

## ICMJE DISCLOSURE FORM

**Date:** 1/24/2026

**Your Name:** Nefeli Stavroula Papastathopoulou

**Manuscript Title:** Elevated serum pro-adrenomedullin in rheumatoid arthritis versus spondyloarthritis: insights from a biobank cohort

**Manuscript Number (if known):** ACROR-25-258

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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## ICMJE DISCLOSURE FORM

**Date:** 1/24/2026

**Your Name:** Elisa Assirelli

**Manuscript Title:** Elevated serum pro-adrenomedullin in rheumatoid arthritis versus spondyloarthritis: insights from a biobank cohort

**Manuscript Number (if known):** ACROR-25-258

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**Date:** 1/24/2026

**Your Name:** Simona Neri

**Manuscript Title:** Elevated serum pro-adrenomedullin in rheumatoid arthritis versus spondyloarthritis: insights from a biobank cohort

**Manuscript Number (if known):** ACROR-25-258

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## ICMJE DISCLOSURE FORM

**Date:** 1/24/2026

**Your Name:** Jacopo Ciaffi

**Manuscript Title:** Elevated serum pro-adrenomedullin in rheumatoid arthritis versus spondyloarthritis: insights from a biobank cohort

**Manuscript Number (if known):** ACROR-25-258

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

## ICMJE DISCLOSURE FORM

**Date:** 1/24/2026

**Your Name:** Luana Mancarella

**Manuscript Title:** Elevated serum pro-adrenomedullin in rheumatoid arthritis versus spondyloarthritis: insights from a biobank cohort

**Manuscript Number (if known):** ACROR-25-258

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

**Date:** 1/24/2026

**Your Name:** Veronica Brusi

**Manuscript Title:** Elevated serum pro-adrenomedullin in rheumatoid arthritis versus spondyloarthritis: insights from a biobank cohort

**Manuscript Number (if known):** ACROR-25-258

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

**Date:** 1/24/2026

**Your Name:** Lucia Lisi

**Manuscript Title:** Elevated serum pro-adrenomedullin in rheumatoid arthritis versus spondyloarthritis: insights from a biobank cohort

**Manuscript Number (if known):** ACROR-25-258

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## ICMJE DISCLOSURE FORM

**Date:** 1/24/2026

**Your Name:** Federica Pignatti

**Manuscript Title:** Elevated serum pro-adrenomedullin in rheumatoid arthritis versus spondyloarthritis: insights from a biobank cohort

**Manuscript Number (if known):** ACROR-25-258

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

## ICMJE DISCLOSURE FORM

**Date:** 1/24/2026

**Your Name:** Piero Ruscitti

**Manuscript Title:** Elevated serum pro-adrenomedullin in rheumatoid arthritis versus spondyloarthritis: insights from a biobank cohort

**Manuscript Number (if known):** ACROR-25-258

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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## ICMJE DISCLOSURE FORM

**Date:** 1/24/2026

**Your Name:** Francesco Ursini

**Manuscript Title:** Elevated serum pro-adrenomedullin in rheumatoid arthritis versus spondyloarthritis: insights from a biobank cohort

**Manuscript Number (if known):** ACROR-25-258

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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**Date:** 1/24/2026

**Your Name:** Susanna Naldi

**Manuscript Title:** Elevated serum pro-adrenomedullin in rheumatoid arthritis versus spondyloarthritis: insights from a biobank cohort

**Manuscript Number (if known):** ACROR-25-258

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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.