

## ICMJE DISCLOSURE FORM

Date: Jan 11, 2022  
 Your Name: Ronald Chow  
 Manuscript Title: The association between statin use and COVID-19 adverse outcomes:  
 National COVID-19 cohort in South Korea  
 Manuscript number (if known): APM-21-3464-CL

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> None	
<b>Time frame: past 36 months</b>			
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	

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:**

None.

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

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

## ICMJE DISCLOSURE FORM

Date: January 11, 2022

Your Name: Jihui Lee

Manuscript Title: The association between statin and COVID-19 adverse outcomes: National COVID-19 cohort in South Korea

Manuscript number (if known): APM-21-3464-CL

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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"/> X <input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

None.

**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: 1/11/22

Your Name: Hyerim, Noh

Manuscript Title: The association between statin and COVID-19 adverse outcomes: National COVID-19 cohort in South Korea

Manuscript number (if known): \_\_\_\_\_

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

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

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

## ICMJE DISCLOSURE FORM

Date: Jan/11/ 2022  
 Your Name: Jongseong Lee  
 Manuscript Title: The association between statin and COVID-19 adverse outcomes: National COVID-19 cohort in South Korea  
 Manuscript number (if known): APM-21-3464-CL

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

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  v  </u> None	
3	Royalties or licenses	<u>  v  </u> None	
4	Consulting fees	<u>  v  </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>  v  </u> None	
6	Payment for expert testimony	<u>  v  </u> None	
7	Support for attending meetings and/or travel	<u>  v  </u> None	
8	Patents planned, issued or pending	<u>  v  </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>  v  </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>  v  </u> None	
11	Stock or stock options	<u>  v  </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>  v  </u> None	
13	Other financial or non-financial interests	<u>  v  </u> None	

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

None

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: 1/11/22  
 Your Name: Charles B. Simone, II  
 Manuscript Title: The association between statin and COVID-19 adverse outcomes: National COVID-19 cohort in South Korea  
 Manuscript number (if known): APM-21-3465-CL

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

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>  X  </u> None	
3	Royalties or licenses	<u>  X  </u> None	
4	Consulting fees	<u>  X  </u> 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 type="checkbox"/> None	Editor-in-Chief, Annals of Palliative Medicine
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:**

Dr. Simone serves as the Editor-in-Chief for Annals of Palliative Medicine.

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

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

## ICMJE DISCLOSURE FORM

Date: Jan. 25<sup>th</sup>, 2021

Your Name: Hyun Joon Shin

Manuscript Title: The association between statin and COVID-19 adverse outcomes: National COVID-19 cohort in South Korea

Manuscript number (if known): APM-21-3464-CL

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None.

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

## ICMJE DISCLOSURE FORM

Date: Jan/12/2022  
 Your Name: Young-Geun Choi  
 Manuscript Title: The association between statin and COVID-19 adverse outcomes:  
 National COVID-19 cohort in South Korea  
 Manuscript number (if known): APM-21-3464-CL

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	___ None	YGC's work was supported, in part, by 2020R1G1A1A01006229 awarded by the National Research Foundation of Korea.
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2	Grants or contracts from any entity (if not indicated in item #1 above).	_x_ None	
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