Dat	e: 26.11.2024		
You	ır name: Claudia Schröde	er	
Ma	nuscript title: Smerter fra	skrotum som debutsympt	om på metastatisk kræft fra colon sigmoideum
Mai	nuscript number (if known): UFL-10-24-0714	
are rethird comments to the comments of the co	elated to the content of yo parties whose interests m mitment to transparency a relationship/activity/inter	our manuscript. "Related" ay be affected by the control 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. ps/activities/interests as they relate to the current
The aperta	author's relationships/activals ains to the epidemiology of hypertensive medication, every endication, every every endication, every every endication, every	hypertension, you should wen if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of not mentioned in the manuscript.
	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)
Time	e frame: Since the initial plar		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	X None	
	No time limit for this item.		
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Time	e frame: past 36 months		以2016.2018日共成了4000000000000000000000000000000000000
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
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4	Consulting fees	X None		
5	5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	X None		
	educational events			
6	Payment for expert	X None		
	testimony			
7	Support for attending	X None		
	meetings and/or travel	W. 133113	,	
	Daharda alamad tarradan	I		
8	Patents planned, issued or pending	X None		
	pending			
9	Participation on a Data	X None		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary	X None		
	role in other board,			
	society, committee or			
	advocacy group, paid or unpaid			
	ипрати	·		
11	Stock or stock options	X None		
12	Receipt of equipment,	X None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			

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

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Dat	e : 2. december 2024		
You	r name: Michael F	estersen Nielsen	
Ma	nuscript title: Smerter fra	skrotum som debutsympt	om på metastatisk kræft fra colon sigmoideum
Ma	nuscript number (if known): UFL-10-24-0714	
are r third comr list a	elated to the content of your parties whose interests ment to transparency a relationship/activity/inter	our manuscript. "Related" ay be affected by the control of the con	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.
	uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	ains to the epidemiology of hypertensive medication, e	f hypertension, you should ven if that medication is n port for the work reporte	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)
Tim	e frame: Since the initial plar		以5000000000000000000000000000000000000
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.	X None	
			Click TAB in last row to add extra rows
Time	e frame: past 36 months	The Control of the Market	
2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
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4	Consulting fees	X None			
5	Payment or honoraria for X None				
	lectures, presentations,	X None			
	speakers bureaus,				
	manuscript writing or				
	educational events	<u> </u>			
6	Payment for expert	X None			
	testimony				
7	Support for attending	X None			
	meetings and/or travel				
8 Patents planned, issued or X None					
-	pending	XIIII			
	F				
9	Participation on a Data	X None			
	Safety Monitoring Board	,			
or Advisory Board					
10	Leadership or fiduciary	X None			
	role in other board,	XIIII			
	society, committee or				
	advocacy group, paid or				
	unpaid				
11	Stock or stock options	X None			
12	Receipt of equipment,	X None			
	materials, drugs, medical	7.10110			
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				

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Dat	re: 16.12.2024		
You	ir name: Trygve Ulvund	Solstad	
Ma	nuscript title: Smerter fra	skrotum som debutsympt	om på metastatisk kræft fra colon sigmoideum
Ma	nuscript number (if known): UFL-10-24-0714	
are r third comi list a	elated to the content of your parties whose interests mented to transparency a relationship/activity/interests	our manuscript. "Related" ay be affected by the con- 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. ps/activities/interests as they relate to the current
The aperta	ains to the epidemiology of hypertensive medication, e	hypertension, you should ven if that medication is n port for the work reporte	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	Specifications/Comments
		whom you have this relationship or indicate none (add rows as	(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.)	X None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	X None	
3	Royalties or licenses	X None	
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4	Consulting fees	X None		
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5	Payment or honoraria for	X None		
	lectures, presentations,			
·	speakers bureaus,			
	manuscript writing or educational events			
L	educational events			
6	Payment for expert	X None		
	testimony	A ttolic		
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7	Support for attending	X None		
	meetings and/or travel			
8	Patents planned, issued or X None			
"	pending	X None		
	Pending			
9	Participation on a Data	X None		
	Safety Monitoring Board			
or Advisory Board	or Advisory Board			
10	Leadership or fiduciary	X None		
	role in other board,			
	society, committee or			
	advocacy group, paid or			
	unpaid			
11	Stock or stock options	X None		
12	12 Desirable for the state of t			
12	Receipt of equipment, materials, drugs, medical	X None		
	writing, gifts or other			
	services			
13	Other financial or non-	X None		
	financial interests			

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

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Da	te : Klik eller tryk for a	it angive en dato. 05	5-12-2024
		ERHOLM BROGA	
Ma			om på metastatisk kræft fra colon sigmoideum
Ma	inuscript number (if knowi	n): UFL-10-24-0714	
are i third com list a	related to the content of your parties whose interests maintenent to transparency a relationship/activity/inter	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 edicate a bias. If you are in doubt about whether to bu do so. ps/activities/interests as they relate to the current
perta antil In ite	ains to the epidemiology on hypertensive medication, e	f hypertension, you should even if that medication is n sport for the work reporte	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 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)
	e frame: Since the initial plar		是100mm (1907年)。2000年(1907年) 1900年(1907年)
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	frame: past 36 months		在各种基础的特別的自然的基础的基础的
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	ÇX;None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Ď∕None	
13	Other financial or non- financial interests	⊠ None	

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

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