ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Anna
2. Surname (Last Name)  Lembke
3. Date  26-June-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Roger Chou
5. Manuscript Title  Rethinking opioid tapers, opioid dependence, and indications for buprenorphine
6. Manuscript Identifying Number (if you know it)  M19-1488

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest?  Yes  No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication. Are there any relevant conflicts of interest?  Yes  No
If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multidistrict Litigation (MDL) against opioid manufacturers, distributors, and pharmacies</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>I am a paid medical expert witness on the plaintiff side.</td>
</tr>
</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
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Dr. Lembke reports personal fees from Multidistrict Litigation (MDL) against opioid manufacturers, distributors, and pharmacies, outside the submitted work;.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anna
2. Surname (Last Name) Lembke
3. Date 16-September-2019

4. Are you the corresponding author? Yes ☐ No ☑

Corresponding Author’s Name
Roger Chou

5. Manuscript Title
Rethinking Opioid Dose Tapering, Prescription Opioid Dependence, and Indications for Buprenorphine

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes ☐ No ☑

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes ☐ No ☑

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes ☐ No ☑
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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

✔ Yes, the following relationships/conditions/circumstances are present (explain below):

☐ No other relationships/conditions/circumstances that present a potential conflict of interest

Dr. Lembke has been retained as an expert witness on the plaintiff side in federal and state litigation against opioid manufacturers and other defendants.

Dr. Lembke is on the Board of Directors of Physicians for responsible Opioid Prescribing (PROP).

PROP is a 501(3)(c) charitable organization. She has an unpaid volunteer position.

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Section 1. Identifying Information

1. Given Name (First Name)  Jane
2. Surname (Last Name)     Ballantyne
3. Date                    29-June-2019
4. Are you the corresponding author?  Yes [ ] No [x]

5. Manuscript Title
Rethinking opioid tapers, opioid dependence, and indications for buprenorphin

6. Manuscript Identifying Number (if you know it)
M19-1488

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Disclosure Statement

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Dr. Ballantyne has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Jane

2. Surname (Last Name)  
Ballantyne

3. Date  
10-September-2019

4. Are you the corresponding author?  
[ ] Yes  [✓] No

Corresponding Author’s Name  
Roger Chou

5. Manuscript Title  
Rethinking opioid tapers, opioid dependence, and indications for buprenophine

6. Manuscript Identifying Number (if you know it)  
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[ ] Yes  [✓] No

Are there any relevant conflicts of interest?  
[ ] Yes  [✓] No

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If yes, please fill out the appropriate information below.

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</thead>
<tbody>
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<td>Motley Rice LLP, DC</td>
<td>[ ]</td>
<td>[✓]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>Paid consultant in opioid litigation</td>
</tr>
</tbody>
</table>

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[ ] Yes  [✓] No
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President, Physicians for Responsible Opioid Prescribing (PROP), a voluntary unpaid position in a 501c3 charitable organization. PROP advocates for rational opioid prescribing.

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Section 1. Identifying Information

1. Given Name (First Name)  Roger
2. Surname (Last Name)  Chou
3. Date  07-July-2019
4. Are you the corresponding author?  ✔ Yes  □ No

5. Manuscript Title
Rethinking opioid tapers, opioid dependence, and indications for buprenorphine

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest?  □ Yes  ✔ No

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<td>Agency for Healthcare Research and Quality</td>
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<td></td>
<td></td>
<td>✔</td>
<td>Funding to conduct reviews on opioids for chronic pain</td>
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<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>Consultant on opioids for chronic pain</td>
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Chou
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☐ Yes  ☑ No

Section 5. Relationships not covered above

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I was an author on the 2016 CDC guideline on opioids for chronic pain

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Chou reports grants from Agency for Healthcare Research and Quality, grants from Centers for Disease Control and Prevention, other (consulting) from U.S. Department of Labor, outside the submitted work; and was an author on the 2016 CDC guideline on opioids for chronic pain.

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