ICMJE DISCLOSURE FORM

Date: 5/7/2025

Your Name: Doriana Taccardi

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

Manuscript Number (if known): **188620-JCI-CRPH-RV-2**

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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3	Royalties or licenses	☐ **None**	

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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**	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 5/7/2025

Your Name: Amanda M Zacharias

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

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Date: 5/7/2025

Your Name: Hailey GM Gowdy

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

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		CIHR (Canadian Institutes of Health Research) Doctoral Research Award: Canada Graduate Scholarships (FRN: FBD-193271)	Paid to me with my institution as an intermediary as a stipend for my doctoral research.
3	Royalties or licenses	☒ **None**	

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Date: 5/7/2025

Your Name: Mitra Knezic

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

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Date: 5/7/2025

Your Name: Marc Parisien

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

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Date: 5/7/2025

Your Name: Etienne J Bisson

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

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Date: 5/7/2025

Your Name: Zhi Yi Fang

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

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Date: 5/7/2025

Your Name: Sara A. Stickley

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

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Date: 5/7/2025

Your Name: Elizabeth Brown

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

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Date: 5/7/2025

Your Name: Daenis Camiré

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

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Date: 5/7/2025

Your Name: Rosemary Wilson

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

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Time frame: Since the initial planning of the work			
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			Click the tab key to add additional rows.
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**	

		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)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
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**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 5/7/2025

Your Name: Lesley N Singer

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

Manuscript Number (if known): **188620-JCI-CRPH-RV-2**

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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3	Royalties or licenses	☒ **None**	

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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**	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 5/7/2025

Your Name: Jennifer Daly-Cyr

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

Manuscript Number (if known): **188620-JCI-CRPH-RV-2**

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3	Royalties or licenses	☒ **None**	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
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**	

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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 5/7/2025

Your Name: Manon Choinière

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

Manuscript Number (if known): **188620-JCI-CRPH-RV-2**

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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**	
		Canadian Institutes of Health Research	Funding to Queen's University
		CIHR-SPOR	Funding to Queen's University
			Click the tab key to add additional rows.
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**	

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
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**	

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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**	

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ICMJE DISCLOSURE FORM

Date: 5/7/2025

Your Name: Zihang Lu

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

Manuscript Number (if known): **188620-JCI-CRPH-RV-2**

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3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
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**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 5/7/2025

Your Name: Gabrielle Pagé

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

Manuscript Number (if known): **188620-JCI-CRPH-RV-2**

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Canadian Institutes of Health Research	Institution
		Fonds de recherche du Québec en santé	Institution
		Chronic Pain Center of Excellence for Veterans	Institution
3	Royalties or licenses	☒ **None**	

		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)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
		Canadian Pain Society	Individual
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**	
		Canadian Pain Society	Board member

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 5/7/2025

Your Name: Luda Diatchenko

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

Manuscript Number (if known): **188620-JCI-CRPH-RV-2**

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		Canadian Excellence Research Chairs (grant #CERC09)	The payments were made to my institution
		Pfizer Canada Professorship in Pain Research	The payments were made to my institution
			Click the tab key to add additional rows.
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**	

		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)
4	Consulting fees	☐ **None**	
		ONO Pharma	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☐ **None**	
		LD has published patent No.: US 2024/0299448-Al and licensing agreement with Orthogen AG on neutrophil activation in pain	Patent is to LD but no payments were made
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**	

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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 5/7/2025

Your Name: Qingling Duan

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

Manuscript Number (if known): **188620-JCI-CRPH-RV-2**

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		Canadian Institutes of Health	
		National Institutes of Health	
3	Royalties or licenses	☒ **None**	

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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**	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 5/7/2025

Your Name: Nader Ghasemlou

Manuscript Title: Circadian rhythmicity and biopsychosocial characteristics influence opioid use in chronic low back pain

Manuscript Number (if known): **188620-JCI-CRPH-RV-2**

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		Canadian Institutes of Health Research	Funding to institution
		CIHR-SPOR	Funding to institution
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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**	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☐ **None**	
		Methods for preventing and treating chronic pain	US 2024/0299448 A1: for the targeting of neutrophils in chronic pain
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**	
		Canadian Pain Society	Co-chair, Awards Committee
		International Association for the Study of Pain	Chair, Task Force for the use of animals in pain research

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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