Appendix

Boesen K, Gøtzsche PC, Ioannidis JPA. Requesting conflicts of interest declarations from the European Medicines Agency: 3-year follow-up status.

Table 1. Correspondence with EMA

Date	Content
27 Jan 2020	Study protocol published on MedRxiv.
10 Feb 2020	Submission of Freedom of Information (FOI) request to the EMA.
11 Feb 2020	EMA: Automated response acknowledging receipt.
11 Feb 2020	EMA: Asks for clarification of the scope of our submission.
11 Feb 2020	We respond and confirm the scope of our request.
14 Feb 2020	EMA: Stating that our request is being processed but due to the EMA's relocation there might be delays. Furthermore, two other FOI requests from the first author's "firm" (Cochrane) will be processed before this request.
18 February 2020	We ask EMA why they state to have two other FOI requests, as we only have knowledge of one other request from the first-author's then-current affiliation (the Nordic Cochrane Centre), which was a request unrelated to the first author. We state it should not affect our request if other Cochrane centres submit requests.
28 February 2020	EMA: Responds, "Indeed this request was submitted by another Cochrane Centre but is placed in the same queue as both the Nordic Cochrane Centre and the other Centre are members of the Cochrane organisation. Kindly note that this approach is in line with the approach applied in the past to the different Cochrane Centres when processing access to documents requests. The Agency applies a queuing system for access to documents requests, in line with the principle of proportionality as set out in its Policy 43, in order to avoid that the core business tasks of the Agency and its performance would be jeopardised by the workload related to activities conducted by the Agency in accordance with Regulation (EC) No 1049/2001."

29 June 2020	Follow-up to enquire about status of our request.
30 June 2020	EMA: Reiterating their response from 14 February 2020 and reiterating that they will contact us then they start processing our request.
30 April 2021	Study presenting the results of the first 3 objectives of our protocol published in Epidemiology and Psychiatric Sciences.
22 June 2022	EMA: Contacts Cochrane's Central Executive Team regarding our FOI request. EMA had sent an email to the first author (KB) (unknown what exact date) but due to job change the contact email was no longer active. 23 June 2022: Cochrane CET contacts the first author's previous affiliation, Cochrane Denmark. 12 Aug 2022: EMA: Follow-up enquiry. 25 Aug 2022: The first author is contacted about request. 26 Aug 2022: Cochrane Denmark informs EMA about first author's current contact information.
12 Sep 2022	We follow-up with EMA about enquiry.
20 Oct 2022	We send EMA a second follow-up email.
20 Oct 2022	EMA: Response and confirmation that they will now process our request. 20 Oct 2022: EMA: Follow-up email that we will receive data on 9 Nov with a possible delay of up to 14 days. 20 Oct 2022: We confirm receipt of email.
9 Nov 2022	EMA: Batch 1 released (autism spectrum disorder).
30 Nov 2022	EMA: Notification that, "due to current high volume of requests" the deadline for release of Batch 2 is extended to 21 Dec 2022.
16 Dec 2022	EMA: Batch 2 released (depression guideline).
18 Jan 2023	EMA: Batch 3 released (schizophrenia guideline).
18 Jan 2023	EMA: Email from coordinator asking whether we would like to proceed with our request.

23 Jan 2023	Response, asking them to clarify continued procedure about receiving one guideline per batch and expected time between each batch.
25 Jan 2023	EMA: Responding that they will continue to send one guideline per batch. Additionally, because the remaining batches pertain to COI declarations from before 2011, these declarations were not published online; EMA therefore has to seek permission from then-CHMP committee members, which could prove laborious.
15 Feb 2023	EMA: Follow-up regarding whether to proceed with request.
15 Feb 2023	Response, withdrawing the remainder of our request, as it seemed to require excessive efforts to retrieve the remaining COIs in addition to long waiting time on our side to receive the final batches and with uncertain retrieval rate.