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

Date: 25. februar 2024				
Your name: Jeanette Kaae				
Manuscript title: Kutane bivirkninger ved behandling med immunterapi				
Manuscript number (if known): UFL-11-23-0725				

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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.

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)
1			
	All support for the present	🖾 None	
	manuscript (e.g., funding,		
	provision of study materials, medical writing, article processing charges,		
	etc.)		
	No time limit for this		
	item.		

Click TAB in last row to add extra rows

2	Grants or contracts from	⊠ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	🖾 None	

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 Safety Monitoring Board or Advisory Board	Image: NoneAdvisory board, Almirall.Undervisning AbbVie	Advisory board, BMS
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	
11	Stock or stock options	⊠ None	
11		⊠ None ⊠ 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

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

Date: 10. marts 2024				
Your name: Chri	Your name: Christian Vestergaard			
Manuscript title:	Manuscript title: Kutane bivirkninger ved behandling med immunterapi			
Manuscript number (if known): UFL-11-23-0725				

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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.

Tim	e frame: Since the initial plar	Name all entities with whom you have this relationship or indicate none (add rows as needed) nning of the work	Specifications/Comments (e.g., if payments were made to you or to your institution)
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

2	Grants or contracts from	□ None	
	any entity (if not indicated in item #1 above).	Pfizer	Unrestricted Research Grant
		Leo Pharma	Unrestricted Research Grant
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations,	<b>None</b>	
	speakers bureaus, manuscript writing or educational events	Sanofi, Novartis, Pfizer, Eli Lilly, Almirall, GSK, Astra Zeneca	Lectures
6	Payment for expert testimony	None None	T
	costiniony		
7	Support for attending	□ None	
	meetings and/or travel	Sanofi, Pfizer	EADV
8	Patents planned, issued or	🛛 None	
	pending		
9	Participation on a Data	□ None	
9	Safety Monitoring Board	None MEDA	Elidel safety Board
9	-		Elidel safety Board
9	Safety Monitoring Board or Advisory Board Leadership or fiduciary	MEDA	Elidel safety Board
	Safety Monitoring Board or Advisory Board	MEDA	Elidel safety Board President
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	MEDA	
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or	MEDA	
	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	MEDA	
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	MEDA   Image: Media   Image: None   Nordic Dermatological   Associations	
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	MEDA      Image: Media     Image: None     Image: None     Image: None	
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	MEDA   Image: Media   Image: None   Nordic Dermatological   Associations	
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	MEDA      Image: Media     Image: None     Image: None     Image: None	
10	Safety Monitoring Board or Advisory Board Leadership or fiduciary 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 Other financial or non-	MEDA      Image: Media     Image: None     Image: None     Image: None	
10 11 12	Safety Monitoring Board or Advisory Board Leadership or fiduciary 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	MEDA      Image: Media     Image: None     Image: 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: 10-3-2024 Your Name: Inge Marie Svane Manuscript: Kutane bivirkninger ved behandling med immunterapi Manuscript number (if known):\_\_\_\_ UFL-11-23-0725 \_\_\_\_\_

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Evaxion Biotech Adaptimmune IO Biotech Lytix biopharma TILT Biotherapeutics Enara Bio Asgard Biotech	To my institutionTo my institution
3	Royalties or licenses	XNone	

4	Consulting fees	None	
4	consulting lees	MSD	norconal
		IO Biotech	personal
			personal
		Novartis	personal
		Pierre Fabre	personal
		TILT Biotherapeutics	personal
_			
5	Payment or honoraria for	None	
	lectures, presentations,	MSD	personal
	speakers bureaus,	Novartis	personal
	manuscript writing or	Sanofi Aventis	personal
	educational events	Pierre Fabre	personal
		BMS	personal
		Novo nordisk	personal
		Takeda	personal
6	Payment for expert	X_None	
	testimony		
	5		
7	Support for attending	None	
	meetings and/or travel		
		MSD	
	Determine de la constante de l	M. News	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or	Only Academic trial	
	Advisory Board	DSMBs	
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
		IO Biotech	personal
12	Receipt of equipment,	None	
	materials, drugs, medical	BMS	Relatlimab for clinical trial
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

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

Date: 10. marts 2024				
Your name: Jespe	Your name: Jesper Andreas Palshof			
Manuscript title:	Manuscript title: Kutane bivirkninger ved behandling med immunterapi			
Manuscript number (if known): UFL-11-23-0725				

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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.

Tim	e frame: Since the initial plar	Name all entities with whom you have this relationship or indicate none (add rows as needed) ning of the work	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present		
		⊠ None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		
	No time limit for this		
	item.		

Click TAB in last row to add extra rows

2	2 Grants or contracts from any entity (if not indicated	⊠ None	
	in item #1 above).		
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None	
5 Payment or honoraria for		□ None	
	lectures, presentations,	MSD	Presentations and lectures
	speakers bureaus,	BMS	Presentations and lectures
	manuscript writing or	Ipsen	Educational
	educational events		
6	Payment for expert	🖾 None	
	testimony		
7	Support for attending		
/	meetings and/or travel		
	Theetings and/or traver	MSD	ASCO GU 2024
		Ipsen	EIKCS 2024
8	Patents planned, issued or	🛛 None	
	pending		
9 Participation on a Data Dome			
7	Safety Monitoring Board or Advisory Board	MSD	Advisory board
			Advisory board
	<b>J</b>		
10	Leadership or fiduciary	🖾 None	
	role in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
10	Descript of agginment		•
12	Receipt of equipment,	⊠ None	1
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	⊠ None	
	financial interests		

 $\boxtimes$  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.

Date: 13. marts 2024		
Your name: Aska Drljevic-Nielsen		
Manuscript title:	Kutane bivirkninger ved behandling med immunterapi	
Manuscript number (if known): UFL-11-23-0725		

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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.

Tim	e frame: Since the initial plan	Name all entities with whom you have this relationship or indicate none (add rows as needed) ning of the work	Specifications/Comments (e.g., if payments were made to you or to your institution)
-			
1	All support for the present	🛛 None	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	item.		

Click TAB in last row to add extra rows

2	Grants or contracts from	⊠ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠ None	

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 Safety Monitoring Board or Advisory Board	☑ 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

 $\boxtimes$  X 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.

Date: 18. marts 2024			
Your name: Berit Christina Carlsen			
Manuscript title: Kutane bivirkninger ved behandling med immunterapi			
Manuscript number (if known): UFL-11-23-0725			

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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.

Tim	e frame: Since the initial plar	Name all entities with whom you have this relationship or indicate none (add rows as needed) nning of the work	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	None	
	etc.) No time limit for this item.		

Click TAB in last row to add extra rows

2	Grants or contracts from	⊠ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None     Image:
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
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

 $\boxtimes$  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