

ICMJE DISCLOSURE FORM

Date: 1/5/2023

Your Name: Ann Knoop

Manuscript Title: Atezolizumab and Nab-Paclitaxel for Advanced Breast Cancer in Danish, Real-World Patients

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									
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

		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	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Novartis	honoraria for lecture/presentation
		Seagen	honoraria for lecture/presentation
		AstraZeneca	honoraria for lecture/presentation
		Pfizer	honoraria for lecture/presentation
		Daiichi Sankyo	honoraria for lecture/presentation
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		AstraZeneca	Travel expenses
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Roche	Investigator or co-investigator in several research projects
		Novartis	Investigator or co-investigator in several research projects
		AstraZeneca	Investigator or co-investigator in several research projects
		Daiichi Sankyo	Investigator or co-investigator in several research projects

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/6/2023

Your Name: Hanne Melgaard Nielsen

Manuscript Title: Atezolizumab and Nab-Paclitaxel for Advanced Breast Cancer in Danish, Real-World Patients

Manuscript Number (if known): [Click or tap here to enter text.](#)

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 1/5/2023

Your Name: Ilben Kümler

Manuscript Title: Atezolizumab and Nab-Paclitaxel for Advanced Breast Cancer in Danish, Real-World Patients

Manuscript Number (if known): [Click or tap here to enter text.](#)

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 1/5/2023

Your Name: Maj-Britt Jensen

Manuscript Title: Atezolizumab and Nab-Paclitaxel for Advanced Breast Cancer in Danish, Real-World Patients

Manuscript Number (if known): [Click or tap here to enter text.](#)

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Novartis	Meeting expenses
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Novartis	Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 1/5/2023

Your Name: Rasmus Garly Hansen

Manuscript Title: Atezolizumab and Nab-Paclitaxel for Advanced Breast Cancer in Danish, Real-World Patients

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 1/5/2023

Your Name: Tobias Berg

Manuscript Title: Atezolizumab and Nab-Paclitaxel for Advanced Breast Cancer in Danish, Real-World Patients

Manuscript Number (if known): [Click or tap here to enter text.](#)

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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"><tr><td>Daiichi Sankyo</td><td>Travel expenses</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Daiichi Sankyo	Travel expenses							
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr></table>									

		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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.