Medicine (formerly Janssen R&D) as a whole. |  |  |  | <a href="#">Click the tab key to add additional rows.</a> |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                                                                                                                                                |  |  |  |                                                           |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                                                       | <div> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                |  |  |  |                                                           |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                                                          | <div> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                                                                                                                |  |  |  |                                                           |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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) |  |  |  |  |  |  |
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| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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**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:** 3/12/2024

**Your Name:** Kate Paget

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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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|                                                    |                                                                                                                                                                                | 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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| 1                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="display: flex; align-items: center; margin-bottom: 10px;"> <input type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Johnson &amp; Johnson</td> <td style="width: 50%; padding: 2px;">Employee of Johnson &amp; Johnson</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> |                                                                                     | Johnson & Johnson | Employee of Johnson & Johnson |  |  |  |  |
| Johnson & Johnson                                  | Employee of Johnson & Johnson                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                   |                               |  |  |  |  |
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| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                     |                   |                               |  |  |  |  |
| 2                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="display: flex; align-items: center; margin-bottom: 10px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>                                                          |                                                                                     |                   |                               |  |  |  |  |
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| 3                                                  | Royalties or licenses                                                                                                                                                          | <div style="display: flex; align-items: center; margin-bottom: 10px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>                                                          |                                                                                     |                   |                               |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></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<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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) |  |  |  |  |  |  |
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| 11                | Stock or stock options                                                           | <input type="checkbox"/> None<br><table border="1"> <tr> <td>Johnson &amp; Johnson</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | Johnson & Johnson                                                                   |  |  |  |  |  |  |
| Johnson & Johnson |                                                                                  |                                                                                                                                                                                |                                                                                     |  |  |  |  |  |  |
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| 12                | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None<br><table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>           |                                                                                     |  |  |  |  |  |  |
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| 13                | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> None<br><table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>           |                                                                                     |  |  |  |  |  |  |
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**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:** 3/13/2025

**Your Name:** Jocelyn Sendeki

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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) |                                        |                                                      |  |  |                                           |  |
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| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |                                        |                                                      |  |  |                                           |  |
| <b>1</b>                                           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">Johnson &amp; Johnson (full-time employee)</td> <td style="width: 50%;">No payments other than regular employee compensation</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> |                                                                                     | Johnson & Johnson (full-time employee) | No payments other than regular employee compensation |  |  | Click the tab key to add additional rows. |  |
| Johnson & Johnson (full-time employee)             | No payments other than regular employee compensation                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |                                        |                                                      |  |  |                                           |  |
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| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |                                        |                                                      |  |  |                                           |  |
| <b>2</b>                                           | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                                                                                                                                                                                                                          |                                                                                     |                                        |                                                      |  |  |                                           |  |
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| <b>3</b>                                           | Royalties or licenses                                                                                                                                                          | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </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) |  |  |  |  |  |  |  |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></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"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 11                                                                                                                                                                                                                                                 | Stock or stock options                                                           | <input type="checkbox"/> None                                                                |                                                                                     |
|                                                                                                                                                                                                                                                    |                                                                                  | Johnson & Johnson (full-time employee)                                                       | Included as part of employee compensation                                           |
|                                                                                                                                                                                                                                                    |                                                                                  |                                                                                              |                                                                                     |
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| 12                                                                                                                                                                                                                                                 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None                                                                |                                                                                     |
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| 13                                                                                                                                                                                                                                                 | Other financial or non-financial interests                                       | <input type="checkbox"/> None                                                                |                                                                                     |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                              |                                                                                     |

## ICMJE DISCLOSURE FORM

**Date:** 3/25/2025

**Your Name:** Daniel Horowitz

**Manuscript Title:** lctrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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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| <b>1</b>                                                                 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Johnson&amp;Johnson</td> <td>employee</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center;"><small><a href="#">Click the tab key to add additional rows.</a></small></td> </tr> </table> |                                                                                     | Johnson&Johnson | employee |  |  | <small><a href="#">Click the tab key to add additional rows.</a></small> |  |
| Johnson&Johnson                                                          | employee                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                 |          |  |  |                                                                          |  |
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| <b>3</b>                                                                 | Royalties or licenses                                                                                                                                                          | <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </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) |                 |  |  |  |  |  |
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| Johnson&Johnson |                                                                                  |                                                                                                                                                                          |                                                                                     |                 |  |  |  |  |  |
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| 12              | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> |                                                                                     |                 |  |  |  |  |  |
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| 13              | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> |                                                                                     |                 |  |  |  |  |  |
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**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:** 3/12/2025

