Dat	e : 10. marts 2025		
	Ir name: Pernille Hermar	nn	
			way ayaal aataay ayaa
	· · · · · · · · · · · · · · · · · · ·		nenopausal osteoporose.
Ma	nuscript number (if known	1):	
are rethird comments to the co	elated to the content of your parties whose interests me mitment to transparency a relationship/activity/inter	our 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 tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Os/activities/interests as they relate to the current
perta	ains to the epidemiology of	f 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 sup r 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 plai	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
Tim 1	All support for the present	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
	All support for the present manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) nning 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	whom you have this relationship or indicate none (add rows as needed) nning 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,	whom you have this relationship or indicate none (add rows as needed) nning 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	whom you have this relationship or indicate none (add rows as needed) nning 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.)	whom you have this relationship or indicate none (add rows as needed) nning 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) nning 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.)	whom you have this relationship or indicate none (add rows as needed) nning 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) nning 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	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)
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) nning of the work	(e.g., if payments were made to you or to your institution)
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) nning of the work None	(e.g., if payments were made to you or to your institution)
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 any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) nning of the work None	(e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows Advisory board and speaker
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) nning of the work None None	(e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows Advisory board and speaker speaker
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 any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) nning of the work None	(e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows Advisory board and speaker
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 any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) nning of the work None None	(e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows Advisory board and speaker speaker

4	Consulting fees	⊠ None	
5	Payment or honoraria for	□ None	
	lectures, presentations,	UCB	speaker
	speakers bureaus,	Amgen	speaker
	manuscript writing or	Gideon Richter	Speaker
	educational events		
6	Payment for expert	⊠ None	
	testimony	Zivone	
	,		
7	Support for attending	None	
	meetings and/or travel	UCB	ECTS and IOF conference
8	Patents planned, issued or	⊠ None	
	pending		
_		_	
9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board	UCB	Advisory board
	Of Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
	ulipalu		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
12	materials, drugs, medical	M NOTE	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

🛛 I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Please save/export the filled in **form as PDF** before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Dat	e : 7. marts 2025		
You	r name: Pia Agnete Eike	n	
Mai	nuscript title: Sekver	nsbehandling af postmenopa	usal osteoporose
Mai	nuscript number (if known): UFL-11-24-0769	
are re third com	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 tent 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 relationshi	os/activities/interests as they relate to the <u>current</u>
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 sup r 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		
1	All support for the present	⊠ None	
	manuscript (e.g., funding, provision of study		
	materials, medical writing,		
	article processing charges, etc.)		
	No time limit for this		
	item.		
		<u>I</u>	Click TAB in last row to add extra rows
Tim	e frame: past 36 months		

Grants or contracts from

in item #1 above).

Royalties or licenses

any entity (if not indicated

⋈ None

⊠ None

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	UCB Novo Nordic Boehringer Ingelheim Danmark A/S	Private payment Private payment Private payment
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	□ None UCB	Attending international meeting
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None UCB	Private payment
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	
11	Stock or stock options	□ None Nova Nordic	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non- financial interests	⊠ None	

🛛 I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 7. marts 2025		
You	r name: Bente Lomholt	Langdahl	
Mar	nuscript title: Sekver	nsbehandling af postmenopa	usal osteoporose
Mar	nuscript number (if known):	
are re third comr list a	elated to the content of yo parties whose interests m nitment to transparency a relationship/activity/inter	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. Discriptions/activities/interests as they relate to the current
perta antih In ite	ins to the epidemiology of ypertensive medication, e	hypertension, you should wen 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)
Time	e frame: Since the initial plar	nning of the work	
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.		
Į.			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from	⊠ None	
	any entity (if not indicated in item #1 above).	Z None	
3	any entity (if not indicated	⊠ None	
	any entity (if not indicated in item #1 above).		

