

ICMJE DISCLOSURE FORM

Date: 9/24/2021

Your Name: Maria Cecilia Rivitti-Machado

Manuscript Title: Therapies for Hidradenitis Suppurativa: a Systematic Review with a Focus on Brazil

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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input 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: 9/24/2021

Your Name: Renata Ferreira Magalhães

Manuscript Title: Therapies for Hidradenitis Suppurativa: a Systematic Review with a Focus on Brazil

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

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ICMJE DISCLOSURE FORM

Date: 9/24/2021

Your Name: Roberto Souto da Silva

Manuscript Title: Therapies for Hidradenitis Suppurativa: a Systematic Review with a Focus on Brazil

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

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Date: 9/24/2021

Your Name: Gleison Duarte

Manuscript Title: Therapies for Hidradenitis Suppurativa: a Systematic Review with a Focus on Brazil

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ICMJE DISCLOSURE FORM

Date: 9/24/2021

Your Name: Fabiana Z.S. Bosnich

Manuscript Title: Therapies for Hidradenitis Suppurativa: a Systematic Review with a Focus on Brazil

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

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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: 9/24/2021

Your Name: Roberto Gaspar Tunala

Manuscript Title: Therapies for Hidradenitis Suppurativa: a Systematic Review with a Focus on Brazil

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.

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Date: 9/24/2021

Your Name: Francisco José Forestiero

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