

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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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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)
Diana

2. Surname (Last Name)
Martins

3. Date
16-July-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
Pregabalin and the risk of opioid-related death: a nested case-control study

6. Manuscript Identifying Number (if you know it)
M18-1136

Section 2. The Work Under Consideration for Publication

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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 6. Disclosure Statement

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Dr. Martins has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Simon

2. Surname (Last Name)
Greaves

3. Date
16-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title
Pregabalin and the risk of opioid-related death: a nested case-control study

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Greaves has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Tara

2. Surname (Last Name)
Gomes

3. Date
18-July-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Pregabalin and the risk of opioid-related death: a nested case-control study

6. Manuscript Identifying Number (if you know it)
M18-1136

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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
Ontario Ministry of Health and Long-Term Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant funding for research program

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Dr. Gomes reports grants from Ontario Ministry of Health and Long-Term Care, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Wim

2. Surname (Last Name)
van den Brink

3. Date
19-July-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Tara Gomes

5. Manuscript Title
Pregabalin and the risk of opioid-related death: a nested case-control study

6. Manuscript Identifying Number (if you know it)
M18-1136

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Are there any relevant conflicts of interest? Yes No

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Lundbeck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indivior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mundipharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opiant Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D&A pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bioproject	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kinnov Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Eli Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

Section 5. Relationships not covered above

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Dr. van den Brink reports personal fees from Lundbeck, personal fees from Indivior, personal fees from Mundipharma, personal fees from Opiant Inc., personal fees from D&A pharmaceuticals, personal fees from Bioproject, personal fees from Kinnov Pharmaceuticals, personal fees from Novartis, personal fees from Eli Lilly, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
J. MICHAEL

2. Surname (Last Name)
PATERSON

3. Date
19-July-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
GOMES

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
CIHR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Mr. PATERSON reports grants from CIHR during the conduct of the study.

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3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Definitions.

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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)
Tony

2. Surname (Last Name)
Antoniou

3. Date
01-August-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Pregabalin and the risk of opioid-related death: a nested case-control study

6. Manuscript Identifying Number (if you know it)
M18-1136

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.

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

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

Section 5. Relationships not covered above

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- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

Tony Antoniou is supported by a New Investigator Award from the Canadian Institutes for Health Research (CIHR) and Clinician Investigator Award from the University of Toronto Department of Family and Community Medicine

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Dr. Antoniou reports and Tony Antoniou is supported by a New Investigator Award from the Canadian Institutes for Health Research (CIHR) and Clinician Investigator Award from the University of Toronto Department of Family and Community Medicine.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Muhammad	2. Surname (Last Name) Mamdani	3. Date 16-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Tara Gomes
5. Manuscript Title Pregabalin and the risk of opioid-related death: a nested case-control study		
6. Manuscript Identifying Number (if you know it) M18-1136		

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NovoNordisk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	One-Time Advisory Board Member
Allergan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	One-Time Advisory Board Member
Celgene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	One-Time Talk to Company Staff on Health Research Methods

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. Mamdani reports other from NovoNordisk, other from Allergan, other from Celgene, 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)
David

2. Surname (Last Name)
Juurlink

3. Date
02-August-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name _____

5. Manuscript Title
Pregabalin and the Risk for Opioid-Related Death: A Nested Case–Control Study

6. Manuscript Identifying Number (if you know it)
M18-1136

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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
Ontario Ministry of Health and Long-Term Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unrestricted grant funding for research program

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acting as volunteer member of Physicians for Responsible Opioid Prescribing; received payment for expert testimony and lectures related to opioids

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Dr. Juurlink reports grants from Ontario Ministry of Health and Long-Term Care, during the conduct of the study; and reports acting as volunteer member of Physicians for Responsible Opioid Prescribing and receiving payment for expert testimony and lectures related to opioids.

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