**Your Name:** Sunita Bhagat

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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)                                                                                                                                                                                                                       |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                           |
| <b>1</b>                                                  | <div> <div>All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br/><b>No time limit for this item.</b></div> <div> <input checked="" type="checkbox"/> <b>None</b> </div> </div> | <div> <div>I am a J&amp;J employee (laboratory-based).</div> <div>No payments were made to me directly or indirectly other than my regular compensation as an employee. I cannot speak on behalf of J&amp;J Johnson &amp; Johnson Innovative Medicine (formerly Janssen R&amp;D) as a whole.</div> </div> |
|                                                           |                                                                                                                                                                                                                                                                      | Click the tab key to add additional rows.                                                                                                                                                                                                                                                                 |
| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                           |
| <b>2</b>                                                  | <div> <div>Grants or contracts from any entity (if not indicated in item #1 above).</div> <div> <input checked="" type="checkbox"/> <b>None</b> </div> </div>                                                                                                        | <div> <div>See 1 above.</div> </div>                                                                                                                                                                                                                                                                      |
| <b>3</b>                                                  | <div> <div>Royalties or licenses</div> <div> <input checked="" type="checkbox"/> <b>None</b> </div> </div>                                                                                                                                                           | <div> <div>See 1 above.</div> </div>                                                                                                                                                                                                                                                                      |

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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                |                                                                                     | See 1 above. |  |  |  |  |  |  |  |
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**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:** 3/13/2025

**Your Name:** Lynn Tomsho

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                   |                                       |  |  |                                           |  |
| <b>1</b>                                           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">Johnson &amp; Johnson</td> <td style="width: 50%;">I am an employee of Johnson &amp; Johnson</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table> |                                                                                     | Johnson & Johnson | I am an employee of Johnson & Johnson |  |  | Click the tab key to add additional rows. |  |
| Johnson & Johnson                                  | I am an employee of Johnson & Johnson                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                   |                                       |  |  |                                           |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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) |                   |                                        |  |  |  |  |
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| <b>11</b>         | Stock or stock options                                                           | <input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Johnson &amp; Johnson</td> <td>Shareholder of Johnson &amp; Johnson stock</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> |                                                                                     | Johnson & Johnson | Shareholder of Johnson & Johnson stock |  |  |  |  |
| Johnson & Johnson | Shareholder of Johnson & Johnson stock                                           |                                                                                                                                                                                                                              |                                                                                     |                   |                                        |  |  |  |  |
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| <b>12</b>         | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                     |                                                                                     |                   |                                        |  |  |  |  |
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| <b>13</b>         | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                     |                                                                                     |                   |                                        |  |  |  |  |
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**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:** 3/19/2025

**Your Name:** Ching-Heng Chou

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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)                                                                                                                                                                                                                       |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                           |
| <b>1</b>                                                  | <div> <div>All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br/><b>No time limit for this item.</b></div> <div> <input checked="" type="checkbox"/> <b>None</b> </div> </div> | <div> <div>I am a J&amp;J employee (laboratory-based).</div> <div>No payments were made to me directly or indirectly other than my regular compensation as an employee. I cannot speak on behalf of J&amp;J Johnson &amp; Johnson Innovative Medicine (formerly Janssen R&amp;D) as a whole.</div> </div> |
|                                                           |                                                                                                                                                                                                                                                                      | Click the tab key to add additional rows.                                                                                                                                                                                                                                                                 |
| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                           |
| <b>2</b>                                                  | <div> <div>Grants or contracts from any entity (if not indicated in item #1 above).</div> <div> <input checked="" type="checkbox"/> <b>None</b> </div> </div>                                                                                                        | <div> <div>See 1 above.</div> </div>                                                                                                                                                                                                                                                                      |
| <b>3</b>                                                  | <div> <div>Royalties or licenses</div> <div> <input checked="" type="checkbox"/> <b>None</b> </div> </div>                                                                                                                                                           | <div> <div>See 1 above.</div> </div>                                                                                                                                                                                                                                                                      |

|    |                                                                                                              | 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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|    | See 1 above.                                                                                                 |                                                                                                                                                                                                                        |                                                                                     |              |  |  |  |  |  |  |  |
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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                              |                                                                                     |

# ICMJE DISCLOSURE FORM

**Date:** 3/11/2025

**Your Name:** Marta E Polak

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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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|                                                                                            | 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>Time frame: Since the initial planning of the work</b>                                  |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                             |                                                                                            |  |  |  |  |                                                           |
| <b>1</b>                                                                                   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>MEP is employee of Janssen R&amp;D. Janssen R&amp;D is the funding source and sponsor of the study</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><a href="#">Click the tab key to add additional rows.</a></td> </tr> </table> | MEP is employee of Janssen R&D. Janssen R&D is the funding source and sponsor of the study |  |  |  |  | <a href="#">Click the tab key to add additional rows.</a> |
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| <b>Time frame: past 36 months</b>                                                          |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                             |                                                                                            |  |  |  |  |                                                           |
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|    |                                                                                  | MEP is a stockholder of JnJ/ Janssen R&D.                                                    |                                                                                     |
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| 13 | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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**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:** 3/12/2025

