

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 3. Relevant financial activities outside the submitted work.

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Lilian	2. Surname (Last Name) Hoffecker	3. Date 17-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title "Patient Outcomes in Dose Reduction or Discontinuation of Long-Term Opioid Therapy: A Systematic Review"	_____	
6. Manuscript Identifying Number (if you know it) M17-0598	_____	

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Hoffecker has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Steven	2. Surname (Last Name) Dobscha	3. Date 17-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joseph Frank
5. Manuscript Title Patient Outcomes in Dose Reduction or Discontinuation of Long-Term Opioid Therapy: A Systematic Review		
6. Manuscript Identifying Number (if you know it) M17-0598		

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### Section 1. Identifying Information

1. Given Name (First Name)

Hannah

2. Surname (Last Name)

Dischinger

3. Date

17-May-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Joseph Frank

5. Manuscript Title

Patient Outcomes in Dose Reduction or Discontinuation of Long-Term Opioid Therapy: A Systematic Review

6. Manuscript Identifying Number (if you know it)

M17-0598

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Ms. Dischinger has nothing to disclose.

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1. Given Name (First Name) Christopher	2. Surname (Last Name) Koenig	3. Date 17-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Patient Outcomes in Dose Reduction or Discontinuation of Long-Term Opioid Therapy: A Systematic Review	_____	
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Dr. Koenig has nothing to disclose.

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1. Given Name (First Name) Benjamin	2. Surname (Last Name) Morasco	3. Date 17-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
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Dr. Morasco has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
William

2. Surname (Last Name)  
Becker

3. Date  
17-May-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Patient Outcomes in Dose Reduction or Discontinuation of Long-Term Opioid Therapy: A Systematic Review

6. Manuscript Identifying Number (if you know it)  
M17-0598

### 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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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Becker has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Joseph

2. Surname (Last Name)  
Frank

3. Date  
17-May-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Patient Outcomes in Dose Reduction or Discontinuation of Long-Term Opioid Therapy: A Systematic Review

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
VHA Quality Enhancement Research Initiative (QUERI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locally Initiated Project Award (QLP 59-046)
VHA Health Services Research & Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Career Development Award IK2HX001914

### 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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Dr. Frank reports grants from VHA Quality Enhancement Research Initiative (QUERI), grants from VHA Health Services Research & Development, during the conduct of the study; .

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VA Health Services Research & Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Erin	2. Surname (Last Name) Krebs	3. Date 18-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joseph Frank
5. Manuscript Title Patient Outcomes in Dose Reduction or Discontinuation of Long-Term Opioid Therapy: A Systematic Review		
6. Manuscript Identifying Number (if you know it) M17-0598		

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