

ICMJE DISCLOSURE FORM

Date: November 6, 2023

Your Name: Sara N Davison

Manuscript Title: Pain Management and the Use of Opioids in Adults with Kidney Failure Receiving Conservative Kidney Management

Manuscript number (if known): APM-23-407

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated)	<input checked="" type="checkbox"/> None	

	in item #1 above).		
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Please place an “X” next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7-11-2023

Your Name: A/Prof Nicola Wearne

Manuscript Title: Title: Pain Management and the Use of Opioids in Adults with Kidney Failure Receiving Conservative Kidney Management

Manuscript number (if known): APM-23-407

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Time frame: past 36 months			

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

I have no conflicts of interest related to this paper

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7th November 2023

Your Name: Peace

Bagasha

Manuscript Title: **Pain Management and the Use of Opioids in Adults with Kidney Failure Receiving Conservative Kidney Management.**

Manuscript number (if known): APM-23-407

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	No time limit for this item.		
Time frame: past 36 months			
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

No COI

Please place an “X” next to the following statement to indicate your agreement:

X : I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7 November 2023

Dr Rene Krause

Title: Pain Management and the Use of Opioids in Adults with Kidney Failure Receiving Conservative Kidney Management

Manuscript number (if known): APM-23-407

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing)	___ African Palliative Care Association (APCA)	
		Palliative Care Practitioners	

	charges, etc.) No time limit for this item.	Association Of South Africa. (PalPrac)	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> Discovery Fellowship Grant NIHR Grant (GHaP)	Not linked to this article
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> GHaP	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> APCA PalPrac	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-	<input checked="" type="checkbox"/> None	

financial interests		

Please summarize the above conflict of interest in the following box:

I am employed by the University of Cape Town. I work clinically in Groote Schuur Hospital. I serve on the board of APCA and PalPrac. I am part of the GHaP consortium and I have received a Discovery grant.

Please place an "X" next to the following statement to indicate your agreement:

x I certify that I have answered every question and have not altered the wording of any of the questions on this form.