ICMJE DISCLOSURE FORM

Please save/export the filled in **form as PDF** before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Dat	O: 0 and 2022		
	e: 9. april 2022 Ir name: Carsten Dirksen		
			- venet
	•	nsk behandling af svær over	vægi
IVIai	nuscript number (if known):	
are ro third comr list a	elated to the content of yo parties whose interests ma mitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the connumber of does not necessarily in est, it is preferable that you	
	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 hypertensive medication, ev	hypertension, you should yen 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
othe	r items, the time frame for	disclosure is the past 36 r	months.
othe	r items, the time frame for	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
	r items, the time frame for e frame: Since the initial plan	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
	e frame: Since the initial plan All support for the present	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
Time	e frame: Since the initial plan All support for the present manuscript (e.g., funding,	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
Time	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study	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
Time	e frame: Since the initial plan All support for the present manuscript (e.g., funding,	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
Time	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	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
Time	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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
Time	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	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
Time	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	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)
Timo	e frame: Since the initial plan 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.	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
Timo	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	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 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.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Ining of the work None	Specifications/Comments (e.g., if payments were made to you or to your institution)
Timo	e frame: Since the initial plan 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. e frame: past 36 months Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Ining of the work None	Specifications/Comments (e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows
Time	e frame: Since the initial plan 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. e frame: past 36 months Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Ining of the work None None	Specifications/Comments (e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows Research grant for the project "Neuropathy late
Time	e frame: Since the initial plan 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. e frame: past 36 months Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Ining of the work None	Specifications/Comments (e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows
Time 2	e frame: Since the initial plan 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. e frame: past 36 months Grants or contracts from any entity (if not indicated in item #1 above).	Name all entities with whom you have this relationship or indicate none (add rows as needed) ning of the work None None None Hvidovre Hospital Research Fund	Specifications/Comments (e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows Research grant for the project "Neuropathy late
Time	e frame: Since the initial plan 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. e frame: past 36 months Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) Ining of the work None None	Specifications/Comments (e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows Research grant for the project "Neuropathy late

4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations,	□ None Novo Nordisk A/S	Lecture fee
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	□ None	
	meetings and/or travel	Novo Nordisk Scandinavia	Participation in European Congress on Obesity 2020 and 2021 (virtual).
		Boehringer-Ingelheim	Participation in European Association for the Study of Diabetes Annual Meeting 2021 (virtual)
8	Patents planned, issued or	None Non	
Ü	pending	Z NOTIC	
9	Participation on a Data	□ None	
	Safety Monitoring Board	Novo Nordisk	Advisory board
	or Advisory Board	Scandinavia	,
		AstraZeneca A/S	Advisory board
		•	·
10	Leadership or fiduciary	None Non	
10	role in other board,	⊠ None	
10	role in other board, society, committee or	⊠ None	
10	role in other board,	⊠ None	
	role in other board, society, committee or advocacy group, paid or unpaid		
10	role in other board, society, committee or advocacy group, paid or	None None None None	
	role in other board, society, committee or advocacy group, paid or unpaid		
11	role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None Non	
	role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,		
11	role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	None Non	
11	role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	None Non	
11	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	
11	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 Non	

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.

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.

ICMJE DISCLOSURE FORM

Date:	4/11/2022
Your Name:	Nils Bruun Jørgensen
Manuscript Title:	Medicinsk behandling af svær overvægt
Manuscript Number (if known):	Click or tap here to enter text.

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 author's relationships/activities/interests should be defined broadly. 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)
		Time frame: Since the initial planning	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 item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None □	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Novo Nordisk Danmark A/S	Lectures on Obesity.
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Novo NordiskdANMARK a/s	Advise on content of course on obesity
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	
11	Stock or stock options	Novo Nordisk A/S Eli Lilly	< 50.000 DKK < 50.000 DKK

			Specifications/Comments (e.g., if payments were made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		