Opioid Guideline Panel
Declarations of Interest Form

Part A. Material Interests in Companies

**Equity**
1. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

☐ No
☐ Yes, as described below:

*Add rows as needed for each equity interest.*

<table>
<thead>
<tr>
<th>Company</th>
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</tbody>
</table>

**Patents and Royalties**
2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

☐ No
☐ Yes, as described below:

*Add rows as needed for each patent or royalty interest.*

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ASU Guideline Panel Declarations of Interests Form | Page 1
Personal Income or Other Remuneration

3. Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No

☐ Yes, as described below:

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Name the company.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column 2</td>
<td>Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.</td>
</tr>
<tr>
<td>Column 3</td>
<td>Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)</td>
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</tbody>
</table>

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 4.

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<tr>
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Industry-Funded Research

4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☐ No

☒ Yes, as described below:

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<tr>
<th>Column 1</th>
<th>Name the company funding or supporting the research.</th>
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<tbody>
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<td>Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.</td>
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Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Octapharma</td>
<td>Wil20: Observational post marketing study on the efficacy and safety the use of a Factor VIII concentrate (Wilate) in VWD patients</td>
<td>Local PI; I am not receiving any personal honorarium</td>
<td>ongoing</td>
<td></td>
</tr>
<tr>
<td>Octapharma</td>
<td>Gena21b: Interventional cohort study assessing the role of PK guided treatment in hemophilia patients treated with recombinant F VIII (Nuwik)</td>
<td>Local PI; I am not receiving any personal honorarium</td>
<td>ongoing</td>
<td></td>
</tr>
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My Partner’s or Spouse’s Interests
5. Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?

☒ No
☐ Yes, as described below:

Add rows as needed for each interest.

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Part B. Interests That Are Not Mainly Financial

You have been invited by the National Pain Centre (NPC) to participate in the development of clinical practice guidelines on the following topic(s):

Opioids for treatment of chronic non-cancer pain

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   ☒ No
   ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   ☒ No
   ☐ Yes
   If yes, what were those views and where were they made?

Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   ☐ No
   ☒ Yes, as described below:
Column 1  Name the entity funding the research.

Column 2  Describe the research project.

Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<table>
<thead>
<tr>
<th>Funder</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIHR</td>
<td>Chronic Pain SPOR</td>
<td>Lead of the KT platform</td>
<td>2021</td>
</tr>
</tbody>
</table>

Institutional Relationships

4. Do you generate revenues or nonfinancial benefits for your institution by teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

☐ Don’t know
☒ No
☐ Yes

If yes, please explain:

5. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

☐ Don’t know
☒ No
☐ Yes

If yes, please explain:

Career Advancement

6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?

Opioid Guideline Panel Declarations of Interests Form | Page 5
I don’t expect any specific reaction

Advocacy and Policy Positions

7. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

☒ No
☐ Yes

If yes, are you involved in formulating or voting for positions?

☐ No
☐ Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

☐ Don’t know or not applicable
☐ No
☐ Yes

If yes, please explain:

Professional Specialty

8. What is your primary clinical specialty or subspecialty?

Internal Medicine / Haematology

9. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

☒ No
☐ Yes

If yes, please explain:

I care for patients with congenital and acquired bleeding disorders, who have chronic pain due to hemophilic arthropathy – I work in a comprehensive care setting where patients are referred to pain specialists when needed, but can be treated and prescribed with pain medication, physiotherapy, cognitive behavioral therapy and surgery by the MRP (myself). Commonly used pain medications in
this group of patients are opiates, coxibs, anti-epileptics, steroids – FANS are usually not for the effect on clotting

Expected Interests

10. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

☒ No

☐ Yes

If yes, please describe:
Part C. Summary (NPC Internal Use)

The NPC will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

<table>
<thead>
<tr>
<th>Name of guideline panel(s)</th>
<th>Alfonso Iorio</th>
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</table>

<table>
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<tr>
<th>Approved to participate?</th>
<th>Status</th>
<th>Date reviewed by staff</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Voting panel member</td>
<td>December 14, 2015</td>
<td>January 4, 2017</td>
<td></td>
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Notes:

NPC perceives no significant financial or intellectual COI that precludes this individual from participating on the guideline panel. Approved as voting panel member.
Part A. Material Interests in Companies

Equity
1. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

☐ X No

☐ Yes, as described below:

Add rows as needed for each equity interest.

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Patents and Royalties
2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

☐ X No

☐ Yes, as described below:

Add rows as needed for each patent or royalty interest.

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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☐ X No

☐ Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 4.

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Industry-Funded Research

4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☐ X No

☐ Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.
Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?

☐ X No

☐ Yes, as described below:

Add rows as needed for each interest.

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Part B. Interests That Are Not Mainly Financial

You have been invited by the National Pain Centre (NPC) to participate in the development of clinical practice guidelines on the following topic(s):

Opioids for treatment of chronic non-cancer pain

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

   ☐ X No
   ☐ Yes

   If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

   ☐ X No
   ☐ Yes

   If yes, what were those views and where were they made?

Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

   ☐ X No
   ☐ Yes, as described below:
Column 1  Name the entity funding the research.

Column 2  Describe the research project.

Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

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Add rows as needed for each research project.

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Institutional Relationships

4. Do you generate revenues or nonfinancial benefits for your institution by teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

- ☐ Don’t know
- ☑ X No
- ☐ Yes

If yes, please explain:

5. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

- ☐ Don’t know
- ☑ X No
- ☐ Yes

If yes, please explain:

Career Advancement

6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?
I foresee strong support from my institution

Advocacy and Policy Positions
7. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

☐ X No
☐ Yes

If yes, are you involved in formulating or voting for positions?

☐ No
☐ Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

☐ Don’t know or not applicable
☐ No
☐ Yes

If yes, please explain:

Professional Specialty
8. What is your primary clinical specialty or subspecialty?

   Dentistry, Oral and Maxillofacial surgery, Clinical Epidemiology

9. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

☐ No
☐ X Yes

If yes, please explain: Mostly for the management of severe acute pain
Expected Interests

10. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

☐ X No
☐ Yes

If yes, please describe:
Part C. Summary (NPC Internal Use)

The NPC will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

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<th>Canadian Opioid Guideline</th>
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Opioid Guideline Panel
Declarations of Interest Form

Part A. Material Interests in Companies

**Equity**
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☒ No
☐ Yes, as described below:

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**Patents and Royalties**
2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No
☐ Yes, as described below:

Add rows as needed for each patent or royalty interest.