4	Consulting fees	□ None	
		Angitia	No payment
		Samsung-Bioepis	No payment
		Entera-Bio	No payment
5	Payment or honoraria for	☐ None	
	lectures, presentations,	UCB	Payment to my institution and myself
	speakers bureaus,	Amgen	Payment to my institution and myself
	manuscript writing or	Mereo	Payment to my institution and myself
	educational events	Gedeon-Richter	Payment to my institution and myself
6	Payment for expert	M Nama	
	testimony	⊠ None	Г
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending	Z None	
9	Participation on a Data	☐ None	
	Safety Monitoring Board	UCB advisory board	Payment to my institution and myself
	or Advisory Board	Gedeon-Richter advisory board	Payment to my institution and myself
		Mereo	Payment to my institution and myself
10	Leadership or fiduciary	□ None	
10	role in other board,	International Federation	No payment
	society, committee or	of Musculoskeletal	No payment
	advocacy group, paid or	Research Societies (co-	
	unpaid	chair)	
		,	
11	Stock or stock options	⊠ None	
11	Stock of Stock options	△ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other services		
	SEI VILES		
13	Other financial or non-	⊠ None	
	financial interests	LI HOIIC	

 $oxed{\boxtimes}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læge Medical Journal.	r or Danish

You	ır name: Jens-Erik Beck	Jensen	
Ma	nuscript title: Sekv	rensbehandling af postr	nenopausal osteoporose
Ma	nuscript number (if know	n): UFL-11-24-0769	
are r third comi list a The f	elated to the content of y parties whose interests n mitment to transparency a relationship/activity/inte	our manuscript. "Related" nay be affected by the con and does not necessarily in rest, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. ps/activities/interests as they relate to the current
perta antih In ite	ains to the epidemiology on the second secon	of hypertension, you should even if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of not mentioned in the manuscript. d in this manuscript without time limit. For all months.
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial pla	relationship or indicate none (add rows as needed)	
Tim 1	e frame: Since the initial plate All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	relationship or indicate none (add rows as needed)	
-	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relationship or indicate none (add rows as needed) nning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	relationship or indicate none (add rows as needed) nning 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	relationship or indicate none (add rows as needed) nning of the work	institution)
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.	relationship or indicate none (add rows as needed) nning of the work None	institution)
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. e frame: past 36 months	relationship or indicate none (add rows as needed) nning of the work None	Click TAB in last row to add extra rows
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.	relationship or indicate none (add rows as needed) nning of the work None None	Click TAB in last row to add extra rows
Tim 2	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).	relationship or indicate none (add rows as needed) nning of the work None None None None Amgen Novo Nordic	Click TAB in last row to add extra rows
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. e frame: past 36 months Grants or contracts from any entity (if not indicated)	relationship or indicate none (add rows as needed) nning of the work None None	Click TAB in last row to add extra rows

4	Consulting fees	⊠ None	
5	Payment or honoraria for	ment or honoraria for None	
	lectures, presentations,	Novo Nordic	Privat payment
	speakers bureaus,	UCB	Privat payment
	manuscript writing or	GSK	Privat payment
	educational events	Amgen	Privat payment
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	□ None	
	meetings and/or travel	UCB	Sumit meeting
		000	Same meeting
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	□ None	
	Safety Monitoring Board	Amgen	Privat payment
or Advisory Board	UCB	Privat payment	
10	Leadership or fiduciary	⊠ None	
10	role in other board,	M None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
44	C. I. I. I.	B	
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	☑ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
	financial interests		

🛛 I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 24. februar 2025		
You	r name: Jane Dahl Ande	rsen	
Mai	nuscript title:	Sekvensbehandling af postm	enopausal osteoporose
Mai	nuscript number (if known		
are r third comr list a	elated to the content of yo parties whose interests ma nitment to transparency an relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	
	ollowing questions apply to <u>uscript only</u> .	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 ypertensive medication, ev	hypertension, you should wen 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 nonths.
		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.) No time limit for this	⊠ None	
	item.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
2	Grants or contracts from	⊠ None	
	any entity (if not indicated in item #1 above).		
3		⊠ None	
3	in item #1 above).	⊠ None	

4	Consulting fees	⊠ None	
-	Decimant on homograpis for	M	
5	Payment or honoraria for	⊠ None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
	educational events		
6	Payment for expert	⊠ None	
	testimony	Z None	
	•		
		<u> </u>	
7	Support for attending	⊠ None	
	meetings and/or travel		
		T	
8	Patents planned, issued or		
	pending		
9	Participation on a Data	M Nama	
9	Safety Monitoring Board	⊠ None	
	or Advisory Board		
	or navisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Charles and the state of	57	
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical	Z None	
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
	financial interests		

🛛 I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal