

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Lene Meldgaard

2. Surname (Last Name)  
Knudsen

3. Date  
11-June-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Morten Orebo Holmström

5. Manuscript Title  
Cancer immunterapi til behandling af hæmatologisk cancer

6. Manuscript Identifying Number (if you know it)  
UFL-05-18-0353

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Are there any relevant conflicts of interest?  Yes  No

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

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### Section 1. Identifying Information

1. Given Name (First Name)

Lars Møller

2. Surname (Last Name)

Pedersen

3. Date

08-June-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Morten Orebo Holmström

5. Manuscript Title

Cancer immunterapi til behandling af hæmatologisk cancer

6. Manuscript Identifying Number (if you know it)

UFL-05-18-0353

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Dr. Pedersen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Staffan

2. Surname (Last Name)  
Holmberg

3. Date  
11-June-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Morten Orebo Holmström

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Dr. Holmberg 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) Inge Marie

2. Surname (Last Name) Svane

3. Date 08-June-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name Morten Orebo Holmström

5. Manuscript Title Cancer immunterapi til behandling af hæmatologisk cancer

6. Manuscript Identifying Number (if you know it) \_\_\_\_\_

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BMS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	limited grant for translational research, honoraria and travel support
Roche	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	honoraria and travel support
Novartis	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	limited grant for translational research, honoraria and travel support
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	honoraria and travel support
Pfizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	travel support
Celgene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	honoraria

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

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

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

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Dr. Svane reports grants, personal fees and other from BMS, personal fees and other from Roche, grants, personal fees and other from Novartis, personal fees and other from MSD, other from Pfizer, personal fees from Celgene, personal fees from Incyte, outside the submitted work; .

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1. Given Name (First Name)

Hans

2. Surname (Last Name)

Hasselbalch

3. Date

12-June-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Morten Orebo Holmström

5. Manuscript Title

Cancer immunterapi til behandling af hæmatologisk cancer

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Dr. Hasselbalch has nothing to disclose.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jacob Handlos

2. Surname (Last Name)

Grauslund

3. Date

04-June-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Morten Orebo Holmström

5. Manuscript Title

Cancer immunterapi til behandling af hæmatologisk cancer

6. Manuscript Identifying Number (if you know it)

UFL-05-18-0353

### 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 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?

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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. Grauslund 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

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name) Mads Hald	2. Surname (Last Name) Andersen	3. Date 04-June-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Morten Holmström
5. Manuscript Title Cancer immunterapi til behandling af hæmatologisk cancer		
6. Manuscript Identifying Number (if you know it) UFL-05-18-0353		

## 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.

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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
IO Biotech	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IO Biotech is a biotech company founded by the Capital Region. The Capital Region and IO Biotech is having a research collaboration agreement; a limited grant for translational research.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
I am an author of several filed patent applications based on the use of CCL2, CCL22, PD-L1, PD-L2, arginase, TDO, or IDO for vaccination. The rights of the patent applications have been transferred to Copenhagen University Hospital, Herlev, according to the Danish Law of Public Inventions at Public Research Institutions.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		The capital region has licensed some of these patents to the company IO Biotech ApS. MHA is a shareholder and board member of the IO Biotech ApS, which has the purpose of developing immune modulating vaccines for cancer treatment.

### 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?

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### Section 6. Disclosure Statement

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Dr. Andersen reports grants and personal fees from IO Biotech

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name) Morten

2. Surname (Last Name) Holmström

3. Date 08-June-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Cancer immunterapi til behandling af hæmatologisk cancer

6. Manuscript Identifying Number (if you know it)  
UFL-05-18-0353

## 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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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Filed a patent on the use of the JAK2- and CALR mutations for therapeutic cancer vaccines. The patent has been transferred to Zealand Region and Capital Region, Denmark according to the Danish law on inventions made at public research institutions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Dr. Holmström reports In addition, Dr. Holmström has a patent Filed a patent on the use of the JAK2- and CALR mutations for therapeutic cancer vaccines. The patent has been transferred to Zealand Region and Capital Region, Denmark according to the Danish law on inventions made at public research institutions. pending.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Uffe

2. Surname (Last Name)  
Klausen

3. Date  
03-June-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Morten Orebo Holmström

5. Manuscript Title  
Cancer immunterapi til behandling af de hæmatologiske maligniteter

6. Manuscript Identifying Number (if you know it)  
UFL-05-18-0353

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Nicolai Grønne

2. Surname (Last Name)  
Jørgensen

3. Date  
09-June-2018

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Morten Orebo Holmström

5. Manuscript Title  
Cancer Immunoterapi til hæmatologisk cancer

6. Manuscript Identifying Number (if you know it)  
UFL-05-18-0353

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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. Jørgensen has nothing to disclose.

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report 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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Özcan

2. Surname (Last Name)

Met

3. Date

04-June-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Morten Orebo Holmström

5. Manuscript Title

Cancer immunterapi til behandling af hæmatologisk cancer

6. Manuscript Identifying Number (if you know it)

UFL-05-18-0353

### 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):
- 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. Met 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.