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Date	e: 19. marts 2024		
	r name: Emma Marie To	rpe	
		·	ng breast cancer survivors, an observational cohort study
	nuscript number (if known		
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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 ritems, 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	□ None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Danish Cancer Society	Grant number R351-A20070. Payments were made to me.
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	No time limit for this item.		
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Time	e frame: past 36 months		
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2	Grants or contracts from	None Non	
	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
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 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

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Date: 2	21. marts 2024		
Your name: Tobias Berg			
Manuscript title: Compliance with endocrine therapy among breast cancer survivors, an observational cohort study			
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.

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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.

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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)
Tim	e frame: Since the initial plan	ning of the work	
1	All support for the present	None Non	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges, etc.) No time limit for this		
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Time frame: past 36 months				
2	Grants or contracts from	□ None		
	any entity (if not indicated	Pfizer	Institutional grant	
	in item #1 above).	Astra Zeneca	Institutional grant	
		Novartis	Institutional grant	
		Samsung Bioepis	Institutional grant	
		Seattle Genetics	Institutional grant	
		Merck	Institutional grant	
		Eli Lilly	Institutional grant	

		Daiichi Sankyo	Institutional grant
3	Royalties or licenses	⊠ None	
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4	Consulting fees		
5	Payment or honoraria for	None Non	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	None Non	
	meetings and/or travel		
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data		
	Safety Monitoring Board	Z Nonc	
	or Advisory Board		
10	Leadership or fiduciary	∇ None	
10	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options		
	Stock of Stock options	M None	
10	Description of the second		
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None Non	
	financial interests		

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Dat	e: 20. marts 2024		
You	r name: Maj-Britt Jenser	١	
Mai	nuscript title: Complia	nnce with endocrine therapy amo	ong breast cancer survivors, an observational cohort study
Mai	nuscript number (if known):	
are re third comr list a The f	elated to the content of yo parties whose interests ma mitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the control 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. ps/activities/interests as they relate to the current
perta antih In ite	nins to the epidemiology of hypertensive medication, ev	hypertension, you should ven 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)
Tim	e frame: Since the initial plan	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
Tim 1	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) 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	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,	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,	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,	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.) No time limit for this	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
_	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) nning 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) nning 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) nning 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) nning 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. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) nning 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. e frame: past 36 months	whom you have this relationship or indicate none (add rows as needed) nning of the work None	(e.g., if payments were made to you or to your institution)
Tim.	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) nning 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) nning of the work None	(e.g., if payments were made to you or to your institution)

4	Consulting fees	⊠ None
5	Payment or honoraria for	
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert testimony	⊠ None
	testimony	
7	Support for attending	None Non
	meetings and/or travel	
8	Patents planned, issued or	None
	pending	
9	Participation on a Data	□ None
	Safety Monitoring Board	Novartis
	or Advisory Board	
10	Leadership or fiduciary	
10	role in other board,	None
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	⊠ None
12	Receipt of equipment,	
12	materials, drugs, medical	NOTIC .
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
13	financial interests	M NOTE
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Date:	20. marts 2024			
Your na	Your name: Bent Ejlertsen			
Manuscript title: Compliance with endocrine therapy among breast cancer survivors, an observational cohort study				
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.

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7.		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 IIM	e frame: Since the initial plan All support for the present	Inling of the work ⊠ None	
'	manuscript (e.g., funding,	M NOTE	
	provision of study materials, medical writing, article processing charges, etc.)		
	No time limit for this		
	item.		

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Time frame: past 36 months					
2	Grants or contracts from	☐ None			
	any entity (if not indicated	Kræftens Bekæmpelse	Institutional grant		
	in item #1 above).	Astra Zeneca	Institutional grant		
		Daiichi Sankyo	Institutional grant		
		Eli Lilly	Institutional grant		
		MSD	Institutional grant		
		Novartis	Institutional grant		
		Pfizer	Institutional grant		

3	Royalties or licenses	⊠ None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	⊠ None	
	manuscript writing or		
	educational events		
	December 1		
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	□ None	
		Daiichi Sankyo	St Gallen 2023; travel, accommodation, and fee
		MSD	ASCO 2023; travel, accommodation, and fee
		Pfizer	ESMO Breast 2024; travel, accommodation, and fee
8	Patents planned, issued or pending	None	
9	Participation on a Data	□ None	
	Safety Monitoring Board	Eli Lilly	Without payment
	or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None	
		Director	Danish Breast Cancer Group
	para		
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical	None Non	
	writing, gifts or other services		
	2CI VICES		
13	Other financial or non- financial interests	⊠ None	

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