**Your Name:** Roohid Parast

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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) |                                         |                                                                                                                                                                                                                |  |  |  |                                           |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                         |                                                                                                                                                                                                                |  |  |  |                                           |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b>                                 | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 5px;">I am a J&amp;J employee (laboratory-based).</td> <td style="width: 50%; padding: 5px;">No payments were made to me directly or indirectly other than my regular compensation as an employee. I cannot speak on behalf of J&amp;J Johnson &amp; Johnson Innovative Medicine (formerly Janssen R&amp;D) as a whole.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table> |                                                                                     | I am a J&J employee (laboratory-based). | No payments were made to me directly or indirectly other than my regular compensation as an employee. I cannot speak on behalf of J&J Johnson & Johnson Innovative Medicine (formerly Janssen R&D) as a whole. |  |  |  | Click the tab key to add additional rows. |
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|                                                           | Click the tab key to add additional rows.                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                         |                                                                                                                                                                                                                |  |  |  |                                           |
| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                         |                                                                                                                                                                                                                |  |  |  |                                           |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                                                       | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; padding: 5px;">See 1 above.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                         | See 1 above.                                                                                                                                                                                                   |  |  |  |                                           |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                                                          | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; padding: 5px;">See 1 above.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                         | See 1 above.                                                                                                                                                                                                   |  |  |  |                                           |
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|    | See 1 above.                                                                                                 |                                                                                                                                                                                                                        |                                                                                     |              |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                |                                                                                     | See 1 above. |  |  |  |  |  |  |  |
|    | See 1 above.                                                                                                 |                                                                                                                                                                                                                        |                                                                                     |              |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                |                                                                                     | See 1 above. |  |  |  |  |  |  |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                |                                                                                     | See 1 above. |  |  |  |  |  |  |  |
|    | See 1 above.                                                                                                 |                                                                                                                                                                                                                        |                                                                                     |              |  |  |  |  |  |  |  |
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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| <b>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                              | See 1 above.                                                                        |
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| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                              |                                                                                     |

## ICMJE DISCLOSURE FORM

**Date:** 3/11/2025

**Your Name:** Emily Bozenhardt

**Manuscript Title:** lcotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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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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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| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |  |  |  |  |  |  |
| <b>1</b>                                           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>2</b>                                           | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>3</b>                                           | Royalties or licenses                                                                                                                                                          | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| 8                                                                   | Patents planned, issued or pending                                                                           | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>Methods of Using Interleukin-23 Receptor Antagonists. PRD4263USPSP2</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     | Methods of Using Interleukin-23 Receptor Antagonists. PRD4263USPSP2 |  |  |  |  |  |  |  |
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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) |
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| 11                                                                                                                                                                                                                                                            | Stock or stock options                                                           | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  | Currently hold stocks and stock options from J & J as an employee                            |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                              |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                              |                                                                                     |
| 12                                                                                                                                                                                                                                                            | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| 13                                                                                                                                                                                                                                                            | Other financial or non-financial interests                                       | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  | Currently an employee of J & J                                                               |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                              |                                                                                     |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                              |                                                                                     |

## ICMJE DISCLOSURE FORM

**Date:** 3/20/2025

**Your Name:** Yuan Xiong

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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) |                      |                                                 |  |  |                                                           |  |
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| Time frame: Since the initial planning of the work        |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                      |                                                 |  |  |                                                           |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">I am a J&amp;J employee.</td> <td style="width: 50%; padding: 2px;">I receive compensation as an employee from J&amp;J.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;"><a href="#">Click the tab key to add additional rows.</a></td> </tr> </table> |                                                                                     | I am a J&J employee. | I receive compensation as an employee from J&J. |  |  | <a href="#">Click the tab key to add additional rows.</a> |  |
| I am a J&J employee.                                      | I receive compensation as an employee from J&J.                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                      |                                                 |  |  |                                                           |  |
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| <a href="#">Click the tab key to add additional rows.</a> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                      |                                                 |  |  |                                                           |  |
| Time frame: past 36 months                                |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                      |                                                 |  |  |                                                           |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>                                                                                                                                                                       |                                                                                     |                      |                                                 |  |  |                                                           |  |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>                                                                                                                                                                       |                                                                                     |                      |                                                 |  |  |                                                           |  |
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| 4                                                     | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                              |                                                                                     |                                                       |                                                                              |  |  |  |  |  |  |
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| 6                                                     | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                          |                                                                                     |                                                       |                                                                              |  |  |  |  |  |  |
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| 7                                                     | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                          |                                                                                     |                                                       |                                                                              |  |  |  |  |  |  |
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| 8                                                     | Patents planned, issued or pending                                                                           | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>METHODS OF USING INTERLEUKIN-23 RECEPTOR ANTAGONISTS.</td> <td>The United States application number 63/584,295 filed on September 21, 2023.</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     | METHODS OF USING INTERLEUKIN-23 RECEPTOR ANTAGONISTS. | The United States application number 63/584,295 filed on September 21, 2023. |  |  |  |  |  |  |
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| 9                                                     | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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) |
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| <b>11</b> | Stock or stock options                                                           | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|           |                                                                                  | I own stock or stock options from J&J.                                                       |                                                                                     |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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**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:** 3/24/2025