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☒ No

☐ Yes, as described below:

| Column 1 | Name the company. |
| Column 2 | Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony. |
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To report activities that generate revenues for your institution, see Part B, Question 4.

### Industry-Funded Research

4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No
☐ Yes, as described below:

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**My Partner’s or Spouse’s Interests**

5. Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?

☒ No

☐ Yes, as described below:

Add rows as needed for each interest.

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Part B. Interests That Are Not Mainly Financial

You have been invited by the National Pain Centre (NPC) to participate in the development of clinical practice guidelines on the following topic(s):

Opioids for treatment of chronic non-cancer pain

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?

☒ No
☐ Yes

If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

☐ No
☒ Yes

If yes, what were those views and where were they made?

In a Cochrane review of opioids for the treatment of osteoarthritis symptoms (da Costa et al. 2014), my colleagues and I concluded the following:

“The small mean benefit of non-tramadol opioids are contrasted by significant increases in the risk of adverse events. For the pain outcome in particular, observed effects were of questionable clinical relevance since the 95% CI did not include the minimal clinically important difference of 0.37 SMDs, which corresponds to 0.9 cm on a 10-cm VAS.”

PubMed PMID: 25229835

Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

☒ No

☐ Yes, as described below:

| Column 1 | Name the entity funding the research. |
| Column 2 | Describe the research project. |
| Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
| Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.

Institutional Relationships

4. Do you generate revenues or nonfinancial benefits for your institution by teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

☐ Don’t know

☒ No

☐ Yes

If yes, please explain:

5. Could your institution benefit or be harmed by recommendations of guidelines on this topic?
Don’t know
☐ No
☐ Yes
If yes, please explain:

Career Advancement
6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?

Full support.

Advocacy and Policy Positions
7. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

☐ No
☐ Yes

If yes, are you involved in formulating or voting for positions?

☐ No
☐ Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

☐ Don’t know or not applicable
☐ No
☐ Yes

If yes, please explain:

Professional Specialty
8. What is your primary clinical specialty or subspecialty?
I am a physical therapist by training.

9. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
   ☒ No
   ☐ Yes
   
   If yes, please explain:

Expected Interests

10. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?
    ☒ No
    ☐ Yes
    
    If yes, please describe:
# Part C. Summary (NPC Internal Use)

The NPC will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

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<tr>
<td>Approved to participate?</td>
<td>Status</td>
</tr>
<tr>
<td>Yes</td>
<td>Voting panel member</td>
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</table>

**Notes:**

NPC perceives no significant financial or intellectual COI that precludes this individual from participating on the guideline panel. Approved as voting panel member.
Opioid Guideline Panel
Declarations of Interest Form

Part A. Material Interests in Companies

Equity
1. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

☐ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

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Patents and Royalties
2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

☑ No
☐ Yes, as described below:

Add rows as needed for each patent or royalty interest.

ASH Guideline Panel Declarations of Interests Form | Page 1
**Guideline Panel for the Canadian Guideline for Safe and Effective Use of Opioids for CNCP**

<table>
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**Personal Income or Other Remuneration**

3. Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

- □ No
- □ Yes, as described below:

**Column 1** Name the company.

**Column 2** Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

**Column 3** Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate "current" or "ongoing").

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 4.

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<td>consultancy</td>
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**Industry-Funded Research**

4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

- □ No
Guideline Panel for the Canadian Guideline for Safe and Effective Use of Opioids for CNCP

- Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.

Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?

- No

- Yes, as described below:

Add rows as needed for each interest.

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Part B. Interests That Are Not Mainly Financial

You have been invited by the National Pain Centre (NPC) to participate in the development of clinical practice guidelines on the following topic(s):

Opioids for treatment of chronic non-cancer pain

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?
   - [ ] No
   - [x] Yes
   If yes, please explain:

   Through my experience with opioids, I would like to ensure we do everything in our power to mitigate the risks of prescribing opioids.

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   - [ ] No
   - [x] Yes
   If yes, what were those views and where were they made?

   Stressing the importance of education on opioids.

Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   - [x] No
   - [ ] Yes, as described below:

Opioid Guideline Panel Declarations of Interests Form | Page 4
Guideline Panel for the Canadian Guideline for Safe and Effective Use of Opioids for CNCP

Column 1: Name the entity funding the research.

Column 2: Describe the research project.

Column 3: Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4: Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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Institutional Relationships

4. Do you generate revenues or nonfinancial benefits for your institution by teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

- ☐ Don’t know

- ☐ No

☒ Yes

If yes, please explain: I share my personal experience with opioid use and addiction to help those who are struggling.

5. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

- ☐ Don’t know

- ☐ No

☒ Yes

If yes, please explain:

Career Advancement

6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?
Advocacy and Policy Positions
7. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?
   □ No
   □ Yes
If yes, are you involved in formulating or voting for positions?
   □ No
   □ Yes
If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?
   □ Don’t know or not applicable
   □ No
   □ Yes
If yes, please explain:

Professional Specialty
8. What is your primary clinical specialty or subspecialty?
   None
9. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
   □ No
   □ Yes
If yes, please explain:

Expected Interests
10. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?
    □ No
    □ Yes
Part C. Summary (NPC Internal Use)

The NPC will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

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<tbody>
<tr>
<td>Yes</td>
<td>Voting panel member – patient representative</td>
<td>December 14, 2015</td>
<td>January 4, 2017</td>
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</table>

Notes:

Acknowledged experience having recovered from opioid addiction, and involvement in education around this topic. Activities are judged not to be significant regarding participation as a member of guideline panel. Approved for voting panel as patient representative.
# Opioid Guideline Panel
## Declarations of Interest Form

### Part A. Material Interests in Companies

**Equity**

1. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

   ☒ No

   ☐ Yes, as described below:

   Add rows as needed for each equity interest.

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**Patents and Royalties**

2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

   ☒ No

   ☐ Yes, as described below:

   Add rows as needed for each patent or royalty interest.

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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No

☐ Yes, as described below:

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Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 4.

Industry-Funded Research

4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No
☐ Yes, as described below:

Column 1  Name the company funding or supporting the research.

