

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Anita

2. Surname (Last Name)

Rath Sørensen

3. Date

02-April-2018

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Behandlingsniveau og behandlingsophør ved non-malign lungesygdom

6. Manuscript Identifying Number (if you know it)

UFL-12-17-0932

### Section 2. The Work Under Consideration for Publication

Did you or your institution at **any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Rath Sørensen has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Elisabeth

2. Surname (Last Name)  
Bendstrup

3. Date  
13-April-2018

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Anita Rath Sørensen

5. Manuscript Title  
Behandlingsniveau og behandlingsophør ved non-malign lungesygdom

6. Manuscript Identifying Number (if you know it)  
UFL-12-17-0932

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Dr. Bendstrup has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Anders

2. Surname (Last Name)

Løkke

3. Date

12-April-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Anita Rath Sørensen

5. Manuscript Title

Behandlingsniveau og behandlingsophør ved non-malign lungesygdom

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UFL-12-17-0932

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Dr. Løkke has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ingrid

2. Surname (Last Name)  
Titlestad

3. Date  
14-April-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Anita Rath Sørensen

5. Manuscript Title  
Behandlingsniveau og behandlingsophør ved non-malign lungesygdom

6. Manuscript Identifying Number (if you know it)  
UFL-12-17-0932

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Are there any relevant conflicts of interest?  Yes  No

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Titlestad has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jens Ulrik

2. Surname (Last Name)

Jensen

3. Date

16-October-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Kristoffer Marså

5. Manuscript Title

Danish Respiratory Society opinion document: Palliative care in adults with chronic progressive non-malignant lung disease

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Roche Pharmaceuticals and Boehringer-Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Has travelled twice within last three years with pharmaceutical companies to medical congresses, once with Roche Pharmaceutical and once with Boehringer-Ingelheim

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Jensen reports non-financial support from Roche Pharmaceuticals and Boehringer-Ingelheim, outside the submitted work;

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Laura Hohwü

2. Surname (Last Name)

Thomsen

3. Date

25-March-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Anita Rath Sørensen

5. Manuscript Title

Behandlingsniveau og behandlingsophør ved non-malign lungesygdom

6. Manuscript Identifying Number (if you know it)

UFL-12-17-0932

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Thomsen has nothing to disclose.

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Nassim

2. Surname (Last Name)

Roberts

3. Date

14-April-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Anita Rath Sørensen

5. Manuscript Title

Behandlingsniveau og behandlingsophør ved non-malign lungesygdom

6. Manuscript Identifying Number (if you know it)

UFL-12-17-0932

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Roberts has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Pia Holland

2. Surname (Last Name)

Holland Gjørup

3. Date

26-March-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Anita Rath Sørensen

5. Manuscript Title

Behandlingsniveau og behandlingsophør ved non-malign lungesygdom

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Holland Gjørup has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Saher Burhan

2. Surname (Last Name)

Shaker

3. Date

02-April-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

5. Manuscript Title

Behandlingsniveau og behandlingsophør ved non-malign lungesygdom

6. Manuscript Identifying Number (if you know it)

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Dr. Shaker has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Svend

2. Surname (Last Name)  
Gundestrup

3. Date  
08-August-1980

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Anita Rath Sørensen

5. Manuscript Title

Behandlingsniveau og behandlingsophør ved non-malign lungesygdom

6. Manuscript Identifying Number (if you know it)

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Dr. Gundestrup has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Torgny

2. Surname (Last Name)  
Wilcke

3. Date  
13-April-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Anita Rath Sørensen

5. Manuscript Title  
Behandlingsniveau og behandlingsophør ved non-malign lungesygdom

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Dr. Wilcke has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ulla Møller
2. Surname (Last Name)  
Weinreich
3. Date  
04-April-2018
4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Anita Rath Sørensen
5. Manuscript Title  
Behandlingsniveau og behandlingsophør ved non-malign lungesygdom
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Dr. Weinreich has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kristoffer
2. Surname (Last Name)  
Marsaa
3. Date  
03-November-2017
4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Anita Rath Sørensen
5. Manuscript Title  
Behandlingsniveau og behandlingsophør ved non-malign lungesygdom
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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
GlaxoSmithKline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AstaZeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bristol-Myers Squibb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Chiesi Pharma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Marsaa reports personal fees from GlaxoSmithKline, personal fees from AstaZeneca, personal fees from Boehringer Ingelheim, personal fees from Novartis, personal fees from Roche, personal fees from Bristol-Myers Squibb, personal fees from Chiesi Pharma

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