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Date: 26-04-25
Your name: Christian Malling Longworth
Manuscript title: Atypisk femurfraktur ved denosumabbehandling
Manuscript number (if known): UFL-02-25-0134

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 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)	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		

4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or educational events	
	eddedtional events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	EX NOTE.
0	Determination and increase on	
8	Patents planned, issued or pending	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board,	
	society, committee or	
	advocacy group, paid or unpaid	
11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	
		

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Your name: Peter Heide Pedersen

Manuscript title: Atypisk femurfraktur ved denosumabbehandling

Manuscript number (if known): UFL-02-25-0134

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Tim	ne frame: Since th	e initial planning	of the work
1	All support for the	☑ None	
	present manuscript		
	(e.g., funding,		
	provision of study		
	materials, medical		
	writing, article		

	processing	
	charges, etc.)	
	No time limit for	
	this item.	
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Tin	ne frame: past 36	months
2	Grants or contracts	☑ None
	from any entity (if	
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	item #1 above).	
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3	=	None Non
	licenses	
4	Consulting fees	⊠ None
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5	Pavmeni or	⊠ None
5	Payment or honoraria for	⊠ None
5	honoraria for	None
5	honoraria for lectures,	None
5	honoraria for lectures, presentations,	None
5	honoraria for lectures, presentations, speakers bureaus,	None
5	honoraria for lectures, presentations, speakers bureaus, manuscript writing	None
5	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational	None
5	honoraria for lectures, presentations, speakers bureaus, manuscript writing	None
	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	
6	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert	
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	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for	None None None
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6	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel	None None
6	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel	None None 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 Non	
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	e: 14. maj 2025		
You	r name: Annette Benned	Isgaard Jespersen	
Mar	nuscript title: Atypisk	k femurfraktur ved denosum	ab behandling
Mar	nuscript number (if known): UFL-02-25-0134	
are re third comr list a	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 cent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	uscript only.		sor activities, interests as they relate to the <u>surrent</u>
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen 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.
Time	e frame: Since the initial plan	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.		
		I	Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from	None Non	
	any entity (if not indicated	M NOTE	
	in item #1 above).		
3	Royalties or licenses	None Non	

4	Consulting fees	None Non	
5	Payment or honoraria for	None Non	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
,	B		
6	Payment for expert testimony	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	None Non	
	Safety Monitoring Board or Advisory Board		
	of Advisory Board		
10	Leadership or fiduciary	None Non	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Charles an about and the con-	FIN	
11	Stock or stock options	None Non	
10	Descint of agricument	57 N	
12	Receipt of equipment, materials, drugs, medical	None Non	
	writing, gifts or other		
	services		
13	Other financial or non-	N None	
13	financial interests	None Non	
	manda mitorests		

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Dat	e: 6. maj 2025		
You	r name: GANG CHEN		
Ma	nuscript title: Atypisl	k femurfraktur ved denosu	mabbehandling
Ma	nuscript number (if known):UFL-02-25-0134	
are r third com	elated to the content of yo parties whose interests m	ur manuscript. "Related" ay be affected by the co nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ntent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to ou do so.
	following questions apply to uscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
perta antih In ite	ains to the epidemiology or sypertensive medication, e	f hypertension, you shou even if that medication is port for the work reporte	defined broadly. For example, if your manuscript ld declare all relationships with manufacturers of not mentioned in the manuscript. ed in this manuscript without time limit. For all months.
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3	Royalties or licenses	⊠ None	

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5	Payment or honoraria for	⊠ None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Dayment for expert	N N a sa a			
6	Payment for expert testimony	⊠ None			
	testimony				
7	Support for attending	⊠ None			
	meetings and/or travel				
					
8	Patents planned, issued or	⊠ None			
	pending				
9	Participation on a Data	⊠ None			
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	or Advisory Board				
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