Yo	ur name: Christina H. Ru	ihlmann	
Ma	anuscript title: Direkt	e orale antikoagulantia til b	ehandling af cancer-associeret trombose
Ma	anuscript number (if know	n):	
are third com	related to the content of yo d parties whose interests m	our manuscript. "Related" hay be affected by the coi 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.
The man	following questions apply to nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
pert antil In ite	ains to the epidemiology o hypertensive medication, e	f hypertension, you shouly ven if that medication is sport for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of not mentioned in the manuscript. ed in this manuscript without time limit. For all months. Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial plar	nning of the work	THE PROPERTY OF THE PARTY OF THE PARTY OF
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		
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, speakers bureaus, manuscript writing or educational events	BMS	Personal honoraria	
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. U = 100

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Date	e: 26. april 2024		
You	r name: Morten Lambert	S	
Mar	nuscript title: Direkte	e orale antikoagulantia til bel	nandling af cancer-associeret trombose
Mar	nuscript number (if known):	
are re third comn	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 tent 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 support all support items, the time frame for	•	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 needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	e frame: Since the initial plan		
1	All support for the present manuscript (e.g., funding,	☐ None Karen Elise Jensens Fond	Support to institution
	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
Time	e frame: past 36 months		
2	Grants or contracts from	None Non	
۷	any entity (if not indicated	△ None	
	in item #1 above).		
3	Royalties or licenses	None Non	

4	Consulting fees None		
5	Payment or honoraria for	☐ None	
	lectures, presentations,	Janssen	Lecture
	speakers bureaus,	BMS	Lecture
	manuscript writing or educational events	Bayer	Lecture
	Cudcational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	None Non	
	meetings and/or travel	Zivone	
8	Patents planned, issued or		
0	pending	□ None	
	ponumy		
9	Participation on a Data	□ None	
	Safety Monitoring Board or Advisory Board	Pfizer	Advisory board (single occurrence)
	or riavisory board		
10	Leadership or fiduciary	None Non	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None Non	
	financial interests		

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 10. april 2024		
You	r name: Erik Lerkevang	Grove	
			handling af cancer-associeret trombose
	·	_	nanding at cancer-associerer frombose
iviai	nuscript number (if known)):	
are re third comr list a The f	elated to the content of you parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the condate on the does not necessarily in est, it is preferable that you	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. ps/activities/interests as they relate to the current
perta antih In ite	nins to the epidemiology of ypertensive medication, ex	hypertension, you should yen if that medication is n port for the work reporte	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 needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Time	All support for the present	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,	whom you have this relationship or indicate none (add rows as needed) ning 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	whom you have this relationship or indicate none (add rows as needed) ning 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,	whom you have this relationship or indicate none (add rows as needed) ning 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,	whom you have this relationship or indicate none (add rows as needed) ning 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,	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your
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_	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) ning 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.) No time limit for this	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your
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) ning of the work	(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.) No time limit for this	whom you have this relationship or indicate none (add rows as needed) ning of the work	(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.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) ning of the work None	(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.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) ning of the work None	(e.g., if payments were made to you or to your institution) 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. Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) ning of the work None	(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.) No time limit for this item. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) ning of the work None None	(e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows Unrestricted research grant
Time 2	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).	whom you have this relationship or indicate none (add rows as needed) Ining of the work None None None Boehringer Ingelheim AstraZeneca, Idorsia and Bayer	(e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows Unrestricted research grant Investigator in clinical studies sponsored by these
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 any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) Ining of the work None None None Boehringer Ingelheim AstraZeneca, Idorsia and	(e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows Unrestricted research grant Investigator in clinical studies sponsored by these

4 Consulting fees			
		Bayer & Bristol Myers- Squibb	Consultancy fees for organizing & chairing educational symposia
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events	AstraZeneca, Bayer, Pfizer, and Bristol-Myers Squibb.	Lecture fees
6	Payment for expert	None	
	testimony		
7	Support for attending		
	meetings and/or travel	AstraZeneca & Bayer	ESC Congress
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data	□ None	
	Safety Monitoring Board or Advisory Board	Lundbeck Pharma	DSMB member for studies investigating new treatments for migraine
		AstraZeneca, Bristol- Myers Squibb, Bayer, Novo Nordisk, Pfizer	Ad hoc advisory board meetings
10	10 Leadership or fiduciary		
10	role in other board,	Chair of the Danish	Unpaid
	society, committee or advocacy group, paid or	Society of Thrombosis & Haemostasis	
	unpaid	Nucleus member of WG on Cardiovascular Pharmacotherapy (European Society of Thrombosis and Haemostasis)	Unpaid
		Past Nucleus member of WG Thrombosis (European Society of Cardiology)	Unpaid
11	Stock or stock options	None Non	
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13		None	

Other financial or non-	
financial interests	

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

Date	3				
You	r name: Thomas Kümler				
Maı	Manuscript title: Direkte orale antikoagulantia til behandling af cancer-associeret trombose				
Mar	Manuscript number (if known):				
are re third comr list a The f	elated to the content of yo parties whose interests ma nitment to transparency ar 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 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 antih	nins to the epidemiology of ypertensive medication, ev	hypertension, you should ven if that medication is n	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.		
	r items, the time frame for	•	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 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.)	⊠ None			
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Time	e frame: past 36 months				
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2	Grants or contracts from any entity (if not indicated	None			
	in item #1 above).				
3	Royalties or licenses	■ None			
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4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☑ None Merck, April 2024	
6	Payment for expert	☑ None	
	testimony		
7	Support for attending	□ None	
	meetings and/or travel	Medtronic	ESC 2022, ESC 2023
8	Patents planned, issued or pending	None Non	
9	Participation on a Data	57 N	
9	Participation on a Data Safety Monitoring Board	None Non	
	or Advisory Board		
10			
10	Leadership or fiduciary role in other board,	⊠ None	
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	M None	
11	Stock of Stock options	None Non	
10	Decelot of an invest		
12	Receipt of equipment, materials, drugs, medical	None Non	
	writing, gifts or other		
	services		
10	Other financial		
13	Other financial or non- financial interests	None Non	
	iinanciai interests		

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Dat	e : 30. april 2024				
You	ı r name : Maja Hellfritzsch	n Poulsen			
Ma	Manuscript title: Direkte orale antikoagulantia til behandling af cancer-associeret trombose				
Ma	Manuscript number (if known):				
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manı	uscript only.				
perta antih In ite	nins to the epidemiology of sypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reporte	defined broadly. For example, if your manuscript dideclare 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 needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
Tim	e frame: Since the initial plar				
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				
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Non			
3	Royalties or licenses	⊠ None			
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4	Consulting fees	⊠ None	
	Payment or honoraria for	☐ None	
	lectures, presentations,	Bayer	Speaker honoraria
	speakers bureaus,	BMS Pfizer	Speaker honoraria
	manuscript writing or educational events		
	educational events		
6	Payment for expert	⊠ None	
	testimony		
- I	C		
	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
	Double institute on a Data	N	
	Participation on a Data Safety Monitoring Board	⊠ None	
	or Advisory Board		
	or ravisory board		
	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or advocacy group, paid or		
1	unpaid		
	unpulu		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
4.5			
	Other financial or non-	⊠ None	
	financial interests		

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