| Date                              | <b>e</b> : 20. juni 2022  |   |   |
|-----------------------------------|---|---|---|
| You                               | r name: Lene Brink  |   |   |
| Mar                               | nuscript title: Endo  | oskopisk ultralydye   | jledt radiofrekvensablation af  |
|                                   | nuscript number (if known)  |   | ,   |
| are re<br>third<br>comr<br>list a | elated to the content of you<br>parties whose interests ma<br>nitment to transparency ar<br>relationship/activity/intere  | ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo  | relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. |
|                                   | uscript only.   | o the author's relationship   | os/activities/interests as they relate to the <u>current</u>  |
| perta<br>antih<br>In ite          | nins to the epidemiology of ypertensive medication, ev  | hypertension, you should<br>yen if that medication is n<br>port for the work reported   | defined broadly. For example, if your manuscript I declare all relationships with manufacturers of ot mentioned in the manuscript.  d in this manuscript without time limit. For all months.                            |
|                                   |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)  | Specifications/Comments (e.g., if payments were made to you or to your institution)   |
| Time                              | e frame: Since the initial plan   | -   |   |
| 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 None   |   |
|                                   |   |   | Click TAB in last row to add extra rows   |
| Time                              | e frame: past 36 months   |   |   |
| 2                                 | Grants or contracts from any entity (if not indicated in item #1 above).  | None  |   |
| 3                                 | Royalties or licenses   | None     Non |   |
|                                   |   |   |   |
|                                   |   |   |   |

| 4  | Consulting fees   | None      |
|----|---|-----------|
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  | ⊠ None    |
| 6  | Payment for expert testimony  | ⊠ None    |
| 7  | Support for attending meetings and/or travel  | None      |
| 8  | Patents planned, issued or pending  | ⊠ None    |
| 9  | Participation on a Data<br>Safety Monitoring Board<br>or Advisory Board                                       | None      |
| 10 | Leadership or fiduciary<br>role in other board,<br>society, committee or<br>advocacy group, paid or<br>unpaid | None None |
| 11 | Stock or stock options  | None      |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                     | None None |
| 13 | Other financial or non-financial interests  | None      |

 $\boxtimes$  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

| Date                              | <b>e:</b> 16. juni 2022  |  |   |
|-----------------------------------|--|--|---|
| You                               | ı <b>r name</b> : Bojan Kova   | cevic  |   |
| Mai                               | nuscript title: E1   | ndoskopisk ultralydsvej  | ledt radiofrekvensablation af insulinomer   |
| Mai                               | nuscript number (if kno  | own):  |   |
| are re<br>third<br>comr<br>list a | elated to the content o<br>parties whose interest<br>nitment to transparend<br>relationship/activity/in  | f your manuscript. "Related" s may be affected by the concy and does not necessarily interest, it is preferable that y | I relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a adicate a bias. If you are in doubt about whether to ou do so.  ps/activities/interests as they relate to the current |
| <u>manı</u>                       | uscript only.  |  |   |
| perta<br>antih<br>In ite          | ains to the epidemiolog<br>sypertensive medication<br>m #1 below, report all   | y of hypertension, you shoul<br>n, even if that medication is r<br>support for the work reporte                        | defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.   |
| other                             | r 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                              | e frame: Since the initial   | planning of the work   |   |
| 1                                 | All support for the prese<br>manuscript (e.g., fundin<br>provision of study<br>materials, medical writin<br>article processing charge<br>etc.) | g,   |   |
|                                   | No time limit for this   |  |   |
|                                   | item.  |  | Click TAD in last results add sitter results  |
|                                   |  |  | Click TAB in last row to add extra rows   |
| Time                              | e frame: past 36 months  |  |   |
| 2                                 | Grants or contracts from   |  |   |
|                                   | in item #1 above).   |  |   |
| 3                                 | Royalties or licenses  | ⊠ None   |   |

