

#### **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.

## Identifying information.

## 2. The work under consideration for publication.

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## 4. Intellectual Property.

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

## 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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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

Liganged. The patent has been ligansed to an entit

**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

Hoffecker 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Lilian	2. Surname (Last Name) Hoffecker	3. Date 17-May-2	2017
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name	
5. Manuscript Title "Patient Outcomes in Dose Reduction o	or Discontinuation of Long	Term Opioid Therapy: A Systematic F	Review"
6. Manuscript Identifying Number (if you kr M17-0598	now it)	-	
Section 2. The Work Under Co	onsideration for Public	ation	
Did you or your institution <b>at any time</b> rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, da		
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in the compensation) with entities as describled the "Add +" box. You should replace there any relevant conflicts of interest.	ibed in the instructions. Us port relationships that wer	e one line for each entity; add as mar	ny lines as you need by
Section 4. Intellectual Property			
Intellectual Proper	rty Patents & Copyric	hts	
Do you have any patents, whether plan	ned, pending or issued, br	padly relevant to the work?	✓ No

Hoffecker 2



Section 5. Polationships not severed above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
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Dr. Hoffecker has nothing to disclose.

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Hoffecker 3



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Dobscha

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1

administrative support, etc.



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Steven	2. Surname (Last Name) Dobscha	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 o	r Discontinuation of Long-	Term Opioid Therapy: A Systematic Review
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Publi	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descr	ibed in the instructions. Us port relationships that we	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by tree present during the 36 months prior to publication.
Section 4. Intellectual Prope		
Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

Dobscha 2



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Dr. Dobscha has nothing to disclose.

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Dischinger 1



Section 1. Id	entifying Informa	ation		
1. Given Name (First Na Hannah	ame)	2. Surname (Last Name) Dischinger		3. Date 17-May-2017
4. Are you the correspo	onding author?	Yes ✓ No	Corresponding Author's Na Joseph Frank	me
5. Manuscript Title Patient Outcomes in	Dose Reduction or I	Discontinuation of Lon	g-Term Opioid Therapy: A Sys	stematic Review
6. Manuscript Identifyi M17-0598	ing Number (if you kno	ow it)		
Section 2. Th	e Work Under Co	nsideration for Pub	lication	
	nitted work (including l ?	but not limited to grants,	m a third party (government, co data monitoring board, study de	mmercial, private foundation, etc.) for esign, manuscript preparation,
Section 3. Re	levant financial a	ctivities outside the	submitted work.	
of compensation) wi	th entities as describ box. You should repo	oed in the instructions. ort relationships that w	Use one line for each entity; a	lationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4. Int	tellectual Propert	y Patents & Copy	rights	
Do you have any pate	ents, whether plann	ed, pending or issued,	broadly relevant to the work?	? ☐ Yes ✓ No

Dischinger 2



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Ms. Dischinger has nothing to disclose.

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Koenig 1



Section 1. Identify	ing Information	
Given Name (First Name) Christopher	2. Surname (Last N Koenig	Jame) 3. Date 17-May-2017
4. Are you the corresponding	author? Yes 🗸 No	Corresponding Author's Name
5. Manuscript Title Patient Outcomes in Dose F	eduction or Discontinuation o	f Long-Term Opioid Therapy: A Systematic Review
6. Manuscript Identifying Num M17-0598	ber (if you know it)	
Section 2. The Wor	k Under Consideration for	Publication
	ork (including but not limited to gi	res from a third party (government, commercial, private foundation, etc.) for rants, data monitoring board, study design, manuscript preparation,
Section 3. Relevant	financial activities outsid	e the submitted work
Place a check in the approp of compensation) with entit	riate boxes in the table to indic ies as described in the instruct u should report relationships t	rate whether you have financial relationships (regardless of amount ions. Use one line for each entity; add as many lines as you need by hat were <b>present during the 36 months prior to publication</b> .  No
Section 4. Intellect		
Intellect	ual Property Patents & C	opyrights
Do you have any patents, w	hether planned, pending or iss	ued, broadly relevant to the work? Yes V No

Koenig 2



Section 5. Polationships not sovered above
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Dr. Koenig has nothing to disclose.

