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Da	ate: 24. februar 2021		
Yo	our name: Anders Bonde	Jensen	
M	anuscript title: Senf	ølger efter en brystkræ	eft sygdom -Et undervurderet problem
М	anuscript number (if know	n):	
are thir con	related to the content of y d parties whose interests n	our manuscript. "Related' nay be affected by the col and does not necessarily i	Il relationships/activities/interests listed below that means any relation with for-profit or not-for-profintent of the manuscript. Disclosure represents a ndicate a bias. If you are in doubt about whether to you do so.
	following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current
peri anti In it	tains to the epidemiology o hypertensive medication, e	of hypertension, you should even if that medication is oport for the work reporte	defined broadly. For example, if your manuscript ld 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 relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim	ne frame: Since the initial pla		PRODUCTION OF THE PROPERTY OF THE PARTY OF T
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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Tim	e frame: past 36 months	10000	The said of the said of the said
2	Grants or contracts from any entity (if not indicated	⊠ None	

in item #1 above).

Royalties or licenses

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4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None
		Pfizer
		Ely-Lilly
		Novartis
-	D	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	23 None
	3	
8	Patents planned, issued or	⊠ None
	pending	
0	Participation on a Data	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None
	or Advisory Bourd	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None
11	Stock or stock options	⊠ None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None
		- None
13	Other financial or non- financial interests	None Non

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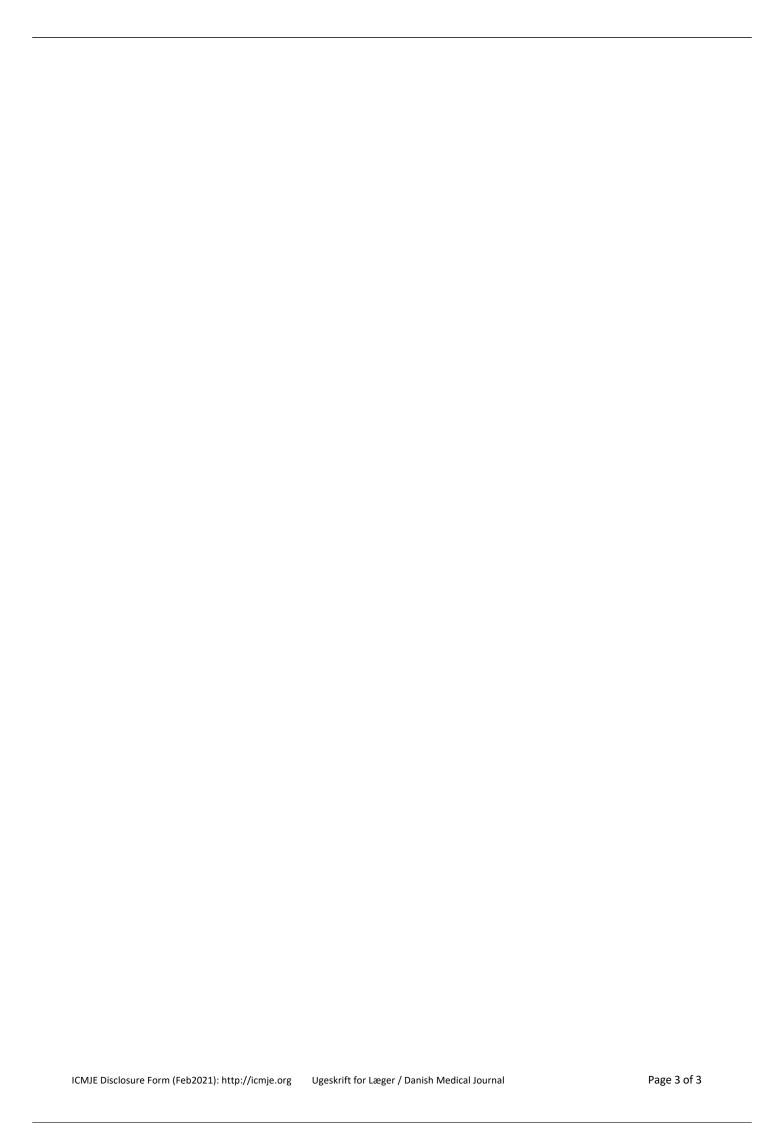
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Dat	e: Klik eller tryk for at angive	e en dato.	
You	r name: Peer Christianse	en	
Ma	nuscript title: Senfø	ilger efter en brystkræf	t sygdom -Et undervurderet problem
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		Name all entities with whom 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		
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	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	

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 Safety Monitoring Board or Advisory Board	⊠ None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None Head of DCCL – Dansk Center for Brystkræftsenfølger
11	Stock or stock options	⊠ None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None
13	Other financial or non- financial interests	⊠ None

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Date	e: 13. februar 2023			
You	Your name: Pernille Bech			
Ma	nuscript title: Senfø	olger efter en brystkræf	t sygdom -Et undervurderet problem	
Mar	nuscript number (if known):		
are re third comr list a	elated to the content of you parties whose interests m mitment to transparency a relationship/activity/inter	our 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.	
<u>manı</u>	uscript only.		·	
perta antih In ite	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.			
		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)	
	e frame: Since the initial plar	1		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None Non		
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	item.			
			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		

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 Safety Monitoring Board or Advisory Board	⊠ None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Steering committee member of DCCL – Danish Breast Cancer Group Center and Clinic for Late Effects
11	Stock or stock options	⊠ None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
13	Other financial or non- financial interests	□ None

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Dat	e : 11. februar 2023		
You	r name: Bobby (Robert)	Zachariae	
Ma	nuscript title: Senfø	lger efter en brystkræf	t sygdom -Et undervurderet problem
Mai	nuscript number (if known):	
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	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.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</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 sup r items, the time frame for	•	d in this manuscript without time limit. For all nonths.
		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	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		
			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	
	,	2 Hone	

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

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