

# ICMJE DISCLOSURE FORM

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Date: 25. april 2024

Your name: Christina H. Ruhlmann

Manuscript title: Direkte orale antikoagulantia til behandling af cancer-associeret trombose

Manuscript number (if known):

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 current manuscript only.

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)
<b>Time frame: Since the initial planning of the work</b>			
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.	<input checked="" type="checkbox"/> None	

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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	
		BMS	Personal honoraria
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	
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	

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25/4-24 C. Buhlmann

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# ICMJE DISCLOSURE FORM

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Date: 26. april 2024

Your name: Morten Lamberts

Manuscript title: Direkte orale antikoagulantia til behandling af cancer-associeret trombose

Manuscript number (if known):

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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	
		Janssen	Lecture
		BMS	Lecture
		Bayer	Lecture
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 type="checkbox"/> None	
		Pfizer	Advisory board (single occurrence)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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	

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Date: 10. april 2024

Your name: Erik Lerkevang Grove

Manuscript title: Direkte orale antikoagulantia til behandling af cancer-associeret trombose

Manuscript number (if known):

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## Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		Boehringer Ingelheim	Unrestricted research grant
		AstraZeneca, Idorsia and Bayer	Investigator in clinical studies sponsored by these companies
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> None	
		Bayer & Bristol Myers-Squibb	Consultancy fees for organizing & chairing educational symposia
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		AstraZeneca, Bayer, Pfizer, and Bristol-Myers Squibb.	Lecture fees
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
		AstraZeneca & Bayer	ESC Congress
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	
		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	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Chair of the Danish 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	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13		<input checked="" type="checkbox"/> None	

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Other financial or non-financial interests		

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Date: 2. maj 2024

Your name: Thomas Kümler

Manuscript title: Direkte orale antikoagulantia til behandling af cancer-associeret trombose

Manuscript number (if known):

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	



4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		Merck, April 2024	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Medtronic	ESC 2022, ESC 2023
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	
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	
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**Date:** 30. april 2024

**Your name:** Maja Hellfritzsch Poulsen

**Manuscript title:** Direkte orale antikoagulantia til behandling af cancer-associeret trombose

**Manuscript number (if known):**

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3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

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	
		Bayer	Speaker honoraria
		BMS Pfizer	Speaker honoraria
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	
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