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patent

Morasco 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Benjamin	2. Surname (Last Name) Morasco	3. Date 17-May-2017
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name
5. Manuscript Title Patient outcomes in dose reduction or	discontinuation of long-ter	rm opioid therapy: A systematic review
6. Manuscript Identifying Number (if you k M17-0598	now it)	_
Section 2. The Work Under C	Consideration for Public	ation
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Section 4. Intellectual Prope	rty Patents & Copyrig	htc
intellectual Prope	rty Patents & Copyrig	ints ———
Do you have any patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? Yes 🗸 No

Morasco 2



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**Royalties:** Funds are coming in to you or your institution due to your patent

Becker 1



Section 1. Identifying Inform	nation			
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 o	r Discontinuation of Long-Term Opioid Therapy: A Sy	ystematic Review		
6. Manuscript Identifying Number (if you ki M17-0598	now it)			
Section 2. The Work Under C	onsideration for Publication			
Did you or your institution <b>at any time</b> 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.			
of compensation) with entities as descr	in the table to indicate whether you have financial re ibed in the instructions. Use one line for each entity; port relationships that were <b>present during the 36 i</b> est? Yes V	add as many lines as you need by		
Section 4. Intellectual Branch				
Intellectual Prope	rty Patents & Copyrights			
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	</th		

Becker 2



Section 5. Relationships not covered above
helationships not covered above
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✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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Dr. Becker has nothing to disclose.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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#### Definitions.

Frank

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

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1

administrative support, etc.



Section 1.	Identifying Inform	ation				
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 Outcome	e es in Dose Reduction or	Discontinuation of	Long-Term Opioio	d Therapy:	A Systematic Review	
6. Manuscript Ider M17-0598	ntifying Number (if you kno	ow it)				
Section 2.	The Work Under Co	onsideration for	Publication			
any aspect of the s statistical analysis,	ubmitted work (including etc.)?	but not limited to gra	ints, data monitorin		nt, commercial, private foundation, Idy design, manuscript preparation,	etc.) for
•	Are there any relevant conflicts of interest?  Ves No					2 1014
	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 Institut	ion/Company	Grant? Persona	Non-Financial Support?	Other?	Comments	
/HA Quality Enhance QUERI)	ment Research Initiative				Locally Initiated Project Award (QLP 59-046)	
/HA Health Services f	Research & Development	<b>/</b>			Career Development Award IK2HX001914	
Section 3.	Relevant financial a	activities outside	the submitted	work.		
of compensation clicking the "Add	) with entities as describ +" box. You should rep	bed in the instruction ort relationships the	ons. Use one line for at were <b>present c</b>	or each en	al relationships (regardless of an tity; add as many lines as you ne <b>36 months prior to publicatio</b>	ed by
Are there any rel	evant conflicts of intere	st?Yes _ <b>✓</b>	No			
Section 4.	Intellectual Proper	ty Patents & Co	ppyrights			
Do you have any	patents, whether plann	ned, pending or issu	ied, broadly releva	ant to the v	work? Yes V	

Frank 2



Section 5. Polationships not severed above
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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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Lovejoy 1



Section 1.	Identifying Inform	nation				
1. Given Name (First Name) Travis		2. Surname (Last Name Lovejoy	2)	3. Date		
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Auth	ior's Name		
5. Manuscript Title Patient Outcomes in Dose Reduction or Discontinuation of Long-Term Opioid Therapy: A Systematic Review						
6. Manuscript Idei M17-0598	ntifying Number (if you kr	now it)				
	ı					
Section 2.	The Work Under C	onsideration for Pul	blication			
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	est? Yes No ormation below. If you g the "X" button.	, data monitoring board, s o have more than one ent	nent, commercial, private foundation, etc.) for study design, manuscript preparation, tity press the "ADD" button to add a row.		
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Comments		
/A Health Services Re	esearch & Development	<b>✓</b>				
	I					
Section 3.	Relevant financial	activities outside th	e submitted work.			
of compensation clicking the "Adc Are there any rel	ı) with entities as descr	ibed in the instructions port relationships that v	. Use one line for each e were <b>present during th</b>	ncial relationships (regardless of amount entity; add as many lines as you need by ne 36 months prior to publication.		
Section 4.	Intellectual Prope	rty Patents & Copy	rights			
Do you have any	patents, whether plan	ned, pending or issued	, broadly relevant to the	e work? ☐ Yes   ✓ No		

Lovejoy 2



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Dr. Lovejoy reports grants from VA Health Services Research & Development, during the conduct of the study; .

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Krebs 1



Section 1. Ide	ntifying Informati	ion			
1. Given Name (First Name) Erin		2. Surname (Last Name) Krebs		3. Date 18-May-2017	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Nar Joseph Frank	ne	
5. Manuscript Title Patient Outcomes in Dose Reduction or		scontinuation of Long	-Term Opioid Therapy: A Sys	tematic Review	
6. Manuscript Identifyin	g Number (if you know	it)			
			_		
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Section 3. Pol		مطه مادنمه ممنعات	and write all monte		
Place a check in the ap	opropriate boxes in the n entities as described ox. You should report	d in the instructions. U t relationships that we	nether you have financial rela Ise one line for each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.	
Section 4. Inte	ellectual Property	Patents & Copyri	ghts		
Do you have any pater	nts, whether planned	l, pending or issued, b	roadly relevant to the work?	Yes 🗸 No	

Krebs 2



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