ICMJE DISCLOSURE FORM

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Date: 10. marts 2021						
Your name:	Thomas Benfield					
Manuscript title:						
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) ming of the work	Specifications/Comments (e.g., if payments were made to you or to your 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.	None	

Click TAB in last row to add extra rows

Time frame: past 36 months

2	Grants or contracts from	□ None		
	any entity (if not indicated in item #1 above).	Novo Nordisk Foundation	Unrestricted grant to my institution	
		Simonsen Foundation	Unrestricted grant to my institution	
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		Kai Foundation	Unrestricted grant to my institution	
		Erik and Susanna Olesen's Charitable Fund	Unrestricted grant to my institution	

		GSK	Unrestricted grant to my institution and advisory
			board
		Pfizer	Unrestricted grant to my institution, principal
			investigator//clinical trial, advisory board
		Boehringer Ingelheim	Principal investigator/clinical trial
		Gilead Sciences	Unrestricted grant to my institution, principal
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		MSD	Unrestricted grant to my institution, principal
			investigator, advisory board
		Pentabase	Board member
		Roche	Principal investigator/clinical trial
		Novartis	Principal investigator/clinical trial
		Kancera AB	Principal investigator/clinical trial
3	Royalties or licenses	🛛 None	

4	Consulting fees	□ None			
		GSK			
		Pfizer			
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5	Payment or honoraria for lectures, presentations, speakers bureaus,	□ None			
		GSK	lecture		
		Pfizer	lecture		
	manuscript writing or educational events	Gilead Sciences	lecture		
		Boehringer Ingelheim	lecture		
		Abbvie	lecture		
6	Payment for expert	🛛 None			
Ŭ	testimony				
7	Support for attending	⊠ None			
	meetings and/or travel				
8	Patents planned, issued or	🛛 None			
	pending				
9	Participation on a Data	⊠ None			
5	Safety Monitoring Board				
	or Advisory Board	-			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	🛛 None			
	unpaid				
11	Stock or stock options	🛛 None			
12		□ None			
12					

	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Eli Lilly	Donation of trial medication (baricitinib)
13	Other financial or non- financial interests	⊠ None	

Please place an "X" next to the following statement to indicate your agreement:

 \boxtimes 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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