

ICMJE DISCLOSURE FORM

Date: 10/3/2023

Your Name: Rebecca Bresnahan

Manuscript Title: Safe and effective gradual reduction (tapering) of opioids in people with chronic non-cancer pain: systematic review of effects, barriers and facilitators and inequalities to inform service design in the NHS

Manuscript Number (if known): In relation to project number: NIHR128842

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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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: 9/16/2024

Your Name: Adam Todd

Manuscript Title: Safe and effective gradual reduction (tapering) of opioids in people with chronic non-cancer pain: systematic review of effects, barriers and facilitators and inequalities to inform service design in the NHS

Manuscript Number (if known): In relation to project number: NIHR128842

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ICMJE DISCLOSURE FORM

Date: 10/2/2023

Your Name: Katy Sutcliffe

Manuscript Title: Safe and effective gradual reduction (tapering) of opioids in people with chronic non-cancer pain: systematic review of effects, barriers and facilitators and inequalities to inform service design in the NHS

Manuscript Number (if known): In relation to project number: NIHR128842

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Date: 10/2/2023

Your Name: Beth Shaw

Manuscript Title: Safe and effective gradual reduction (tapering) of opioids in people with chronic non-cancer pain: systematic review of effects, barriers and facilitators and inequalities to inform service design in the NHS

Manuscript Number (if known): In relation to project number: NIHR128842

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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: 10/3/2023

Your Name: Marty Chaplin

Manuscript Title: Safe and effective gradual reduction (tapering) of opioids in people with chronic non-cancer pain: systematic review of effects, barriers and facilitators and inequalities to inform service design in the NHS

Manuscript Number (if known): In relation to project number: NIHR128842

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.

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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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: 5/22/2023

Your Name: Su Golder

Manuscript Title: Safe and effective gradual reduction (tapering) of opioids in people with chronic non-cancer pain: systematic review of effects, barriers and facilitators and inequalities to inform service design in the NHS

Manuscript Number (if known): In relation to project number: NIHR128842

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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ICMJE DISCLOSURE FORM

Date: 10/5/2023

Your Name: S Eldabe

Manuscript Title: Safe and effective gradual reduction (tapering) of opioids in people with chronic non-cancer pain: systematic review of effects, barriers and facilitators and inequalities to inform service design in the NHS

Manuscript Number (if known): In relation to project number: NIHR128842

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4	Consulting fees	<input type="checkbox"/> None	
		Medtronic	Consulting
		Mainstay Medical	Consulting
		Saluda Medical	Consulting
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Chair of ESRA EDPM Diploma Faculty	
		Chair of IASP Neuromodulation SIG	

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ICMJE DISCLOSURE FORM

Date: 5/22/2023

Your Name: Rui Duarte

Manuscript Title: Safe and effective gradual reduction (tapering) of opioids in people with chronic non-cancer pain: systematic review of effects, barriers and facilitators and inequalities to inform service design in the NHS

Manuscript Number (if known): In relation to project number: NIHR128842

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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: 5/25/2023

Your Name: Dr Michelle Maden

Manuscript Title: Safe and effective gradual reduction (tapering) of opioids in people with chronic non-cancer pain: systematic review of effects, barriers and facilitators and inequalities to inform service design in the NHS

Manuscript Number (if known): In relation to project number: NIHR128842

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.

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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ICMJE DISCLOSURE FORM

Date: 5/25/2023

Your Name: Ruaraidh Hill

Manuscript Title: Safe and effective gradual reduction (tapering) of opioids in people with chronic non-cancer pain: systematic review of effects, barriers and facilitators and inequalities to inform service design in the NHS

Manuscript Number (if known): In relation to project number: NIHR128842

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ICMJE DISCLOSURE FORM

Date: 9/16/2024

Your Name: Nefyn H Williams

Manuscript Title: Safe and effective gradual reduction (tapering) of opioids in people with chronic non-cancer pain: systematic review of effects, barriers and facilitators and inequalities to inform service design in the NHS

Manuscript Number (if known): In relation to project number: NIHR128842

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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		GP partner in Plas Menai Health Centre, Llanfairfechan	Non-specific to topic of research
		Deputy Chair of NIHR HTA Programme funding committee (commissioned research) 1/11/2022 to 31/10/2025	Non-financial

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: 5/25/2023

Your Name: Jack Trafford

Manuscript Title: Safe and effective gradual reduction (tapering) of opioids in people with chronic non-cancer pain: systematic review of effects, barriers and facilitators and inequalities to inform service design in the NHS

Manuscript Number (if known): In relation to project number: NIHR128842

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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: 9/5/2023

Your Name: Juliet Hounsome

Manuscript Title: Safe and effective gradual reduction (tapering) of opioids in people with chronic non-cancer pain: systematic review of effects, barriers and facilitators and inequalities to inform service design in the NHS

Manuscript Number (if known): In relation to project number: NIHR128842

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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ICMJE DISCLOSURE FORM

Date: 10/3/2023

Your Name: Janette Greenhalgh

Manuscript Title: Safe and effective gradual reduction (tapering) of opioids in people with chronic non-cancer pain: systematic review of effects, barriers and facilitators and inequalities to inform service design in the NHS

Manuscript Number (if known): In relation to project number: NIHR128842

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ICMJE DISCLOSURE FORM

Date: 9/5/2023

Your Name: Katherine Edwards

Manuscript Title: Safe and effective gradual reduction (tapering) of opioids in people with chronic non-cancer pain: systematic review of effects, barriers and facilitators and inequalities to inform service design in the NHS

Manuscript Number (if known): In relation to project number: NIHR128842

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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.