**Your Name:** Wangda Zhou

**Manuscript Title:** lcotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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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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>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |                                                           |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td><a href="#">Click the tab key to add additional rows.</a></td></tr> </table> |  |  |  |  |  |  |  | <a href="#">Click the tab key to add additional rows.</a> |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |                                                           |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                      |  |  |  |  |  |  |  |                                                           |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                      |  |  |  |  |  |  |  |                                                           |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></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"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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) |                                              |  |  |  |  |  |
|----------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------|--|--|--|--|--|
| <b>11</b>                                    | Stock or stock options                                                           | <input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Wangda Zhou is a JNJ employee and owns stock</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> |                                                                                     | Wangda Zhou is a JNJ employee and owns stock |  |  |  |  |  |
| Wangda Zhou is a JNJ employee and owns stock |                                                                                  |                                                                                                                                                                                                           |                                                                                     |                                              |  |  |  |  |  |
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|                                              |                                                                                  |                                                                                                                                                                                                           |                                                                                     |                                              |  |  |  |  |  |
| <b>12</b>                                    | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                  |                                                                                     |                                              |  |  |  |  |  |
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| <b>13</b>                                    | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                  |                                                                                     |                                              |  |  |  |  |  |
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**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:** 4/1/2025

**Your Name:** Cynthia Marie Carver DeKlotz

**Manuscript Title:** lctrokinra Induces Early and Sustained Pharmacodynamic Responses in Phase 2b Study of Moderate-to-Severe Psoriasis Patients

**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                                               |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                                                  |                                                             |  |  |                                                          |  |
| <b>1</b>                                                                                         | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">Employee of Johnson &amp; Johnson Innovative Medicine, Research &amp; Development, Spring House, PA, USA</td> <td style="width: 50%; padding: 2px;">J&amp;J R&amp;D sponsored the clinical study and biomarker analysis</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 2px;"><small>Click the tab key to add additional rows.</small></td> </tr> </table> |                                                                                     | Employee of Johnson & Johnson Innovative Medicine, Research & Development, Spring House, PA, USA | J&J R&D sponsored the clinical study and biomarker analysis |  |  | <small>Click the tab key to add additional rows.</small> |  |
| Employee of Johnson & Johnson Innovative Medicine, Research & Development, Spring House, PA, USA | J&J R&D sponsored the clinical study and biomarker analysis                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                                                  |                                                             |  |  |                                                          |  |
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| <small>Click the tab key to add additional rows.</small>                                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                                                  |                                                             |  |  |                                                          |  |
| Time frame: past 36 months                                                                       |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                                                                  |                                                             |  |  |                                                          |  |
| <b>2</b>                                                                                         | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                                                                  |                                                             |  |  |                                                          |  |
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| <b>3</b>                                                                                         | Royalties or licenses                                                                                                                                                          | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                                      |                                                                                     |                                                                                                  |                                                             |  |  |                                                          |  |
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| 4                                                                                                                                             | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                          |                                                                                     |                                                                                                                                               |                              |  |  |  |  |  |  |
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| 5                                                                                                                                             | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                      |                                                                                     |                                                                                                                                               |                              |  |  |  |  |  |  |
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| 6                                                                                                                                             | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                      |                                                                                     |                                                                                                                                               |                              |  |  |  |  |  |  |
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| 7                                                                                                                                             | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                      |                                                                                     |                                                                                                                                               |                              |  |  |  |  |  |  |
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| 8                                                                                                                                             | Patents planned, issued or pending                                                                           | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>Patent applications related to icotrokinra pending, for which I am an inventor; however all rights have been transferred to Johnson &amp; Johnson</td> <td>No direct financial benefit.</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     | Patent applications related to icotrokinra pending, for which I am an inventor; however all rights have been transferred to Johnson & Johnson | No direct financial benefit. |  |  |  |  |  |  |
| Patent applications related to icotrokinra pending, for which I am an inventor; however all rights have been transferred to Johnson & Johnson | No direct financial benefit.                                                                                 |                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                                                                                                                                               |                              |  |  |  |  |  |  |
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| 9                                                                                                                                             | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                      |                                                                                     |                                                                                                                                               |                              |  |  |  |  |  |  |
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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  | Johnson & Johnson Innovative Medicine, Research & Development, Spring House, PA, USA         | Owns stock and stock options                                                        |
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| <b>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  | Johnson & Johnson Innovative Medicine, Research & Development, Spring House, PA, USA         | Full-time employee                                                                  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                              |                                                                                     |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                              |                                                                                     |

