

## 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".

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

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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) Ole	2. Surname (Last Name) Hilberg	3. Date 06-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Birgit Abom
5. Manuscript Title Opioid til behandling af refraktær dyspnø hos patienter med kræft og andre medicinske sygdomme i palliativ fase		
6. Manuscript Identifying Number (if you know it) UFL-11-19-0645		

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

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### Section 1. Identifying Information

1. Given Name (First Name) Bodil Abild	2. Surname (Last Name) Jespersen	3. Date 03-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Birgit Aabom
5. Manuscript Title Opioid til behandling af refraktær dyspnø hos patienter med kræft og andre medicinske sygdomme i palliativ fase		
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Dr. Jespersen has nothing to disclose.

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1. Given Name (First Name) Kristoffer	2. Surname (Last Name) Marsaa	3. Date 03-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Birgit Aabom
5. Manuscript Title Opioid til behandling af refraktær dyspnø hos patienter med kræft og andre medicinske sygdomme i palliativ fase		
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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"/>	



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Kyowa Kirin AB	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Norgine	<input type="checkbox"/>	<input checked="" 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

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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, personal fees from Kyowa Kirin AB, personal fees from Norgine, outside the submitted work; .

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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 02-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Birgit Aabom
5. Manuscript Title OPIOID TIL BEHANDLING AF REFRAKTÆR DYSPNØ HOS PATIENTER MED KRÆFT OG ANDRE MEDICINSKE SYGDOMME I PALLIATIV FASE		
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Birgit Aabom
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## 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  
02-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Birgit Aabom

5. Manuscript Title

Opioid til behandling af refraktær dyspnø hos patienter med kræft og andre medicinske sygdomme i palliativ fase

6. Manuscript Identifying Number (if you know it)

UFL-11-19-0645

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

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### Section 1. Identifying Information

1. Given Name (First Name)  
Birgit

2. Surname (Last Name)  
Aabom

3. Date

4. Are you the corresponding author?  Yes  No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)  
UFL-04-20-0225.

### 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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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

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Dr. Aabom has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Saher Burhan

2. Surname (Last Name)  
Shaker

3. Date

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Birgit Aabom

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)  
UFL-04-20-0225.

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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) Torgny	2. Surname (Last Name) Wilcke	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Birgit Aabom
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it) UFL-04-20-0225.		

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Dr. Wilcke has nothing to disclose.

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