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

Date: 12. oktober 2022		
Your name:	Niels Toft Mikkelsen	
Manuscript ti	itle: Benign prostate hyperplasi	
Manuscript n	number (if known):	

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

Tim	e frame: Since the initial plan	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)
_			
1	All support for the present	None None	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges,	1	
	etc.)		
	No time limit for this		
	item.		

Click TAB in last row to add extra rows

2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
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
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.

12/10-22 Nais Taff Muchelsen

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.

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

Date: 24. oktober 2022				
Your name: Rimas Bliucukis				
Manuscript title: Behandling af Benign Prostata Hyperplasi				
Manuscript number (if known):				

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

Tim	e frame: Since the initial plar	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)
1			
	All support for the present	None None	
	manuscript (e.g., funding, provision of study materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	No time limit for this		
	item.		

Click TAB in last row to add extra rows

2 Grants or contracts from		⊠ None	
	any entity (if not indicated		
	in item #1 above).		
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
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None
13	Other financial or non- financial interests	⊠ None

 \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 Læger or Danish Medical Journal.

Date: 3. oktober 2022	
Your name: Andreas Røder	
Manuscript title: BPH	
Manuscript number (if known):	

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

Tim	e frame: Since the initial plan	Name all entities with whom you have this relationship or indicate none (add rows as needed) pping of the work	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.		
	item.		

Click TAB in last row to add extra rows

2 Grants or contracts from		□ None	
	any entity (if not indicated	Pfizer A/S	Research grant. Translational research "DNA of
	in item #1 above).		Prostate Cancer"
		Novo Nordisk	Research grant. Kidney transplantation
		Foundation	
		Danish Cancer Society	Research grant. Late effects of Prostate Cancer
			treatment
		Alfred Benzon	Research Grant. Prostate artery embolization vs.
		Foundation	transurethral microwave therapy.

	Medtronic		Research contract Hugo RAS surgical system
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None
E	Payment or honoraria for	
5	lectures, presentations,	
	speakers bureaus,	Bayer A/S
	manuscript writing or	Pfizer A/S
	educational events	Astellas A/S
		Orion Pharma
		Recordati A/S
		Århus Universitet
		Janssen
		MSD
		Lægernes Uddannelsesforening
		Sundhedsstyrelsen
		Region Hovedstaden
		Astra-Zeneca
6	Payment for expert	⊠ None
0	testimony	
7	Support for attending	□ None
	meetings and/or travel	Astellas Pharma
		Janssen
		Ipsen
		Intuitive
8	Datants plannad issued or	M News
ð	Patents planned, issued or pending	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board	MSD
	or Advisory Board	Astra-Zeneca
		Janssen
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	13 Other financial or non- financial interests		⊠ None

 \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 Læger or Danish Medical Journal.

Date: 12. oktober 202	2
Your name: Bettina	Nørby
Manuscript title:	Behandling af Benign Prostata Hyperplasi (BPH)
Manuscript number (if known):	

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

Tim	e frame: Since the initial plar	Name all entities with whom you have this relationship or indicate none (add rows as needed) ning of the work	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		
	No time limit for this		
	item.		

Click TAB in last row to add extra rows

2	Grants or contracts from	⊠ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	🖾 None	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus,	⊠ None
	manuscript writing or educational events	
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
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None
13	Other financial or non- financial interests	⊠ None

 \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 Læger or Danish Medical Journal.

Date: 9. oktober 2022				
Your name: Charlotte Graugaard-Jensen				
Manuscript title: Behandling af Benign Prostata Hyperplasi (BPH)				
Manuscript number (if known):				

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

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

Tim	e frame: Since the initial plar	Name all entities with whom you have this relationship or indicate none (add rows as needed) ning of the work	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		
	No time limit for this		
	item.		

Click TAB in last row to add extra rows

2	Grants or contracts from	⊠ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠ None	

	Consulting fees	⊠ None	
5	Payment or honoraria for	□ None	
	lectures, presentations,	Astellas	Speaker 2022/2023
	speakers bureaus,	Abbvie	Speaker 2022/2023
	manuscript writing or		
	educational events		
6	Payment for expert	⊠ None	
	testimony		
	, ,		
	Comment Commette and Long		
	Support for attending	□ None	
	meetings and/or travel	Medtronic	Educational course feb. 2023
8	Patents planned, issued or	🛛 None	
	pending		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary		
	role in other board,	⊠ None	
	society, committee or		
	advocacy group, paid or		
	advocacy group, paid or unpaid		
	unpaid		
		⊠ None	
	unpaid	⊠ None	
	unpaid	⊠ None	
11	unpaid Stock or stock options Receipt of equipment,	⊠ None ⊠ None	
11	unpaid Stock or stock options Receipt of equipment, materials, drugs, medical		
11 12	unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other		
11 12	unpaid Stock or stock options Receipt of equipment, materials, drugs, medical		
11	unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
11 12 13	unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other		

 \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