Column 2  Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.

Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?

☒ No

☐ Yes, as described below:

Add rows as needed for each interest.

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Opioid Guideline Panel Declarations of Interests Form | Page 3
Part B. Interests That Are Not Mainly Financial

You have been invited by the National Pain Centre (NPC) to participate in the development of clinical practice guidelines on the following topic(s):

Opioids for treatment of chronic non-cancer pain

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   ☒ No
   ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   ☒ No
   ☐ Yes
   If yes, what were those views and where were they made?

Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   ☒ No
   ☐ Yes, as described below:
Column 1  Name the entity funding the research.
Column 2  Describe the research project.
Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.
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Add rows as needed for each research project.

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Institutional Relationships

4. Do you generate revenues or nonfinancial benefits for your institution by teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   ☒ Don't know
   ☑ No
   ☐ Yes

   If yes, please explain:

5. Could your institution benefit or be harmed by recommendations of guidelines on this topic?
   ☑ Don't know
   ☑ No
   ☐ Yes

   If yes, please explain:

Career Advancement

6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution? –Good Support
Advocacy and Policy Positions

7. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

☒ No
☐ Yes

If yes, are you involved in formulating or voting for positions?

☐ No
☐ Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

☐ Don’t know or not applicable
☐ No
☐ Yes

If yes, please explain:

Professional Specialty

8. What is your primary clinical specialty or subspecialty?

Internal Medicine

9. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

☒ No
☒ Yes

If yes, please explain:

Prescribe Opioids
Expected Interests

10. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

☒ No

☐ Yes

If yes, please describe:
Part C. Summary (NPC Internal Use)
The NPC will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

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<td>Yes</td>
<td>Voting panel member</td>
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If status is conflicted minority, summarize all current material interests in affected companies:

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Notes:

NPC perceives no significant financial or intellectual COI that precludes this individual from participating on the guideline panel. Approved as voting panel member.
Opioid Guideline Panel
Declarations of Interest Form

Part A. Material Interests in Companies

**Equity**
1. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

☒ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

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**Patents and Royalties**
2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No
☐ Yes, as described below:

Add rows as needed for each patent or royalty interest.

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3. Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No

☐ Yes, as described below:

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Industry-Funded Research

4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No

☐ Yes, as described below:

| Column 1 Name the company funding or supporting the research. |
| Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution. |
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Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?

☒ No

☐ Yes, as described below:

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Part B. Interests That Are Not Mainly Financial

You have been invited by the National Pain Centre (NPC) to participate in the development of clinical practice guidelines on the following topic(s):

Opioids for treatment of chronic non-cancer pain

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?
   ☒ No
   ☐ Yes
   If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   ☒ No
   ☐ Yes
   If yes, what were those views and where were they made?

Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   ☒ No
   ☐ Yes, as described below:
Column 1  Name the entity funding the research.

Column 2  Describe the research project.

Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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<tr>
<th>Funder</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
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</table>

Institutional Relationships

4. Do you generate revenues or nonfinancial benefits for your institution by teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

☐ Don’t know
☒ No
☐ Yes

If yes, please explain:

5. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

☐ Don’t know
☒ No
☐ Yes

If yes, please explain:

Career Advancement

6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?
Supportive

Advocacy and Policy Positions

7. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

☒ No
☐ Yes

If yes, are you involved in formulating or voting for positions?

☐ No
☐ Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

☐ Don’t know or not applicable
☐ No
☐ Yes

If yes, please explain:

Professional Specialty

8. What is your primary clinical specialty or subspecialty?

General Internal Medicine

9. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

☒ No
☐ Yes

If yes, please explain: yes, as part of my clinical work
Expected Interests

10. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

☑ No

☐ Yes

If yes, please describe:
Part C. Summary (NPC Internal Use)

The NPC will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

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<td>Status</td>
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<tr>
<td>Yes</td>
<td>Voting panel member</td>
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</table>

Notes:

NPC perceives no significant financial or intellectual COI that precludes this individual from participating on the guideline panel. Approved as voting panel member.
Opioid Guideline Panel
Declarations of Interest Form

Part A. Material Interests in Companies

Equity
1. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

☒ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

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Patents and Royalties
2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No
☐ Yes, as described below:

Add rows as needed for each patent or royalty interest.

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**Personal Income or Other Remuneration**

3. Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No

☐ Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 4.

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**Industry-Funded Research**

4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No
☐ Yes, as described below:

**Column 1** Name the company funding or supporting the research.

**Column 2** Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.

**Column 3** Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

**Column 4** Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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**My Partner’s or Spouse’s Interests**

5. Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?

☒ No

☐ Yes, as described below:

Add rows as needed for each interest.

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Part B. Interests That Are Not Mainly Financial

You have been invited by the National Pain Centre (NPC) to participate in the development of clinical practice guidelines on the following topic(s):

- Opioids for treatment of chronic non-cancer pain

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

**Personal Beliefs**

1. Do you have strongly held beliefs related to the topic of these guidelines?

   ☒ Yes
   
   If yes, please explain:

   I believe the epidemic of opioid deaths is the health crisis of our time and is, at least in part, iatrogenic.

**Previously Published Opinions**

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

   ☒ Yes
   
   If yes, what were those views and where were they made?

   In my position as Registrar, I am asked to speak on this and related subjects frequently.
Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

☒ No

☐ Yes, as described below:

| Column 1 | Name the entity funding the research. |
| Column 2 | Describe the research project. |
| Column 3 | Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe. |
| Column 4 | Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each research project.

Institutional Relationships

4. Do you generate revenues or nonfinancial benefits for your institution by teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

☐ Don’t know

☒ No

☐ Yes

If yes, please explain:

5. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

☐ Don’t know

☐ No

☒ Yes
If yes, please explain:

Our College could endorse the guidelines as best practice. This might result in an increased amount of costs and work for our College.

Career Advancement
6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?

I would be strongly supported.

Advocacy and Policy Positions
7. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

☐ No
☒ Yes

If yes, are you involved in formulating or voting for positions?

☐ No
☒ Yes I work with the CPSNS Professional Standards Committee.

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

☐ Don’t know or not applicable
☐ No
☒ Yes

If yes, please explain:

The College presently endorses the CDC Guidelines as best practice.
Professional Specialty
8. What is your primary clinical specialty or subspecialty?

Administration.

9. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

☒ No
☐ Yes

If yes, please explain:

Expected Interests
10. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

☒ No
☐ Yes

If yes, please describe:
Part C. Summary (NPC Internal Use)

The NPC will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

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<tr>
<th>Approved to participate?</th>
<th>Status</th>
<th>Date reviewed by staff</th>
<th>Date confirmed by oversight officer or committee</th>
<th>Notes</th>
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<tr>
<td>Yes</td>
<td>Voting panel member</td>
<td>December 14, 2015</td>
<td>January 4, 2017</td>
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</table>

Notes:

No financial interests declared. Acknowledged potential intellectual COIs. NPC did not deem these sufficient to constitute a serious intellectual COI. Approved as a voting panel member.
## Opioid Guideline Panel
### Declarations of Interest Form

### Part A. Material Interests in Companies

**Equity**

1. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

- [x] No
- [ ] Yes, as described below:

Add rows as needed for each equity interest.

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**Patents and Royalties**

2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

- [x] No
- [ ] Yes, as described below:

Add rows as needed for each patent or royalty interest.

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ASH Guideline Panel Declarations of Interests Form | Page 1
Personal Income or Other Remuneration
3. Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No
☐ Yes, as described below:

Column 1 Name the company.
Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.
Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 4.

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Industry-Funded Research
4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No
☐ Yes, as described below:

Column 1 Name the company funding or supporting the research.
Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.
Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?

☒ No

☐ Yes, as described below:

Add rows as needed for each interest.

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Part B. Interests That Are Not Mainly Financial

You have been invited by the National Pain Centre (NPC) to participate in the development of clinical practice guidelines on the following topic(s):

Opioids for treatment of chronic non-cancer pain

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

☒ No

☐ Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

☐ No

☒ Yes

If yes, what were those views and where were they made?

In 2003 I wrote a letter to the Editor of CMAJ regarding a review article that advocated use of opioids for chronic non-cancer pain (ref. 1). I briefly reviewed the limitations of some of the current evidence at the time and concluded: “The role of opioid analgesics in the management of chronic noncancer pain has not been well established. Further research is needed to determine if the benefits exceed the costs.”

Ref 1. Busse JW. Opioids and chronic pain. CMAJ. 2003 Oct 28;169(9):902
Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

☐ No
☒ Yes, as described below:

<table>
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<tr>
<th>Funder</th>
<th>Description of Research</th>
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<tr>
<td>CIHR</td>
<td>A systematic review of opioids for chronic non-cancer pain</td>
<td>PI</td>
<td>ongoing</td>
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<tr>
<td>CIHR</td>
<td>Reporting of IMMPACT-recommended core outcome domains among trials assessing opioids for chronic non-cancer pain</td>
<td>Senior author</td>
<td>2015</td>
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<tr>
<td>Ontario WSIB</td>
<td>Association of worker characteristics and early reimbursement for physical therapy, chiropractic and opioid prescriptions with workers' compensation claim duration, for cases of acute low back pain: An observational cohort study</td>
<td>Lead author</td>
<td>2015</td>
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<tr>
<td>No funder</td>
<td>Characteristics of Patients on Long-Term Opioid Therapy for Chronic Non-Cancer Pain: A Cross-Sectional Survey of Pain Clinic Attendees</td>
<td>Lead author</td>
<td>2015</td>
</tr>
<tr>
<td>No funder</td>
<td>Addressing the limitations of the CDC Guideline for Prescribing Opioids for Chronic Non-Cancer Pain</td>
<td>Lead author</td>
<td>2016</td>
</tr>
<tr>
<td>No funder</td>
<td>Attitudes toward the Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain: A Qualitative Study</td>
<td>Senior author</td>
<td>2016</td>
</tr>
</tbody>
</table>
Institutional Relationships
4. Do you generate revenues or nonfinancial benefits for your institution by teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   ☒ No
   ☐ Yes
   If yes, please explain:

5. Could your institution benefit or be harmed by recommendations of guidelines on this topic?
   ☒ No
   ☐ Yes
   If yes, please explain:

Career Advancement
6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?
   • I believe that my primary mentor & institution would be supportive of my guideline-related activities.

Advocacy and Policy Positions
7. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?
   ☒ No
   ☐ Yes
   If yes, are you involved in formulating or voting for positions?
   ☐ No
☐ Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

☐ Don’t know or not applicable

☐ No

☐ Yes

If yes, please explain:

**Professional Specialty**

8. What is your primary clinical specialty or subspecialty?

   Chiropractic

9. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

   ☒ No

   ☐ Yes

   If yes, please explain:

**Expected Interests**

10. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

    ☒ No

    ☐ Yes

    If yes, please describe:
Part C. Summary (NPC Internal Use)

The NPC will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

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<tr>
<td>Yes</td>
<td>Voting panel member (chair); member of steering committee</td>
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</table>

Notes:

Acknowledged PI of the Canadian Opioid Guideline. No financial COI. Has published articles questioning evidence base supporting opioids for CNCP, but not judged to represent significant intellectual conflict of interest. Approved as chair of the voting panel.
Opioid Guideline Panel
Declarations of Interest Form

Part A. Material Interests in Companies

Equity
1. Do you currently or in the past 24 months have you had equity in any for-profit company that
develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose,
treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and
other ownership interests but excludes diversified mutual fund shares.

☒ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

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Patents and Royalties
2. Do you currently or in the past 24 months have you owned patents for or received royalties from
any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health
conditions?

☒ No
☐ Yes, as described below:

Add rows as needed for each patent or royalty interest.

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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No

☐ Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 4.

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</tbody>
</table>

Industry-Funded Research

4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No

☐ Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.
Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<table>
<thead>
<tr>
<th>Company</th>
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<th>My Role</th>
<th>End Date</th>
<th>For NPC Internal Use</th>
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</table>

My Partner’s or Spouse’s Interests
5. Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?

☒ No
☐ Yes, as described below:

Add rows as needed for each interest.

<table>
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<tr>
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</table>
Part B. Interests That Are Not Mainly Financial

You have been invited by the National Pain Centre (NPC) to participate in the development of clinical practice guidelines on the following topic(s):

Opioids for treatment of chronic non-cancer pain

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   - ☒ No
   - ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   - ☐ No
   - ☒ Yes
   If yes, what were those views and where were they made? I presented a Grand Rounds for the Division of General Internal Medicine on 11/8/16 & 11/15/16. My views presented in these sessions were that clinicians should seek to make evidence-based, patient-centered decisions in the management of chronic pain.

Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
NAME:
Guideline Panel for the Canadian Guideline for Safe and Effective Use of Opioids for CNCP

☐ No
☒ Yes, as described below:

**Column 1**  Name the entity funding the research.

**Column 2**  Describe the research project.

**Column 3**  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

**Column 4**  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<table>
<thead>
<tr>
<th>Funder</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of GIM, Univ. of Colorado</td>
<td>Patient &amp; provider interviews</td>
<td>PI</td>
<td>6/1/2017</td>
</tr>
<tr>
<td>Center for Integrative Medicine, Univ. of Colo. Hospital</td>
<td>Patient interviews</td>
<td>PI</td>
<td>6/1/2017</td>
</tr>
<tr>
<td>VA QUERI</td>
<td>Systematic review</td>
<td>PI</td>
<td>6/1/2017</td>
</tr>
<tr>
<td>VA QUERI</td>
<td>Cohort study of VA pain care</td>
<td>PI</td>
<td>9/30/2020</td>
</tr>
<tr>
<td>VA QUERI</td>
<td>Implementation of team-based opioid tapering</td>
<td>Site PI</td>
<td>9/30/2020</td>
</tr>
<tr>
<td>VA HSR&amp;D</td>
<td>Development of primary care-based opioid tapering intervention</td>
<td>PI</td>
<td>8/31/2021</td>
</tr>
<tr>
<td>PCORI</td>
<td>Comparative effectiveness study of pain care strategies</td>
<td>Site PI</td>
<td>10/31/2021</td>
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</tbody>
</table>

**Institutional Relationships**

4. Do you generate revenues or nonfinancial benefits for your institution by teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

☐ Don’t know
5. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

☒ Don’t know
☐ No
☐ Yes

If yes, please explain:

Career Advancement
6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?

All would be supportive of collaboration outside of institution on this important topic.

Advocacy and Policy Positions
7. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

☒ No
☐ Yes

If yes, are you involved in formulating or voting for positions?

☐ No
☐ Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

☐ Don’t know or not applicable
☐ No
☐ Yes

If yes, please explain:

**Professional Specialty**
8. What is your primary clinical specialty or subspecialty?
   General Internal Medicine

9. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
   ☒ Yes
   If yes, please explain: I care for patients with chronic pain.

**Expected Interests**
10. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?
   ☒ No
   ☐ Yes
   If yes, please describe:
Part C. Summary (NPC Internal Use)

The NPC will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

<table>
<thead>
<tr>
<th>Name of guideline panel(s)</th>
<th>Joseph Frank</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Approved to participate?</th>
<th>Status</th>
<th>Date reviewed by staff</th>
<th>Date confirmed by oversight officer or committee</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>Yes</td>
<td>Voting panel member</td>
<td>January 4, 2017</td>
<td>January 4, 2017</td>
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</tbody>
</table>

Notes:

No financial COI. Recognized as having active research program in the area of opioids for CNCP. Activities not judged to confer conflict of interest in ability to act as an unbiased voting member. Approved as voting panel member.
# Opioid Guideline Panel

## Declarations of Interest Form

### Part A. Material Interests in Companies

**Equity**

1. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

   ☒ No

   ☐ Yes, as described below:

   Add rows as needed for each equity interest.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
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<tbody>
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</table>

**Patents and Royalties**

2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

   ☒ No

   ☐ Yes, as described below:

   Add rows as needed for each patent or royalty interest.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
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</tbody>
</table>
Personal Income or Other Remuneration

3. Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No

☐ Yes, as described below:

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Name the company.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column 2</td>
<td>Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.</td>
</tr>
<tr>
<td>Column 3</td>
<td>Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)</td>
</tr>
</tbody>
</table>

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 4.

<table>
<thead>
<tr>
<th>Company</th>
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Industry-Funded Research

4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No

☐ Yes, as described below:

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Name the company funding or supporting the research.</th>
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<tr>
<td>Column 2</td>
<td>Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.</td>
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Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?

☒ No

☐ Yes, as described below:

Add rows as needed for each interest.

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</table>
Part B. Interests That Are Not Mainly Financial

You have been invited by the National Pain Centre (NPC) to participate in the development of clinical practice guidelines on the following topic(s):

Opioids for treatment of chronic non-cancer pain

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?
   - ☐ No
   - ☑ Yes
   If yes, please explain: I participated in the 2010 opioid guidelines development and I strongly believe that it is important to provide best evidence and guidance to prescribers and patients regarding informed use and prescribing of opioids related to pain management.

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   - ☑ No
   - ☐ Yes
   If yes, what were those views and where were they made?

Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
☒ No

☐ Yes, as described below:

**Column 1** Name the entity funding the research.

**Column 2** Describe the research project.

**Column 3** Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

**Column 4** Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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<tr>
<th>Funder</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
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</table>

### Institutional Relationships

4. Do you generate revenues or nonfinancial benefits for your institution by teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

☐ Don’t know

☒ No

☐ Yes

If yes, please explain:

5. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

☐ Don’t know

☒ No

☐ Yes

If yes, please explain:
Career Advancement
6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?

I expect that the Board of Directors of the Canadian Pain Coalition would support my involvement.

Advocacy and Policy Positions
7. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

☒ Yes
☐ No

If yes, are you involved in formulating or voting for positions?

☒ Yes
☐ No

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

☒ Don’t know or not applicable
☐ No
☐ Yes

If yes, please explain:

Professional Specialty
8. What is your primary clinical specialty or subspecialty?

Person with pain representative – lived experience

9. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

☒ No
☐ Yes
If yes, please explain:

**Expected Interests**

10. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

- ☒ No
- ☐ Yes

If yes, please describe:
Part C. Summary (NPC Internal Use)

The NPC will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

<table>
<thead>
<tr>
<th>Name of guideline panel(s)</th>
<th>Canadian Opioid Guideline</th>
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<tr>
<th>Approved to participate?</th>
<th>Status</th>
<th>Date reviewed by staff</th>
<th>Date confirmed by oversight officer or committee</th>
<th>Notes</th>
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<tr>
<td>Yes</td>
<td>Voting panel member – patient representative</td>
<td>December 14, 2015</td>
<td>January 4, 2017</td>
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Notes:

Acknowledged president of Canadian Pain Coalition; advocate for patients with pain. Not judged to represent significant COI. Approved as voting panel member, patient representative.
Opioid Guideline Panel
Declarations of Interest Form

Part A. Material Interests in Companies

Equity
1. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

☒ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

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Patents and Royalties
2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No
☐ Yes, as described below:

Add rows as needed for each patent or royalty interest.

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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No

☐ Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 4.

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Industry-Funded Research

4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☑ No

☐ Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.
Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?

☒ No

☐ Yes, as described below:

Add rows as needed for each interest.

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Part B. Interests That Are Not Mainly Financial

You have been invited by the National Pain Centre (NPC) to participate in the development of clinical practice guidelines on the following topic(s):

Opioids for treatment of chronic non-cancer pain

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

☐ No
☒ Yes

If yes, please explain: Medication prescribing should be based on evidence.

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

☐ No
☒ Yes

If yes, what were those views and where were they made?


Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

☐ No
☒ Yes, as described below:

<table>
<thead>
<tr>
<th>Funder</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIHR/OSSU/</td>
<td>Providing people with medications for free</td>
<td>PI</td>
<td>2018</td>
</tr>
<tr>
<td>Health Canada</td>
<td>Developing educational intervention related to opioid prescribing</td>
<td>Co-investigator</td>
<td>2018</td>
</tr>
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</table>

Institutional Relationships

4. Do you generate revenues or nonfinancial benefits for your institution by teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

☒ Don’t know
☐ No
☐ Yes

If yes, please explain:
5. Could your institution benefit or be harmed by recommendations of guidelines on this topic?
   ☒ Don’t know
   ☐ No
   ☐ Yes
   If yes, please explain:

Career Advancement
6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?
   Unknown.

Advocacy and Policy Positions
7. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?
   ☒ No
   ☐ Yes
   I am a member of the OMA and CMA. I am licensed to practice medicine in Ontario.
   If yes, are you involved in formulating or voting for positions?
   ☒ No
   ☐ Yes
   If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?
   ☒ Don’t know or not applicable
   ☐ No
   ☐ Yes
   If yes, please explain:
Professional Specialty
8. What is your primary clinical specialty or subspecialty?
   Family medicine.

9. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
   ☒ Yes
   If yes, please explain:
   I treat patients with chronic pain as part of my general practice.

Expected Interests
10. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?
    ☒ No
    ☐ Yes
    If yes, please describe:
Part C. Summary (NPC Internal Use)

The NPC will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

<table>
<thead>
<tr>
<th>Name of guideline panel(s)</th>
<th>Canadian Opioid Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved to participate?</td>
<td>Status</td>
</tr>
<tr>
<td>Yes</td>
<td>Voting panel member</td>
</tr>
<tr>
<td></td>
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</table>

Notes:

No declared financial COI. Has published articles questioning the evidence base supporting opioids for CNCP but this was not judged to represent significant intellectual COI. Approved as voting panel member.
# Opioid Guideline Panel
## Declarations of Interest Form

### Part A. Material Interests in Companies

#### Equity
1. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

   - [ ] No
   - [ ] Yes, as described below:

      Add rows as needed for each equity interest.

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<thead>
<tr>
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</table>

#### Patents and Royalties
2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

   - [ ] No
   - [ ] Yes, as described below:

   Add rows as needed for each patent or royalty interest.

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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☐ No

☐ Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 4.

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</table>

Industry-Funded Research

4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☐ No

☐ Yes, as described below:

Column 1 Name the company funding or supporting the research.

Column 2 Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.
Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
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</table>

My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?

☐ No

☐ Yes, as described below:

Add rows as needed for each interest.

<table>
<thead>
<tr>
<th>Company</th>
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</table>
Part B. Interests That Are Not Mainly Financial

You have been invited by the National Pain Centre (NPC) to participate in the development of clinical practice guidelines on the following topic(s):

Opioids for treatment of chronic non-cancer pain

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?
   - ☐ No
   - ☐ Yes
   If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   - ☐ No
   - ☐ Yes
   If yes, what were those views and where were they made?

Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   - ☐ No
   - ☐ Yes, as described below:
Column 1  Name the entity funding the research.

Column 2  Describe the research project.

Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<table>
<thead>
<tr>
<th>Funder</th>
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Institutional Relationships

4.  Do you generate revenues or nonfinancial benefits for your institution by teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

☐ Don’t know
☐ No
☐ Yes

If yes, please explain:

5.  Could your institution benefit or be harmed by recommendations of guidelines on this topic?

☐ Don’t know
☐ No
☐ Yes

If yes, please explain:

Career Advancement

6.  How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution? *I would not anticipate any problems or limited support*
Advocacy and Policy Positions

7. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

☐ No
☐ Yes

If yes, are you involved in formulating or voting for positions?

☐ No
☐ Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

☐ Don’t know or not applicable
☐ No
☐ Yes

If yes, please explain:

Professional Specialty

8. What is your primary clinical specialty or subspecialty?

General internal medicine

9. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

☐ No
☐ Yes

If yes, please explain: I see a few patients with severe IBS in my outpatient clinic (<5/ year) and also patients with non-malignant pain disorders in my department of medicine, when I work clinically
(20% position). These patients may be on opioids and guideline recommendations may apply to their treatment.

Expected Interests

10. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

☐ No

☐ Yes

If yes, please describe:
Part C. Summary (NPC Internal Use)

The NPC will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

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<th>Per Olav Vandvik</th>
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<tr>
<td>Yes</td>
<td>Voting panel member</td>
<td>December 14, 2015</td>
<td>January 4, 2017</td>
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</tbody>
</table>

Notes:

NPC perceives no significant financial or intellectual COI that precludes this individual from participating on the guideline panel. Approved as voting panel member.
Opioid Guideline Panel
Declarations of Interest Form

Part A. Material Interests in Companies

Equity
1. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

☒ No

☐ Yes, as described below:

Add rows as needed for each equity interest.

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Patents and Royalties
2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

☒ No

☐ Yes, as described below:

Add rows as needed for each patent or royalty interest.

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Personal Income or Other Remuneration

3. Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☐ No
☒ Yes, as described below:

| Column 1 | Name the company. |
| Column 2 | Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony. |
| Column 3 | Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”) |

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 4.