## ICMJE DISCLOSURE FORM

**Date:** 3/11/2025

**Your Name:** Paul Newbold

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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) |                     |                                         |  |  |                                           |  |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |                     |                                         |  |  |                                           |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">Johnson and Johnson</td> <td style="width: 50%;">I am an employee of Johnson and Johnson</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table> |                                                                                     | Johnson and Johnson | I am an employee of Johnson and Johnson |  |  | Click the tab key to add additional rows. |  |
| Johnson and Johnson                                       | I am an employee of Johnson and Johnson                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |                     |                                         |  |  |                                           |  |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |                     |                                         |  |  |                                           |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                                                                                                                                                                                 |                                                                                     |                     |                                         |  |  |                                           |  |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                                                                                                                                                                                 |                                                                                     |                     |                                         |  |  |                                           |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></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"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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) |
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| <b>11</b> | Stock or stock options                                                           | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|           |                                                                                  | Stock in Johnson and Johnson                                                                 | I am an employee of Johnson and Johnson                                             |
|           |                                                                                  |                                                                                              |                                                                                     |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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**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:** 3/19/2025

**Your Name:** Dawn Waterworth

**Manuscript Title:** Icotrokinra induces Early and sustained pharmacodynamic responses in Moderate-to-severe Psoriasis patients

**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) |  |  |  |  |  |  |
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| Time frame: Since the initial planning of the work |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |  |  |  |  |  |  |
| <b>1</b>                                           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |  |  |  |  |  |  |
| <b>2</b>                                           | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>3</b>                                           | Royalties or licenses                                                                                                                                                          | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></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"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  | I own stock in J&J                                                                           |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                              |                                                                                     |
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| <b>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  | I am a full time employee of J&J                                                             |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                              |                                                                                     |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                              |                                                                                     |

## ICMJE DISCLOSURE FORM

**Date:** 3/19/2025

**Your Name:** Megan Miller

**Manuscript Title:** lcotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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) |                                       |                                                                                                                                               |  |  |                                                          |  |
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| 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.)<br><b>No time limit for this item.</b> | <div style="display: flex; align-items: center; margin-bottom: 5px;"> <input type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Johnson &amp; Johnson Innovative Medicine</td> <td style="width: 50%; padding: 5px;">I am an employee of Johnson &amp; Johnson Innovative Medicine since 2018 and have been paid as such to work on the study this manuscript details.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"><small>Click the tab key to add additional rows.</small></td> </tr> </table> |                                                                                     | Johnson & Johnson Innovative Medicine | I am an employee of Johnson & Johnson Innovative Medicine since 2018 and have been paid as such to work on the study this manuscript details. |  |  | <small>Click the tab key to add additional rows.</small> |  |
| Johnson & Johnson Innovative Medicine                    | I am an employee of Johnson & Johnson Innovative Medicine since 2018 and have been paid as such to work on the study this manuscript details.                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |                                       |                                                                                                                                               |  |  |                                                          |  |
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| Time frame: past 36 months                               |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |                                       |                                                                                                                                               |  |  |                                                          |  |
| 2                                                        | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="display: flex; align-items: center; margin-bottom: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                     |                                                                                     |                                       |                                                                                                                                               |  |  |                                                          |  |
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| 3                                                        | Royalties or licenses                                                                                                                                                          | <div style="display: flex; align-items: center; margin-bottom: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>                                                                                                                                                                                                                                                                                     |                                                                                     |                                       |                                                                                                                                               |  |  |                                                          |  |
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| 4                                     | Consulting fees                                                                                                                                                                               | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                       |                                                                                     |                                       |                                                                                                                                                                                               |  |  |  |  |  |  |
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| 6                                     | Payment for expert testimony                                                                                                                                                                  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                   |                                                                                     |                                       |                                                                                                                                                                                               |  |  |  |  |  |  |
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| 7                                     | Support for attending meetings and/or travel                                                                                                                                                  | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>Johnson &amp; Johnson Innovative Medicine</td> <td>I am an employee of Johnson &amp; Johnson Innovative Medicine since 2018 and have been paid as such to travel for anything related to my employment including attending meetings and conferences.</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     | Johnson & Johnson Innovative Medicine | I am an employee of Johnson & Johnson Innovative Medicine since 2018 and have been paid as such to travel for anything related to my employment including attending meetings and conferences. |  |  |  |  |  |  |
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| 8                                     | Patents planned, issued or pending                                                                                                                                                            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></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"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                   |                                                                                     |                                       |                                                                                                                                                                                               |  |  |  |  |  |  |
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| 10                                    | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                                                                             | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                                                                                                                                                   |                                                                                     |                                       |                                                                                                                                                                                               |  |  |  |  |  |  |
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| 11                                    | Stock or stock options                                                                                                                                 | <input type="checkbox"/> None<br><table border="1"> <tr> <td>Johnson &amp; Johnson Innovative Medicine</td> <td>I am an employee of Johnson &amp; Johnson Innovative Medicine since 2018 and have been awarded stock options as an employee as part of a benefits package.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | Johnson & Johnson Innovative Medicine                                               | I am an employee of Johnson & Johnson Innovative Medicine since 2018 and have been awarded stock options as an employee as part of a benefits package. |  |  |  |  |  |
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| 12                                    | Receipt of equipment, materials, drugs, medical writing, gifts or other services                                                                       | <input checked="" type="checkbox"/> None<br><table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                                                                                                         |                                                                                     |                                                                                                                                                        |  |  |  |  |  |
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| 13                                    | Other financial or non-financial interests                                                                                                             | <input checked="" type="checkbox"/> None<br><table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                                                                                                         |                                                                                     |                                                                                                                                                        |  |  |  |  |  |
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**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:** 3/21/2025

