ICMJE DISCLOSURE FORM

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

Dat	e : 5. juni 2024		
	Ir name: Matias Gam-Jen		
	•	al osteofytdannelse som årsa	ıg til svær dysfagi
Ma	nuscript number (if known):	
are r 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 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 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	ains to the epidemiology of hypertensive 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.
		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	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your
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
_	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	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.)	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
_	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 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	(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	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) ming 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	(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) ming of the work None	(e.g., if payments were made to you or to your institution)
Tim 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) 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) ming of the work None	(e.g., if payments were made to you or to your institution)

4	Consulting fees	None ■ None Non
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None 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 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 None
13	Other financial or non- financial interests	None None

Please place an "X" next to the following statement to indicate your agreement:

 \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.

ICMJE DISCLOSURE FORM

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

	e : 5. juni 2024		
You	r name: Katrine Schou		
Mai	nuscript title: Cervic	cal osteofytdannelse soi	m årsag til svær dysfagi
Mar	nuscript number (if known):	
are re third comr list a	elated to the content of yo parties whose interests ma mitment to transparency an relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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 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.
		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
		needed)	
Time	e frame: Since the initial plan	needed)	
Time	All support for the present	needed)	
	All support for the present manuscript (e.g., funding,	needed) ning of the work	
	All support for the present	needed) ning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	needed) ning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	needed) ning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	needed) ning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	needed) ning of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	needed) ning of the work	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	needed) ning of the work	Click TAB in last row to add extra rows
Time	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.	needed) ning of the work None	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. e frame: past 36 months Grants or contracts from	needed) ning of the work	Click TAB in last row to add extra rows
Time	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.	needed) ning of the work None	Click TAB in last row to add extra rows
Time	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).	needed) ning of the work None	Click TAB in last row to add extra rows
Time	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 Grants or contracts from any entity (if not indicated	needed) ning of the work None	Click TAB in last row to add extra rows

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	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
0	pending	□ Mone	
	penamb		
9	Participation on a Data Safety Monitoring Board	⊠ None	
	or Advisory Board		
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,	⊠ None	
**	materials, drugs, medical writing, gifts or other services	M NOTE	
13	Other financial or non- financial interests	⊠ None	

Please place an "X" next to the following statement to indicate your agreement:

 $oxed{\boxtimes}$ 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.