| 4  | Consulting fees                                   | <b>⊠</b> None |  |
|----|---|---------------|--|
|    |   |               |  |
|    |   |               |  |
| 5  | Payment or honoraria for lectures, presentations, | ⊠ None        |  |
|    | speakers bureaus,                                 |               |  |
|    | manuscript writing or educational events          |               |  |
|    |   |               |  |
| 6  | Payment for expert                                | <b>⊠</b> None |  |
|    | testimony   |               |  |
|    |   |               |  |
| 7  | Support for attending                             | <b>⊠</b> None |  |
|    | meetings and/or travel                            |               |  |
|    |   |               |  |
| 8  | Patents planned, issued or                        | <b>⊠</b> None |  |
|    | pending   |               |  |
|    |   |               |  |
| 9  | Participation on a Data                           | <b>⊠</b> None |  |
|    | Safety Monitoring Board                           |               |  |
|    | or Advisory Board                                 |               |  |
| 10 | Leadership or fiduciary                           | ⊠ None        |  |
|    | role in other board,                              |               |  |
|    | society, committee or                             |               |  |
|    | advocacy group, paid or unpaid                    |               |  |
|    | anpaid  |               |  |
| 11 | Stock or stock options                            | <b>⊠</b> None |  |
|    |   |               |  |
|    |   |               |  |
| 12 | Receipt of equipment,                             | ⊠ None        |  |
|    | materials, drugs, medical                         |               |  |
|    | writing, gifts or other services                  |               |  |
|    | 2CI VICES   |               |  |
| 13 | Other financial or non-                           | ⊠ None        |  |
|    | financial interests                               |               |  |
|    |   |               |  |

🛛 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

| Dat  | <b>e</b> : 21. juni 2021  |   |  |
|--|---|---|--|
| You  | r name: Mikkel Andreass   | en  |  |
| Mai  | nuscript title: Endosko   | ppisk ultralydvejledt radiofrekven  | sablation af insulinomer i pankreas  |
| Mar  | nuscript number (if known)  | ):  |  |
| are re<br>third<br>comr<br>list a<br>The f | elated to the content of yo<br>parties whose interests ma<br>nitment to transparency ar<br>relationship/activity/intere   | ur manuscript. "Related" in<br>ay be affected by the cont<br>and does not necessarily in<br>est, it is preferable that yo   | relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to u do so.  ps/activities/interests as they relate to the current |
| perta<br>antih<br>In ite                   | nins to the epidemiology of ypertensive medication, ev  | hypertension, you should<br>yen if that medication is no<br>port for the work reported  | 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 nonths  |
| 011101                                     | Treating, the time frame for  | alsolosure is the past of i   |  |
|  |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)  | Specifications/Comments (e.g., if payments were made to you or to your institution)  |
| Tim  | e frame: Since the initial plan   | •   |  |
| 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 | None     Non |  |
|  | item.   |   |  |
|  |   | <u> </u>  | Click TAB in last row to add extra rows  |
| Time                                       | e frame: past 36 months   |   |  |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).  | None  |  |
| 3  | Royalties or licenses   | None     Non |  |
|  |   |   |  |
|  |   |   |  |

| 4  | Consulting fees   | None      |
|----|---|-----------|
|    |   |           |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  | None None |
| 6  | Payment for expert testimony  | None □    |
| 7  | Support for attending meetings and/or travel  | None      |
| 8  | Patents planned, issued or pending  | None      |
| 9  | Participation on a Data<br>Safety Monitoring Board<br>or Advisory Board                                       | ⊠ None    |
| 10 | Leadership or fiduciary<br>role in other board,<br>society, committee or<br>advocacy group, paid or<br>unpaid | None None |
| 11 | Stock or stock options  | None None |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                     | None None |
| 13 | Other financial or non-<br>financial interests  | None      |

