Dat	e : 13. juni 2023		
	r name: Stine Brændega	nard Winther	
Mai		Medicinsk kræftbehandling a	f ældre
	nuscript number (if known		
are ro 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 cent 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	nins to the epidemiology of ypertensive 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. 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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			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).		
<u> </u>			
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	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
	Of Advisory Board	
10	Leadership or fiduciary role in other board,	None None
	society, committee or advocacy group, paid or	
	unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	Mana
12	materials, drugs, medical	None None
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	

 ${f f Z}$ 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 2021		
You	ı r name : Gabor Lip	oosits	
Mai	nuscript title:	Medicinsk kræftbehandling a	f ældre
Mai	nuscript number (if known):	
are re third comr list a The f	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 contended 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 antih In ite	ains to the epidemiology of hypertensive medication, every medication, every medication, every medication.	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)
Tim	e frame: Since the initial plar	nning 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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			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
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2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
<u> </u>	in item #1 above).	<u> </u>	
3	Royalties or licenses	⊠ None	

4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Servier Nutricia	
6	Payment for expert	M Nama	
O	testimony	⊠ None	
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7	Support for attending	☐ None	
	meetings and/or travel	Servier	
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	⊠ None	
9	Safety Monitoring Board	<u> </u>	
	or Advisory Board		
10	Leadership or fiduciary	None	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
	<u> </u>	<u> </u>	
11	Stock or stock options	☑ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
12	Other financial or non-	M Name	
13	financial interests	⊠ None	
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 ${f f Z}$ 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 : 14. juni 2023		
You	r name: Trine Lembrecht	t Jørgensen	
Mar	nuscript title:	Medicinsk kræftbehandling a	f ældre
Mar	nuscript number (if known):	
are re third comr list a	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	
	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 ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript I 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.)	⊠ None	
	No time limit for this item.		
			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	

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	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
	Of Advisory Board	
10	Leadership or fiduciary role in other board,	None None
	society, committee or advocacy group, paid or	
	unpaid	
11	Stock or stock options	None
12	Receipt of equipment,	Mana
12	materials, drugs, medical	None None
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	

 ${f f Z}$ 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 : 15. juni 2023		
	r name: Dorte Nielsen		
		Medicinsk kræftbehandling a	f xildra
	nuscript number (if known)		i æiui e
IVIAI	iuscript number (ii knowii)).	
are re third comr	elated to the content of you 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.
	ollowing questions apply to uscript only.	o the author's relationship	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 suppritems, 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		
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
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		-
3	Royalties or licenses	None Non	

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

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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. juni 2023	
Your name: Ann-Kristine	Weber Giger
Manuscript title:	Medicinsk kræftbehandling af ældre
Manuscript number (if know	vn):

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 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.

		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	ning of the work	
1	All support for the present	☐ None	
	manuscript (e.g., funding, provision of study materials, medical writing,	Free Research Fund, Odense University Hospital	Payments were made to Odense University Hospital
	article processing charges, etc.)	University of Southern Denmark	Payments were made to Odense University Hospital
	No time limit for this	The Danish Cancer Society	Payments were made to Odense University Hospital
	item.	Dagmar Marshall Fund	Payments were made to Odense University Hospital
		Academy for Geriatric Cancer Research, Odense University hospital	Payments were made to Odense University Hospital
			OF LTAR!

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2	⊠ None

Time frame: past 36 months

	Grants or contracts from		
	any entity (if not indicated		
	in item #1 above).		
2	Develties on lineares		
3	Royalties or licenses	None Non	
4	Consulting fees	None Non	
г	Decimand on beginning for		
5	Payment or honoraria for	None Non	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
	educational events		
6	Payment for expert	None Non	
	testimony	ZI NOTIC	
	testimeny		
7	Support for attending	None Non	
	meetings and/or travel		
8	Patents planned, issued or	None Non	
8	Patents planned, issued or pending	None Non	
8		⊠ None	
	pending		
8	pending Participation on a Data		
	pending Participation on a Data Safety Monitoring Board		
	pending Participation on a Data		
	pending Participation on a Data Safety Monitoring Board	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board		
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or	None Non	
9 10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	None Non	
9 10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None None	
9 10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None None	
9 10 11	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None None None None	
9 10	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	None None None	
9 10 11	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	None None None None	
9 10 11	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other	None None None None	
9 10 11	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	None None None None	
9 10 11 12	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None None None None	
9 10 11	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None None None None	
9 10 11 12	Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None None None None	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e : 15. juni 2023		
You	ır name: Per Pfeiffer		
Ma	nuscript title:	Medicinsk kræftbehandling a	f ældre
	nuscript number (if known		
are r third comi	elated to the content of yo parties whose interests m	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 relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	ains to the epidemiology of hypertensive medication, ev	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 needed)	(e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial plar	relationship or indicate none (add rows as needed)	
Tim 1	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)	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	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	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	relationship or indicate none (add rows as needed) nning of the work None	institution)
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) nining of the work None	institution)

4	Consulting fees	⊠ None		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None		
6	Payment for expert testimony	None 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	⊠ None		
	or Advisory Board			
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,	Mana		
12	materials, drugs, medical	⊠ None		
	writing, gifts or other services			
13	Other financial or non- financial interests	⊠ None		

 ${f f Z}$ 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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