

ICMJE DISCLOSURE FORM

Date: March 01, 2023

Your Name: Ji-Yoon Oh

Manuscript Title: Codeine prescription pattern and treatment responses in patients with chronic cough: a routinely collected institutional database analysis

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.

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

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ICMJE DISCLOSURE FORM

Date: March 01, 2023

Your Name: Yu Ri Kang

Manuscript Title: Codeine prescription pattern and treatment responses in patients with chronic cough: a routinely collected institutional database analysis

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ICMJE DISCLOSURE FORM

Date: March 01, 2023

Your Name: Jin An

Manuscript Title: Codeine prescription pattern and treatment responses in patients with chronic cough: a routinely collected institutional database analysis

Manuscript number (if known): _____

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Date: March 01, 2023

Your Name: Eugene Choo

Manuscript Title: Codeine prescription pattern and treatment responses in patients with chronic cough: a routinely collected institutional database analysis

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: March 01, 2023

Your Name: Ji-Hyang Lee

Manuscript Title: Codeine prescription pattern and treatment responses in patients with chronic cough: a routinely collected institutional database analysis

Manuscript number (if known): _____

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Date: March 01, 2023

Your Name: Hyouk-Soo Kwon

Manuscript Title: Codeine prescription pattern and treatment responses in patients with chronic cough: a routinely collected institutional database analysis

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Date: March 01, 2023

Your Name: Jae-Seung Lee

Manuscript Title: Codeine prescription pattern and treatment responses in patients with chronic cough: a routinely collected institutional database analysis

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ICMJE DISCLOSURE FORM

Date: March 01, 2023

Your Name: Sei Won Lee

Manuscript Title: Codeine prescription pattern and treatment responses in patients with chronic cough: a routinely collected institutional database analysis

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Your Name: Tae-Bum Kim

Manuscript Title: Codeine prescription pattern and treatment responses in patients with chronic cough: a routinely collected institutional database analysis

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Date: March 01, 2023

Your Name: Yeon - Mok Oh

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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____ None | |
| | | | |
| 3 | Royalties or licenses | ____ None | |
| | | | |
| 4 | Consulting fees | ____ None | |
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|----|--|------------------|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u> </u> None | |
| 6 | Payment for expert testimony | <u> </u> None | |
| 7 | Support for attending meetings and/or travel | <u> </u> None | |
| 8 | Patents planned, issued or pending | <u> </u> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <u> </u> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <u> </u> None | |
| 11 | Stock or stock options | <u> </u> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u> </u> None | |
| 13 | Other financial or non-financial interests | <u> </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: March 01, 2023

Your Name: You Sook Cho

Manuscript Title: Codeine prescription pattern and treatment responses in patients with chronic cough: a routinely collected institutional database analysis

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.

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

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

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

None

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ICMJE DISCLOSURE FORM

Date: March 01, 2023

Your Name: Sang-Do Lee

Manuscript Title: Codeine prescription pattern and treatment responses in patients with chronic cough: a routinely collected institutional database analysis

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.

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.

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| 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. | ____ None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____ None | |
| | | | |
| 3 | Royalties or licenses | ____ None | |
| | | | |
| 4 | Consulting fees | ____ None | |
| | | | |

| | | | |
|----|--|------------------|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <u> </u> None | |
| 6 | Payment for expert testimony | <u> </u> None | |
| 7 | Support for attending meetings and/or travel | <u> </u> None | |
| 8 | Patents planned, issued or pending | <u> </u> None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <u> </u> None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <u> </u> None | |
| 11 | Stock or stock options | <u> </u> None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <u> </u> None | |
| 13 | Other financial or non-financial interests | <u> </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: March 01, 2023

Your Name: Woo-Jung Song

Manuscript Title: Codeine prescription pattern and treatment responses in patients with chronic cough: a routinely collected institutional database analysis

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.

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. | Merck Sharp & Dohme Corp | Paied to me |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Merck Sharp & Dohme Corp | Paied to me |
| | | | |
| 3 | Royalties or licenses | None | |
| | | | |
| 4 | Consulting fees | MSD, GSK, AstraZeneca, | Paid to me |

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

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

WJS declares academic grants from MSD, consulting fees from MSD, GSK, AstraZeneca, and Novartis, and honoraria from MSD, GSK, AstraZeneca, and Novartis.

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.