Date:	1/7/2025
Your Name:	Elisabeth Bendstrup
Manuscript Title:	Lungevolumenreduktion til behandling af emfysem
Manuscript Number (if known):	Click or tap here to enter text.

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 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.

		e all entities with whom you have this onship 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	Click the tab key to add additional rows.
		Time frame: past 36 month	s
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	Boehringer Ingelheim AstraZeneca Daiichi-Sankyo	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Boehringer Ingelheim	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Boehringer Ingelheim Simbec-Orion	
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	
Plea 🖂	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.		

Dat	<b>e</b> : 14. marts 2025		
You	r name: Ole Dan Jørgens	sen	
			behandling af emfysem
Mai	nuscript number (if known	):	
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	uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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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)
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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	⊠ None	
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111111	e frame. past 50 months		
2	Grants or contracts from	<b>⊠</b> None	
	any entity (if not indicated in item #1 above).		
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3	Royalties or licenses	<b>☑</b> None	

4	Consulting fees	<b>⊠</b> None	
_	Daymont or honoraria for	M No.	
5	Payment or honoraria for lectures, presentations,	<b>⊠</b> None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
	educational events		
6	Payment for expert	<b>⊠</b> None	
	testimony	Zivone	
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7	Support for attending	<b>☑</b> None	
	meetings and/or travel		
8	Patents planned, issued or	<b>☑</b> None	
	pending		
0	Double in the second	<b>57.</b>	
9	Participation on a Data Safety Monitoring Board	None	
	or Advisory Board		
	of Advisory Board		
10	Leadership or fiduciary	<b>⊠</b> None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	☑ None	
12	Descint of aguinment	N N	
12	Receipt of equipment, materials, drugs, medical	<b>☑</b> None	
	writing, gifts or other		
	services		
	JCI VICES		
13	Other financial or non-	⊠ None	
	financial interests		

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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	<b>e</b> : 14. januar 2025		
You	ı <b>r name</b> : Kåre Hornbech		
Mai	nuscript title: Lunge	volumenreduktion til behand	ling af emfysem
	nuscript number (if knowr		
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	ollowing questions apply t uscript only.	o the author's relationship	ps/activities/interests as they relate to the <u>current</u>
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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)
Tim	e frame: Since the initial pla		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	⊠ None	
	article processing charges, etc.)		
	etc.)  No time limit for this		Click TAB in last row to add extra rows
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2	etc.)  No time limit for this item.  e frame: past 36 months  Grants or contracts from any entity (if not indicated in item #1 above).		Click TAB in last row to add extra rows

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

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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	<b>e</b> : 9. januar 2025		
You	r name: Thomas Decker	Christensen	
Mai	nuscript title: Lungev	olumenreduktion til behandl	ing af emfysem
	nuscript number (if known		,
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to ou do so.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	nins to the epidemiology of sypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
othe	i items, the time frame for	uisclosure is the past 50 i	nontris.
		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)
Tim	e frame: Since the initial plan	-	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		CHER TAB III last TOW to add extra Tows
	e frame. past 30 months		
2	Grants or contracts from	<b>⊠</b> None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	⊠ None	
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4	Consulting fees	□ None	
		AstraZeneca	Payment to me
		Sanofi	Payment to me
_	Decimant on homographic for		
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers bureaus,	AstraZeneca	Payment to me
	manuscript writing or	Bristol Myers Squibb	Payment to me
	educational events	Chiesi	Payment to me
	educational events		
6	Payment for expert	<b>⊠</b> None	
	testimony		
	-		
7	Support for attending	☑ None	
	meetings and/or travel		
0	Detecte along of income	<b>M</b> ••	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	<b>⊠</b> None	
	Safety Monitoring Board	Z None	
	or Advisory Board		
10	Leadership or fiduciary	None     Non	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
11	Stock of Stock Options	M MOHE	
12	Receipt of equipment,	☑ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	<b>e</b> : 14. marts 2025		
You	r name: Kirstine Herman	ın Jørgensen	
Mar	nuscript title: Lunge	evolumenreduktion til	behandling af emfysem
Mar	nuscript number (if known	):	
are re third comr list a	elated to the content of you parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	
	uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported disclosure is the past 36 r	
		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	e frame: Since the initial plan	-	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this		
	item.		
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Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	<b>⊠</b> None	

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

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	<b>e</b> : 12. december 2024		
You	r name: Michael Perch		
Mai	nuscript title: Lunge	evolumenreduktion til	behandling af emfysem
Mai	nuscript number (if known	):	
are re third comr list a The f	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.  Dis/activities/interests as they relate to the current
The a perta antih In ite	author's relationships/activalins to the epidemiology of ypertensive medication, ex	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.  d in this manuscript without time limit. For all 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)
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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your
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.	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your institution)
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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.  Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) ming of the work  None	(e.g., if payments were made to you or to your institution)
Time	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.  Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) ning of the work  None  None	(e.g., if payments were made to you or to your institution)
Time	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.  Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) ming of the work  None	(e.g., if payments were made to you or to your institution)
Time	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.  Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) ning of the work  None  None	(e.g., if payments were made to you or to your institution)
Time	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.  Grants or contracts from any entity (if not indicated in item #1 above).	whom you have this relationship or indicate none (add rows as needed) ming of the work  None  None	(e.g., if payments were made to you or to your institution)

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

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