 ${f f Z}$  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

| Dat  | <b>e</b> : 21. juni 2022   |   |   |
|--|--|---|---|
| You  | r name: Cecilie Jansen   |   |   |
| Mar  | nuscript title: Endo   | oskopisk ultralydve   | jledt radiofrekvensablation af  |
| Mar  | nuscript number (if known)   | ):  |   |
| are re<br>third<br>comr<br>list a<br>The f | elated to the content of you<br>parties whose interests ma<br>mitment to transparency ar<br>relationship/activity/intere<br>following questions apply to | ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo  | relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.  Dis/activities/interests as they relate to the current |
| manı                                       | <u>uscript only</u> .  |   |   |
| perta                                      | ins to the epidemiology of   | hypertension, you should  | defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.  |
|  | m #1 below, report all suppritems, the time frame for  | •   | d in this manuscript without time limit. For all months.  |
|  |  | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)  | Specifications/Comments (e.g., if payments were made to you or to your institution)   |
| Time                                       | e frame: Since the initial plan  |   |   |
| 1  | All support for the present<br>manuscript (e.g., funding,<br>provision of study<br>materials, medical writing,<br>article processing charges,<br>etc.)   | ⊠ None  |   |
|  | No time limit for this item.   |   |   |
|  |  |   | l Click TAB in last row to add extra rows   |
| Tim  | e frame: past 36 months  |   |   |
|  |  |   |   |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).   | None  |   |
| 3  | Royalties or licenses  | None     Non |   |
|  |  |   |   |
|  |  |   |   |

| 4  | Consulting fees   | None      |
|----|---|-----------|
|    |   |           |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  | None None |
| 6  | Payment for expert testimony  | None □    |
| 7  | Support for attending meetings and/or travel  | None      |
| 8  | Patents planned, issued or pending  | None      |
| 9  | Participation on a Data<br>Safety Monitoring Board<br>or Advisory Board                                       | ⊠ None    |
| 10 | Leadership or fiduciary<br>role in other board,<br>society, committee or<br>advocacy group, paid or<br>unpaid | None None |
| 11 | Stock or stock options  | None None |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                     | None None |
| 13 | Other financial or non-<br>financial interests  | None      |

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### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

| Date                                       | e: 17. juni 2022  |   |   |
|--|---|---|---|
| You  | <b>r name</b> : carsten P   | alnæs hansen  |   |
| Mar  | nuscript title:   | endoskopisk ultralydvejledt r   | adiofrekvensablation af insulinomer i pancreas  |
| Mar  | nuscript number (if known   | ):  |   |
| are re<br>third<br>comr<br>list a<br>The f | elated to the content of yo<br>parties whose interests m<br>nitment to transparency a<br>relationship/activity/inter  | our manuscript. "Related" ay be affected by the content of does not necessarily in est, it is preferable that yo  | relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.  ps/activities/interests as they relate to the current |
| perta<br>antih<br>In ite                   | ins to the epidemiology of<br>ypertensive medication, e   | hypertension, you should<br>ven if that medication is n<br>port for the work reported   | 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 months.  |
|  |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)  | Specifications/Comments (e.g., if payments were made to you or to your institution)   |
| Time                                       | e frame: Since the initial plar   | nning 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 | None     Non |   |
|  | item.   |   |   |
|  |   | 1   | Click TAB in last row to add extra rows   |
| Time                                       | e frame: past 36 months   |   |   |
|  |   |   |   |
| 2  | Grants or contracts from any entity (if not indicated in item #1 above).  | None  |   |
| 3  | Royalties or licenses   |   |   |
|  | ,   |   |   |
|  |   |   |   |

| 4  | Consulting fees   | None      |
|----|---|-----------|
|    |   |           |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  | None None |
| 6  | Payment for expert testimony  | None □    |
| 7  | Support for attending meetings and/or travel  | None      |
| 8  | Patents planned, issued or pending  | None      |
| 9  | Participation on a Data<br>Safety Monitoring Board<br>or Advisory Board                                       | ⊠ None    |
| 10 | Leadership or fiduciary<br>role in other board,<br>society, committee or<br>advocacy group, paid or<br>unpaid | None None |
| 11 | Stock or stock options  | None None |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                     | None None |
| 13 | Other financial or non-<br>financial interests  | None      |

