Dat	e : 4/5-2025 Klik eller tryk for	r at angive en dato.	
You	r name: Line Hansen		
Maı	nuscript title: Metakron kolo	oncancer 3,5 år efter succesfu	ald behandling af metastaserende dMMR koloncancer
Maı	nuscript number (if known): UFL-02-25-0130	
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 bu do so.
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perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript I declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all supper items, the time frame for		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)
Time	e frame: Since the initial plan	ning of the work	
1	All support for the present	⊠ None	,
	manuscript (e.g., funding, provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
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Time	e frame: past 36 months		
2	Grants or contracts from	⋈ None	
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	in item #1 above).		
2	Dayaltias or lissues		
3	Royalties or licenses	⊠ None	

4	Canadalia a fara	57
4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
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8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board	- None
	or Advisory Board	
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
	materials, drugs, medical	- None
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	
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Date	e : 30.04.2025 Klik e	ller tryk for at angive	en dato.
You	r name: Christian Thomse	n	
Maı	nuscript title: Metakron kolo	rektalcancer 3,5 år efter suc	cesfuld behandling af metastaserende dMMR
Mai	nuscript number (if known)): UFL. nr: 02-25-0130	
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perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no	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)
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.) No time limit for this item.	⊠ None	
			Click TAB in last row to add extra rows
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		⊠ None	

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4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
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8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board	- None
	or Advisory Board	
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
	materials, drugs, medical	- None
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	
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Date : 30.04.2025	
Your name: Lykke Grubach	
Manuscript title: Metakron kolorektalcancer 3,5 år efter succesfuld behandling af metastaserende dMMR coloncancer	
Manuscript number (if known): UFL. nr: 02-25-0130	

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

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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.

Time	frame: Since the initial pla	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)
	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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2	Grants or contracts from any entity (if not indicated in item #1 above).	None Non	
	,		
3	Royalties or licenses	⊠ None	
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	
11	Stock or stock options	⊠ None	

	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
4.2	Oth and financial annual	57	
	Other financial or non- financial interests	None	

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Dat	e: 4/5-2025 Klik eller tryk for	r at angive en dato.	
You	r name: Inga Makieva		
Mai	nuscript title: Metakron kolo	oncancer 3,5 år efter succesfu	ald behandling af metastaserende dMMR koloncancer
Mai	nuscript number (if known): UFL-02-25-0130	
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perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all supper items, the time frame for		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)
Tim	e frame: Since the initial plan	ning of the work	
1	All support for the present	⊠ None	
	manuscript (e.g., funding, provision of study		
	materials, medical writing,		
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3	Royalties or licenses	⊠ None	

4	Canadalia a fara	57
4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
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8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board	- None
	or Advisory Board	
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
	materials, drugs, medical	- None
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	
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Dat	e: 25.04.25 Klik eller try	k for at angive en dato	
You	ır name: Malene Lundsgaaı	rd	
Ma	nuscript title: Metakron kolo	rektalcancer 3,5 år efter suc	cesfuld behandling af metastaserende dMMR
Ma	nuscript number (if known): UFL. nr: 02-25-0130	
are r third comi	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 bu do so.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih	ains to the epidemiology of hypertensive medication, ev	hypertension, you should ven if that medication is n	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
	r items, the time frame for	•	·
		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	
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Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	
3	Royalties or licenses	⊠ None	

4	Canadalia a fara	57
4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
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8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board	- None
	or Advisory Board	
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
	materials, drugs, medical	- None
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	
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Dat	e : 4/5-2025 Klik eller tryk for	r at angive en dato.	
You	r name : Laurids Ø. Pouls	sen	
Mai	nuscript title: Metakron kolo	oncancer 3,5 år efter succesfu	ald behandling af metastaserende dMMR koloncancer
Mai	nuscript number (if known): UFL-02-25-0130	
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 bu do so.
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	m #1 below, report all supper items, the time frame for		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)
Tim	e frame: Since the initial plan	ning of the work	
1	All support for the present	⊠ None	
	manuscript (e.g., funding, provision of study		
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3	Royalties or licenses	⊠ None	

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	lectures, presentations, speakers bureaus, manuscript writing or	MSD	Payment for lecture	
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6	Payment for expert	None		
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7	Support for attending	☐ None	□ None	
	meetings and/or travel	MSD		
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8	Patents planned, issued or	⊠ None		
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9	Participation on a Data	□ None		
	Safety Monitoring Board	MSD	Advisory board	
	or Advisory Board	IVISD	Advisory board	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None		
11	Stock or stock options	Charles a sheet autience Maria		
11	Stock of Stock options	⊠ None		
12	Receipt of equipment,	None	,	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non- financial interests	⊠ None		

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Date : 31. marts 2025		
Your name: Michael Bødker Lauritzen		
Manuscript titel: Metakron koloncancer 3,5 år efter succesfuld behandling af metastaserende dMMR koloncancer		
Manuscript number (if known): UFL-02-25-0130		

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3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	⊠ None	
	educational events		
6	Payment for expert testimony	⊠ None	
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board		
	or Advisory Board		
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	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non- financial interests	⊠ None	

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