**Your Name:** Takayuki Ota

**Manuscript Title:** lctrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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) |  |  |  |  |  |  |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |  |  |  |  |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></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"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| <b>11</b>                | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                  |                                                                                     |                          |  |  |  |  |  |
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| <b>13</b>                | Other financial or non-financial interests                                       | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr><td>I am an employee of J&amp;J.</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     | I am an employee of J&J. |  |  |  |  |  |
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**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:** 4/2/2025

**Your Name:** Ya-Wen Yang

**Manuscript Title:** lctrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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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|                                                           | 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>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                    |  |  |  |  |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                    |  |  |  |  |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |  |  |  |  |  |  |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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) |  |  |  |  |  |  |  |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></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"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 11                                                                                                                                                                                                                                                            | Stock or stock options                                                           | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  | I am a J&J employee, and hold company stocks and options                                     |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                              |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                              |                                                                                     |
| 12                                                                                                                                                                                                                                                            | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| 13                                                                                                                                                                                                                                                            | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                              |                                                                                     |

## ICMJE DISCLOSURE FORM

**Date:** 3/11/2025

**Your Name:** Monica WL Leung

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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) |                                                                                            |  |  |  |  |                                           |
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| Time frame: Since the initial planning of the work                                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                                                                            |  |  |  |  |                                           |
| <b>1</b>                                                                                   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">MWL is employee of Janssen R&amp;D. Janssen R&amp;D is the funding source and sponsor of the study</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> |                                                                                     | MWL is employee of Janssen R&D. Janssen R&D is the funding source and sponsor of the study |  |  |  |  | Click the tab key to add additional rows. |
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|                                                                                            | Click the tab key to add additional rows.                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                                                                            |  |  |  |  |                                           |
| Time frame: past 36 months                                                                 |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     |                                                                                            |  |  |  |  |                                           |
| <b>2</b>                                                                                   | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                                                                                                                                                                                                         |                                                                                     |                                                                                            |  |  |  |  |                                           |
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| <b>3</b>                                                                                   | Royalties or licenses                                                                                                                                                          | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                                                                                                                                                                                                         |                                                                                     |                                                                                            |  |  |  |  |                                           |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| <b>11</b> | Stock or stock options                                                           | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|           |                                                                                  | MWL is stockholder of Johnson & Johnson                                                      |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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**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:** 3/11/2025

