

ICMJE DISCLOSURE FORM

Date: 9/23/2021

Your Name: Tiago Torres

Manuscript Title: **Portuguese recommendations for the treatment of atopic dermatitis with biologic therapy and JAK inhibitors in adult 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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
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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: 9/23/2021

Your Name: Margarida Gonçalo

Manuscript Title: **Portuguese recommendations for the treatment of atopic dermatitis with biologic therapy and JAK inhibitors in adult patients**

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 9/23/2021

Your Name: Maria João Paiva Lopes

Manuscript Title: **Portuguese recommendations for the treatment of atopic dermatitis with biologic therapy and JAK inhibitors in adult patients**

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Date: 9/23/2021

Your Name: Cristina Claro

Manuscript Title: **Portuguese recommendations for the treatment of atopic dermatitis with biologic therapy and JAK inhibitors in adult patients**

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Date: 9/23/2021

Your Name: Leonor Ramos

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

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 9/23/2021

Your Name: Manuela Selores

Manuscript Title: **Portuguese recommendations for the treatment of atopic dermatitis with biologic therapy and JAK inhibitors in adult 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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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: 9/23/2021

Your Name: Pedro Mendes Bastos

Manuscript Title: **Portuguese recommendations for the treatment of atopic dermatitis with biologic therapy and JAK inhibitors in adult 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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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: 9/23/2021

Your Name: Joana Rocha

Manuscript Title: **Portuguese recommendations for the treatment of atopic dermatitis with biologic therapy and JAK inhibitors in adult 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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ICMJE DISCLOSURE FORM

Date: 9/23/2021

Your Name: Rodrigo Carvalho

Manuscript Title: **Portuguese recommendations for the treatment of atopic dermatitis with biologic therapy and JAK inhibitors in adult patients**

Manuscript Number (if known): Click or tap here to enter text.

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

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 9/23/2021

Your Name: Alberto Mota

Manuscript Title: **Portuguese recommendations for the treatment of atopic dermatitis with biologic therapy and JAK inhibitors in adult 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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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: 9/23/2021

Your Name: Paulo Filipe

Manuscript Title: **Portuguese recommendations for the treatment of atopic dermatitis with biologic therapy and JAK inhibitors in adult 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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