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<tr>
<th>Company</th>
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<td>UCB</td>
<td>Chair Data Safety Monitoring Board for a biologic drug for Lupus</td>
<td>2019</td>
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Industry-Funded Research

4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☐ No
☒ Yes, as described below:

OMERACT (Outcome Measures in Rheumatology) [www.omeract.org] is an international research group that is supported by registration fees and has received unrestricted hands-off
funding from more than 23 pharmaceutical and clinical research companies over the past 2 years. PT is a member of the OMERACT Executive Committee; he received no financial remuneration for participation in this role.

Column 1  Name the company funding or supporting the research.

OMERACT [ ]

Column 2  Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.

Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<table>
<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?

☒ No

☐ Yes, as described below:

Add rows as needed for each interest.

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Part B. Interests That Are Not Mainly Financial

You have been invited by the National Pain Centre (NPC) to participate in the development of clinical practice guidelines on the following topic(s):

Opioids for treatment of chronic non-cancer pain

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

Personal Beliefs
1. Do you have strongly held beliefs related to the topic of these guidelines?
   ☒ No
   ☐ Yes
   If yes, please explain:

Previously Published Opinions
2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?
   ☒ No
   ☐ Yes
   If yes, what were those views and where were they made?

Research
3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
   ☒ No
   ☐ Yes, as described below:
Column 1  Name the entity funding the research.

Column 2  Describe the research project.

Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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Institutional Relationships

4. Do you generate revenues or nonfinancial benefits for your institution by teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?

☐ Don’t know
☒ No
☐ Yes

If yes, please explain:

5. Could your institution benefit or be harmed by recommendations of guidelines on this topic?

☐ Don’t know
☒ No
☐ Yes

If yes, please explain:

Career Advancement

6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution? NONE
Advocacy and Policy Positions

7. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?
   ☒ No
   ☐ Yes

If yes, are you involved in formulating or voting for positions?
   ☒ No
   ☐ Yes

If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?
   ☒ Don’t know or not applicable
   ☐ No
   ☐ Yes

If yes, please explain:

Professional Specialty

8. What is your primary clinical specialty or subspecialty? Internal Medicine

9. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
   ☒ No
   ☐ Yes

If yes, please explain:
Expected Interests

10. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

☒ No
☐ Yes

If yes, please describe:
### Part C. Summary (NPC Internal Use)

The NPC will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

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<th>Peter Tugwell</th>
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**Notes:**

NPC perceives no significant financial or intellectual COI that precludes this individual from participating on the guideline panel. Approved as voting panel member.
Part A. Material Interests in Companies

**Equity**

1. Do you currently or in the past 24 months have you had equity in any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and other ownership interests but excludes diversified mutual fund shares.

   ☒ No

   ☐ Yes, as described below:

   Add rows as needed for each equity interest.

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**Patents and Royalties**

2. Do you currently or in the past 24 months have you owned patents for or received royalties from any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health conditions?

   ☒ No

   ☐ Yes, as described below:

   Add rows as needed for each patent or royalty interest.
### Personal Income or Other Remuneration

3. Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

- [ ] No
- ☒ Yes, as described below:

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<th>Column 1</th>
<th>Name the company.</th>
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</thead>
<tbody>
<tr>
<td>Column 2</td>
<td>Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.</td>
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<tr>
<td>Column 3</td>
<td>Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)</td>
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Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 4.

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<td>Advisory Board</td>
<td>Dec 9, 2016</td>
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<tr>
<td>Bristol Myers Squibb</td>
<td>Advisory Board</td>
<td>Jan 1, 2016</td>
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<tr>
<td>CMPA</td>
<td>Expert Opinion/Testimony</td>
<td>Nov 1, 2016</td>
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<td>Johnson and Johnson</td>
<td>Ad Board/Speaking</td>
<td>July 1, 2016</td>
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<tr>
<td>MD Briefcase.com</td>
<td>Consulting CME</td>
<td>Dec 19, 2016</td>
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<td>Purdue Pharma</td>
<td>CME Presentations</td>
<td>Dec 8, 2016</td>
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<td>Sea Courses</td>
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<td>Tweed</td>
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<td>June 2016</td>
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Industry-Funded Research

4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

☐ No
☒ Yes, as described below:

<table>
<thead>
<tr>
<th>Company</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
<th>For NPC Internal Use</th>
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<td>Local Site</td>
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</table>

Add rows as needed for each research project.

My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?

☒ No

☐ Yes, as described below:

Add rows as needed for each interest.
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Part B. Interests That Are Not Mainly Financial

You have been invited by the National Pain Centre (NPC) to participate in the development of clinical practice guidelines on the following topic(s):

Opioids for treatment of chronic non-cancer pain

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?

☒ No
☐ Yes

If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

☐ No
☒ Yes

If yes, what were those views and where were they made?

I have presented educational programs on this topic to Physicians, Nurses, Nurse Practitioners and Pharmacists.

Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?
☒ No
☐ Yes, as described below:

Column 1 Name the entity funding the research.
Column 2 Describe the research project.
Column 3 Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.
Column 4 Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

<table>
<thead>
<tr>
<th>Funder</th>
<th>Description of Research</th>
<th>My Role</th>
<th>End Date</th>
</tr>
</thead>
</table>

Institutional Relationships

4. Do you generate revenues or nonfinancial benefits for your institution by teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
☐ Don’t know
☒ No
☐ Yes

If yes, please explain:

5. Could your institution benefit or be harmed by recommendations of guidelines on this topic?
☐ Don’t know
☒ No
☐ Yes

If yes, please explain:
Career Advancement

6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?

   I am the lead Physician for a Family Health Organization and a member of the Canadian Pain Society. I am not receiving any support from these organizations.

Advocacy and Policy Positions

7. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?

   ☒ No
   ☐ Yes

   If yes, are you involved in formulating or voting for positions?

   ☐ No
   ☐ Yes

   If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?

   ☐ Don’t know or not applicable
   ☐ No
   ☐ Yes

   If yes, please explain:

Professional Specialty

8. What is your primary clinical specialty or subspecialty?

   Family Medicine

9. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?

   ☐ No
☑ Yes

If yes, please explain:

I recommend tests such as urine drug testing, BPI, ORT and I prescribe both non-opioid and opioid medications for my patients with chronic pain.