**Your Name:** Lloyd S. Miller

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**Manuscript Number (if known):** Not 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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| Johnson & Johnson Innovative Medicine, Research & Development, Spring House, PA, USA |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                                                                      |  |  |  |  |                                           |
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| <b>3</b>                                                                             | Royalties or licenses                                                                                                                                                          | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </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) |        |  |  |  |  |  |  |  |
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| 4                                                         | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                            |                                                                                     |        |  |  |  |  |  |  |  |
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| 8                                                         | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></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"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                        |                                                                                     |        |  |  |  |  |  |  |  |
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| 10                                                        | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>Board Member of the Society for Investigative Dermatology</td> <td>unpaid</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | Board Member of the Society for Investigative Dermatology                           | unpaid |  |  |  |  |  |  |  |
| Board Member of the Society for Investigative Dermatology | unpaid                                                                                                       |                                                                                                                                                                                                                           |                                                                                     |        |  |  |  |  |  |  |  |
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|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------|--|--|--|--|
| 11                                                                                   | Stock or stock options                                                           | <input type="checkbox"/> None <table border="1"> <tr> <td>Johnson &amp; Johnson</td> <td>Own stock and stock options</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                          |                                                                                     | Johnson & Johnson                                                                    | Own stock and stock options |  |  |  |  |
| Johnson & Johnson                                                                    | Own stock and stock options                                                      |                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                                      |                             |  |  |  |  |
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|                                                                                      |                                                                                  |                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                                      |                             |  |  |  |  |
| 12                                                                                   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                               |                                                                                     |                                                                                      |                             |  |  |  |  |
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|                                                                                      |                                                                                  |                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                                      |                             |  |  |  |  |
| 13                                                                                   | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td>Johnson &amp; Johnson Innovative Medicine, Research &amp; Development, Spring House, PA, USA</td> <td>Full-time employee</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> |                                                                                     | Johnson & Johnson Innovative Medicine, Research & Development, Spring House, PA, USA | Full-time employee          |  |  |  |  |
| Johnson & Johnson Innovative Medicine, Research & Development, Spring House, PA, USA | Full-time employee                                                               |                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                                      |                             |  |  |  |  |
|                                                                                      |                                                                                  |                                                                                                                                                                                                                                                                                 |                                                                                     |                                                                                      |                             |  |  |  |  |
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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:** 3/12/2025

**Your Name:** Carolyn Cuff

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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) |                     |                                                                                                                                                                                                                |  |  |  |                                           |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                     |                                                                                                                                                                                                                |  |  |  |                                           |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b>                                 | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 5px;">I am a J&amp;J employee</td> <td style="width: 50%; padding: 5px;">No payments were made to me directly or indirectly other than my regular compensation as an employee. I cannot speak on behalf of J&amp;J Johnson &amp; Johnson Innovative Medicine (formerly Janssen R&amp;D) as a whole.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table> |                                                                                     | I am a J&J employee | No payments were made to me directly or indirectly other than my regular compensation as an employee. I cannot speak on behalf of J&J Johnson & Johnson Innovative Medicine (formerly Janssen R&D) as a whole. |  |  |  | Click the tab key to add additional rows. |
| I am a J&J employee                                       | No payments were made to me directly or indirectly other than my regular compensation as an employee. I cannot speak on behalf of J&J Johnson & Johnson Innovative Medicine (formerly Janssen R&D) as a whole. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                     |                                                                                                                                                                                                                |  |  |  |                                           |
|                                                           |                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                     |                                                                                                                                                                                                                |  |  |  |                                           |
|                                                           | Click the tab key to add additional rows.                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                     |                                                                                                                                                                                                                |  |  |  |                                           |
| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                     |                                                                                                                                                                                                                |  |  |  |                                           |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                                                       | <div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; padding: 5px;">See 1 above.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                        |                                                                                     |                     | See 1 above.                                                                                                                                                                                                   |  |  |  |                                           |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> |                                                                                     | See 1 above. |  |  |  |  |  |  |  |
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|    | See 1 above.                                                                                                 |                                                                                                                                                                                                                        |                                                                                     |              |  |  |  |  |  |  |  |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                |                                                                                     | See 1 above. |  |  |  |  |  |  |  |
|    | See 1 above.                                                                                                 |                                                                                                                                                                                                                        |                                                                                     |              |  |  |  |  |  |  |  |
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|    | See 1 above.                                                                                                 |                                                                                                                                                                                                                        |                                                                                     |              |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                |                                                                                     | See 1 above. |  |  |  |  |  |  |  |
|    | See 1 above.                                                                                                 |                                                                                                                                                                                                                        |                                                                                     |              |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td>See 1 above.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                |                                                                                     | See 1 above. |  |  |  |  |  |  |  |
|    | See 1 above.                                                                                                 |                                                                                                                                                                                                                        |                                                                                     |              |  |  |  |  |  |  |  |
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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                              | See 1 above.                                                                        |
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| <b>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                              | See 1 above.                                                                        |
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| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                              |                                                                                     |