 ${f f Z}$  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

| Da                            | te: Klik eller tryk for at angiv  | re en dato. 17-06   | -2022   |
|-------------------------------|---|---|---|
| Yo                            | urname: ULRIC   | H KNIGGE  |   |
| Ma                            | nuscript title: ENDOS   | COPISK WLTRAL   | YDUEJLEDT ZADIOFREKUENSA  |
| _                             | anuscript number (if know   |   | 70000   |
| are<br>third<br>com<br>list a | related to the content of your<br>diparties whose interests maintenant to transparency a<br>relationship/activity/inter   | our manuscript. "Related"<br>nay be affected by the con<br>and does not necessarily in<br>est, it is preferable that yo |   |
|                               | tollowing questions apply t<br>luscript only.   | o the author's relationshi  | ps/activities/interests as they relate to the <u>current</u>  |
| pert<br>antil<br>In ite       | ains to the epidemiology of<br>hypertensive medication, e   | f hypertension, you should<br>even if that medication is no<br>port for the work reporte                                | defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.  d in this manuscript without time limit. For all months. |
|                               |   | Name all entities with<br>whom you have this<br>relationship or indicate<br>none (add rows as<br>needed)                | Specifications/Comments (e.g., if payments were made to you or to your institution)   |
| Tim                           | e frame: Since the initial plan   | ning 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 TAB in last row to add extra rows   |
| Tim                           | e frame: past 36 months   | TO SHAPE THE PARTY  | Service of the service perfect to the part of the last  |
| 2                             | Grants or contracts from any entity (if not indicated in item #1 above).  | ⊠None   |   |
| 3                             | Royalties or licenses   | None  |   |
|                               |   |   |   |

| 4  | Consulting fees   | ☑ None   |
|----|---|----------|
|    |   |          |
|    |   |          |
| 5  | Payment or honoraria for  | ☑ None   |
|    | lectures, presentations,  | 410      |
|    | speakers bureaus,   |          |
|    | manuscript writing or   |          |
|    | educational events  |          |
|    |   |          |
| 6  | Payment for expert  | ⊠ None   |
|    | testimony   |          |
|    |   |          |
|    |   | Table 1  |
| 7  | Support for attending   | ⊠ None   |
|    | meetings and/or travel  |          |
|    |   |          |
| -  |   | l red    |
| 8  | Patents planned, issued or  | None     |
|    | pending   |          |
|    |   |          |
| 9  | Participation on a Data<br>Safety Monitoring Board<br>or Advisory Board                             | None     |
|    |   |          |
|    |   |          |
|    |   |          |
| 10 | Leadership or fiduciary<br>role in other board,<br>society, committee or<br>advocacy group, paid or | None     |
|    |   |          |
|    |   |          |
|    |   |          |
|    | unpaid  |          |
|    | C. Landad antique   | T-7      |
| 11 | Stock or stock options  | None     |
|    |   |          |
|    |   |          |
| 12 | Receipt of equipment,   | ☑ None   |
| 12 | materials, drugs, medical   | A NOILE  |
|    | writing, gifts or other   |          |
|    | services  |          |
|    | JCI TICC3   |          |
| 13 | Other financial or non-   | None     |
| 10 | financial interests   | NATION C |
|    |   |          |
|    |   |          |

