Date	e: 28. juli 2023		
You	r name: Henrik Frederiks	sen	
Mar	nuscript title: Vejen	til kræftdiagnose for a	ældre
	nuscript number (if known		
In the are retained third comments and the following the area and the line itee.	e interest of transparency, elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interest following questions apply to uscript only.  Buthor's relationships/activitys to the epidemiology of ypertensive medication, even	we ask you to disclose all ur manuscript. "Related" ay be affected by the confind does not necessarily in est, it is preferable that you the author's relationship rities/interests should be given if that medication is not port for the work reporter	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	,	, , , , , , , , , , , , , , , , , , , ,	
		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	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		
	item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
1 11111	o marrie, past oo months		
2	Grants or contracts from	☐ None	
	any entity (if not indicated	Sanofi	Research grant
	in item #1 above).		
3	Royalties or licenses	None     Non	

4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None     Sanofi	Honoraria for invited lecture
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     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None     Non	

 $\boxtimes$  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

Date	e: 28. juli 2023		
You	r name: Linda Aagaard F	Rasmussen	
Mar	nuscript title: Vejer	n til kræftdiagnose for a	ældre
Mar	nuscript number (if known	):	
are re third comn	elated to the content of yo parties whose interests m	our manuscript. "Related" ay be affected by the cont and 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 ou 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 antih In ite	nins to the epidemiology of ypertensive medication, even m #1 below, report all sup	hypertension, you should ven 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.
other	r items, the time frame for	disclosure is the past 36 r	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 plar		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		
		l	Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from 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 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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### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	<b>e</b> : 28. juli 2023		
You	r name: Line Flytkjær Vi	rgilsen	
Mar	nuscript title: Vejen	n til kræftdiagnose for a	ældre
Mar	nuscript number (if known	):	
are re third comm list a	elated to the content of yo parties whose interests ma nitment to transparency a 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 <u>uscript only</u> .	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should ven 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)
Time	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	
	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 any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses		
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4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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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### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	<b>e</b> : 30. juli 2023		
You	r name: Peter Vedsted		
Mai	nuscript title: Vejer	n til kræftdiagnose for a	ældre
Mai	nuscript number (if known	):	
are ro third comr	elated to the content of yo parties whose interests m	our manuscript. "Related" ay be affected by the content of the 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 tuscript 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 hypertensive medication, e	f hypertension, you should ven 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)
Time	e frame: Since the initial plar	nning of the work	
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	⊠ None	
	item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	<b>⊠</b> None	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	⊠ None
7	Support for attending meetings and/or travel	⊠ None
8	Patents planned, issued or pending	None 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
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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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	<b>e</b> : 28. juli 2023		
You	r name: Henry Jensen		
Mar	<del>_</del>	til kræftdiagnose for a	ældre
	nuscript number (if known)	-	
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	
	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	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.
		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.)  No time limit for this	None None	
	item.		
			Click TAB in last row to add extra rows
Time	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 lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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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### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	<b>e</b> : 28. juli 2023		
You	r name: Trine Lembrecht	t Jørgensen	
Mar		til kræftdiagnose for a	ældre
	nuscript number (if known)		
are re third comr list a	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 cont nd does not necessarily in est, it is preferable that yo	
	ollowing questions apply to <u>iscript only</u> .	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 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.
		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	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2		No.	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
2		₹ N	
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 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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### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	<b>2</b> : 12. september 2023		
You	r name: Camilla Qvortru	p	
Mar	nuscript title: Vejen	til kræftdiagnose for a	ældre
Mar	nuscript number (if known)	):	
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Otrici	items, the time frame for	disclosure is the past 50 i	пониз.
		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	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study	None     Non	
	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		
THIN	o mamo, past 30 months		
2	Grants or contracts from	⊠ None	
	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 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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