Expected Interests
10. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

☑ No

☐ Yes

If yes, please describe:
## Part C. Summary (NPC Internal Use)

The NPC will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

<table>
<thead>
<tr>
<th>Name of guideline panel(s)</th>
<th>Sol Stern</th>
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<tr>
<th>Approved to participate?</th>
<th>Status</th>
<th>Date reviewed by staff</th>
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<tbody>
<tr>
<td>Yes</td>
<td>Voting panel member</td>
<td>December 14, 2015</td>
<td>January 4, 2017</td>
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Notes:

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**NAME: Sol Stern**

Guideline Panel for the Canadian Guideline for Safe and Effective Use of Opioids for CNCP
Opioid Guideline Panel
Declarations of Interest Form

Part A. Material Interests in Companies

Equity
1. Do you currently or in the past 24 months have you had equity in any for-profit company that
develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose,
treat, monitor, manage, or alleviate health conditions? Equity includes stock, stock options, and
other ownership interests but excludes diversified mutual fund shares.

☐ No
☐ Yes, as described below:

Add rows as needed for each equity interest.

<table>
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<tr>
<th>Company</th>
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Patents and Royalties
2. Do you currently or in the past 24 months have you owned patents for or received royalties from
any intellectual property or product used to diagnose, treat, monitor, manage, or alleviate health
conditions?

☐ No
☐ Yes, as described below:

Add rows as needed for each patent or royalty interest.

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3. Do you currently or in the past 24 months have you received personal income or other remuneration (e.g., reimbursement or financial support for the costs of travel) from any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

X   No

☐ Yes, as described below:

Column 1 Name the company.

Column 2 Describe the activity for which you received income or other remuneration, e.g., employment, consultancy, speakers bureau involvement, service on an advisory committee or board, expert testimony.

Column 3 Indicate when the activity ended, if applicable. (If the activity has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each activity.

To report activities that generate revenues for your institution, see Part B, Question 4.

4. Do you currently or in the past 24 months have you been involved in research funded or supported (e.g., in kind support) by any for-profit company that develops, produces, markets, or distributes drugs, devices, services, or therapies used to diagnose, treat, monitor, manage, or alleviate health conditions?

X   No
☐ Yes, as described below:

Column 1  Name the company funding or supporting the research.

Column 2  Briefly describe the research project. Indicate if funding or support goes to you directly or to your institution.

Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.

Column 4  Indicate when your involvement ended, if applicable. (If your involvement has not yet ended, indicate “current” or “ongoing.”)

Add rows as needed for each research project.

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My Partner’s or Spouse’s Interests

5. Currently or in the past 24 months has your partner or spouse had any of the interests described in questions 1-4?

X  No

☐ Yes, as described below:

Add rows as needed for each interest.

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Opioids for treatment of chronic non-cancer pain

The questions that follow are designed to elicit information about personal beliefs, intellectual positions or opinions, institutional relationships, and other interests that are not mainly financial and that may be relevant to guidelines on the above topic(s).

Personal Beliefs

1. Do you have strongly held beliefs related to the topic of these guidelines?
   
   X  No
   
   ☐  Yes

   If yes, please explain:

Previously Published Opinions

2. Have you ever authored, coauthored, or publicly provided an opinion related to the topic of these guidelines, e.g., a clinical practice guideline, textbook, review article, meeting poster or presentation, grand rounds talk, letter to the editor?

   X  No
   
   ☐  Yes

   If yes, what were those views and where were they made?

Research

3. Currently or in the past 24 months, have you been involved in a leadership role in any research project not already reported under Part A, Question 4, relevant to the topic of these guidelines, e.g., a research project funded by a nonprofit or governmental organization?

   X  No
☐ Yes, as described below:

Column 1  Name the entity funding the research.
Column 2  Describe the research project.
Column 3  Describe your role: (a) national or overall principal investigator, (b) member of a steering committee of a study that does not have a principal investigator, (c) site or local investigator. If other than these options, please describe.
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Institutional Relationships
4. Do you generate revenues or nonfinancial benefits for your institution by teaching, speaking, consulting, testifying, writing, or otherwise sharing your knowledge or opinions about this guideline topic?
   ☐ Don’t know
   X  No
   ☐ Yes
   If yes, please explain:

5. Could your institution benefit or be harmed by recommendations of guidelines on this topic?
   ☐ Don’t know
   X  No
   ☐ Yes
   If yes, please explain:

Career Advancement
6. How would you characterize the support you would receive from your primary mentor, institution, or other entities if your work on this panel or authorship of these guidelines generated a strong reaction from peers outside your institution?
I do not anticipate any specific reaction (either positive or negative), as this would be considered part of my academic activities.

Advocacy and Policy Positions
7. Do you work for or are you a member of an organization with a stated position related to the topic of these guidelines, e.g., position statement, editorial, blog, amicus brief, or legislature or legal testimony?
   
   X No
   ☐ Yes
   
   If yes, are you involved in formulating or voting for positions?
   
   ☐ No
   ☐ Yes
   
   If yes, could recommendations of these guidelines conflict with policies you have promoted or are obligated to follow?
   
   ☐ Don’t know or not applicable
   ☐ No
   ☐ Yes
   
   If yes, please explain:

Professional Specialty
8. What is your primary clinical specialty or subspecialty?
   
   General Internal Medicine (hospital-based)

9. Do you prescribe or otherwise recommend diagnostic tests or treatments that may be addressed by these guidelines?
   
   ☐ No
   X Yes
   
   If yes, please explain:
Expected Interests

10. Do you expect new financial or nonfinancial interests relevant to the topic of these guidelines not already declared in Part A or Part B of this form?

☐ No

☐ Yes

If yes, please describe:

A small proportion of our inpatients are under opioid medication, which is either initiated, pursued, modified, or tapered during their hospital stay.
Part C. Summary (NPC Internal Use)

The NPC will review your disclosures and summarize here interests that are judged to be current, material, and with an affected company. You will then be invited to review our determinations and to agree to make all parts of this form (A, B and C) publically available.

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<td>January 4, 2017</td>
<td>NPC perceives no significant financial or intellectual COI that precludes this individual from participating on the guideline panel. Approved as voting panel member.</td>
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