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

| You                      | ır name: Pr   | TER VILMANN   |   |
|--------------------------|---|---|---|
| Ma                       | nuscript title: "FNNSKI   | PICK ULTRALYDVE   | JLEDT RADIOFREKVENS AQUATION AF INSULING  |
| Ma                       | nuscript number (if known   | ):  | PAN   |
| 200.70                   |   |   |   |
| re r<br>hird             | elated to the content of your parties whose interests ma  | ur manuscript. "Related"<br>ay be affected by the con<br>nd does not necessarily in | relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a indicate a bias. If you are in doubt about whether to ou do so. |
|                          | following questions apply to uscript only.  | o the author's relationsh   | ps/activities/interests as they relate to the <u>current</u>  |
| perta<br>antib<br>In ite | ains to the epidemiology of<br>nypertensive medication, ev  | hypertension, you shoul<br>yen if that medication is a<br>port for the work reporte | defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.  ed in this manuscript without time limit. For all months.                            |
|                          |   | Name all entities with whom you have this   | Specifications/Comments (e.g., if payments were made to you or to your  |
|                          |   | relationship or indicate<br>none (add rows as<br>needed)                            | institution)  |
| Tim                      | ne frame: Since the initial plar  | none (add rows as needed)   | institution)  |
| Tin                      | All support for the present   | none (add rows as needed)   | institution)  |
| -                        | All support for the present manuscript (e.g., funding,  | none (add rows as<br>needed)<br>nning of the work                                   | institution)  |
| -                        | All support for the present   | none (add rows as<br>needed)<br>nning of the work                                   | institution)  |
| -                        | All support for the present<br>manuscript (e.g., funding,<br>provision of study<br>materials, medical writing,<br>article processing charges,   | none (add rows as<br>needed)<br>nning of the work                                   | institution)  |
| -                        | All support for the present<br>manuscript (e.g., funding,<br>provision of study<br>materials, medical writing,  | none (add rows as<br>needed)<br>nning of the work                                   | institution)  |
| -                        | All support for the present<br>manuscript (e.g., funding,<br>provision of study<br>materials, medical writing,<br>article processing charges,   | none (add rows as<br>needed)<br>nning of the work                                   | institution)  |
| -                        | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this   | none (add rows as<br>needed)<br>nning of the work                                   | Click TAB in last row to add extra rows   |
| 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 (add rows as<br>needed)<br>nning 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   | none (add rows as<br>needed)<br>nning 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.  Grants or contracts from   | none (add rows as<br>needed)<br>nning of the work                                   |   |
| Tim                      | 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.  Grants or contracts from any entity (if not indicated                    | none (add rows as needed) nning of the work  None                                   |   |
| Tim                      | 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.  Grants or contracts from any entity (if not indicated in item #1 above). | none (add rows as needed) nning of the work  None                                   |   |
| Tim                      | 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.  Grants or contracts from any entity (if not indicated                    | none (add rows as needed) nning of the work  None                                   |   |

| 4  | Consulting fees  | ⊠ None |
|----|--|--------|
|    |  |        |
| 5  | Payment or honoraria for<br>lectures, presentations,<br>speakers bureaus,<br>manuscript writing or<br>educational events | ⊠ None |
|    |  |        |
|    |  |        |
|    | educational events   |        |
| 6  | Payment for expert testimony   | None   |
|    |  |        |
| 7  | Support for attending meetings and/or travel   | None   |
|    |  |        |
| 8  | Patents planned, issued or pending   | ⊠ None |
|    |  | None . |
|    | 35.2   |        |
| 9  | Participation on a Data<br>Safety Monitoring Board   | ⊠ None |
|    |  |        |
|    | or Advisory Board  |        |
| 10 | Leadership or fiduciary<br>role in other board,<br>society, committee or<br>advocacy group, paid or<br>unpaid            | ⊠None  |
|    |  |        |
|    |  |        |
|    |  |        |
| 11 | Stock or stock options   | ⊠ None |
|    |  |        |
|    | 0  |        |
| 12 | Receipt of equipment,<br>materials, drugs, medical<br>writing, gifts or other<br>services                                | None   |
|    |  |        |
|    |  |        |
| 13 | Other financial or non-<br>financial interests   | None   |
|    |  |        |
|    |  |        |

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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