# ICMJE DISCLOSURE FORM

**Date:** 4/1/2025

**Your Name:** Bradford McRae

**Manuscript Title:** Icotrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**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)                                                                                                                                                                        |                               |  |  |  |  |                                                           |
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| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                            |                               |  |  |  |  |                                                           |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td>Employee of Johnson &amp; Johnson</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><a href="#">Click the tab key to add additional rows.</a></td> </tr> </table> | Employee of Johnson & Johnson |  |  |  |  | <a href="#">Click the tab key to add additional rows.</a> |
| Employee of Johnson & Johnson                             |                                                                                                                                                                                |                                                                                                                                                                                                                                                            |                               |  |  |  |  |                                                           |
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| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                            |                               |  |  |  |  |                                                           |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                |                               |  |  |  |  |                                                           |
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| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input type="checkbox"/> <b>None</b><br><table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                           |                               |  |  |  |  |                                                           |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  | Employee of Johnson & Johnson                                                                | Received salary, restricted stock                                                   |
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| <b>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
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| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                              | Owns stock in JNJ                                                                   |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                              |                                                                                     |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                              |                                                                                     |

## ICMJE DISCLOSURE FORM

**Date:** 3/11/2025

**Your Name:** Darren Ruane

**Manuscript Title:** lctrokinra Induces Early and Sustained Pharmacodynamic Responses in Moderate-to-Severe Psoriasis Patients

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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| 11                                                                                                                                                                                                                                                            | Stock or stock options                                                           | <input type="checkbox"/> <b>None</b>                                                                                                                      |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  | Darren Ruane is an employee of Janssen Research & Development, LLC, a wholly owned subsidiary of Johnson & Johnson and may own stock in Johnson & Johnson |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                                                                                           |                                                                                     |
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| 13                                                                                                                                                                                                                                                            | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>                                                                                                           |                                                                                     |
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| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                                                                                           |                                                                                     |

# ICMJE DISCLOSURE FORM

**Date:** 3/24/2025

**Your Name:** Arun Kumar Kannan

**Manuscript Title:** lctrokinra Induces Early and Sustained Pharmacodynamic Responses in Phase 2b Study of Moderate-to-Severe Psoriasis Patients

**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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| <b>Time frame: Since the initial planning of the work</b>                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                                                             |  |  |  |                                           |  |
| <b>1</b>                                                                                         | <div> <div>All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br/><b>No time limit for this item.</b></div> <div> <input type="checkbox"/> <b>None</b> </div> </div> <table border="1"> <tr> <td>Employee of Johnson &amp; Johnson Innovative Medicine, Research &amp; Development, Spring House, PA, USA</td> <td>J&amp;J R&amp;D sponsored the clinical study and biomarker analysis</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table> | Employee of Johnson & Johnson Innovative Medicine, Research & Development, Spring House, PA, USA | J&J R&D sponsored the clinical study and biomarker analysis |  |  |  | Click the tab key to add additional rows. |  |
| Employee of Johnson & Johnson Innovative Medicine, Research & Development, Spring House, PA, USA | J&J R&D sponsored the clinical study and biomarker analysis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                  |                                                             |  |  |  |                                           |  |
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|                                                                                                  | Click the tab key to add additional rows.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                  |                                                             |  |  |  |                                           |  |
| <b>Time frame: past 36 months</b>                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                                                             |  |  |  |                                           |  |
| <b>2</b>                                                                                         | <div> <div>Grants or contracts from any entity (if not indicated in item #1 above).</div> <div> <input checked="" type="checkbox"/> <b>None</b> </div> </div> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                 |                                                                                                  |                                                             |  |  |  |                                           |  |
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| <b>3</b>                                                                                         | <div> <div>Royalties or licenses</div> <div> <input checked="" type="checkbox"/> <b>None</b> </div> </div> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></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) |  |  |  |  |  |  |  |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></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"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |                                                                                     |  |  |  |  |  |  |  |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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) |
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| <b>11</b>                                                                                                                                                                                                                                                     | Stock or stock options                                                           | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  | Johnson & Johnson Innovative Medicine, Research & Development, Spring House, PA, USA         | Owns stock and stock options                                                        |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                              |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                              |                                                                                     |
| <b>12</b>                                                                                                                                                                                                                                                     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                              |                                                                                     |
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| <b>13</b>                                                                                                                                                                                                                                                     | Other financial or non-financial interests                                       | <input type="checkbox"/> <b>None</b>                                                         |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  | Johnson & Johnson Innovative Medicine, Research & Development, Spring House, PA, USA         | Full-time employee                                                                  |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                              |                                                                                     |
|                                                                                                                                                                                                                                                               |                                                                                  |                                                                                              |                                                                                     |
| <p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |                                                                                  |                                                                                              |                                                                                     |