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Date: 5. februar 2024				
Your name: Lisette Hvid Hovgaard				
Manuscript title: Lokal østrogenbehandling og recidivrisiko hos kvinder i endokrin adjuverende brystkræftbehandling				
Manuscript number (if known): UFL-11-23-0691				

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Tim	e frame: Since the initial plar	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)
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Tim	Time frame: past 36 months			
2 Grants or contracts from None				
	any entity (if not indicated			
	in item #1 above).			
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
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6	Payment for expert testimony	None
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
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10	Leadership or fiduciary role in other board,	
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	None Non
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other	
	services	
13	Other financial or non-	None Non
	financial interests	

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	e: 12. februar 2024				
You	Ir name : Julie Hartnack T	harin			
Manuscript title: Lokal østrogenbehandling og recidivrisiko hos kvinder i endokrin adjuverende brystkræftbehandling					
Mai	Manuscript number (if known): UFL-11-23-0691				
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	uscript only.	o the author stelationship	os/activities/interests as they relate to the <u>current</u>		
perta antih In ite	ains to the epidemiology of hypertensive medication, ev	hypertension, you should ven if that medication is n 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 whom you have this relationship or indicate none (add rows as				
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your		
-	e frame: Since the initial plar	whom you have this relationship or indicate none (add rows as needed) nning of the work	(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.)	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your		
-	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your		
-	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your		
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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.	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)		

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	⊠ None
	meetings and/or travel	
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
	-	
10	Leadership or fiduciary role in other board,	
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	None Non
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other	
	services	
13	Other financial or non-	None Non
	financial interests	

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Date: 24. februar 2024				
Your name: Signe Borgquist				
Manuscript title: Lokal østrogenbehandling og recidivrisiko hos kvinder i endokrin adjuverende brystkræftbehandling				
Manuscript number (if known): UFL-11-23-0691				

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Tim	e frame: Since the initial plar	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)
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Tim	Time frame: past 36 months			
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	in item #1 above).			
3	Royalties or licenses			

4	Consulting fees	⊠ None	
5	lectures, presentations,	□ None Pfizer	Honoraria, lecture, Aarhus-based breast cancer
	speakers bureaus, manuscript writing or educational events	SKA (Sammenslutningen	meeting (Nov 2023) Honoraria, lecture, post-SABCS (Jan 2024)
	3333131131	af Kræftafdelinger)	
6	Payment for expert testimony		
7	Support for attending	☐ None	
	meetings and/or travel	Merck/Daiichi	Travel support for SABCS (Dec 2022)
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data	None Non	
	Safety Monitoring Board		
	or Advisory Board		
10	0 Leadership or fiduciary		
	role in other board,		Medical writer for Pro.medicin
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment,		
	materials, drugs, medical writing, gifts or other		
	services		
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13	Other financial or non- financial interests		
	inidicial interests		

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Date: 5. februar 2024				
Your name: Pernille Ravn				
Manuscript title: Lokal østrogenbehandling og recidivrisiko hos kvinder i endokrin adjuverende brystkræftbehandling				
Manuscript number (if known): UFL-11-23-0691				

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.

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Time		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	e frame: Since the initial plan		
1	All support for the present	■ None	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
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	No time limit for this		
	item.		

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Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Non		
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		
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8	Patents planned, issued or pending	⊠ None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None		
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		
13	Other financial or non- financial interests	⊠ None		
13		ZY NOTIC		
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