| Date | e: 7. august 2023 | | |
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| You | r name : Josefine Maria B | Bruun | |
| Mar | nuscript title : Professionals' F | Perspectives on Caring for Ca | nncer Patients with Pre-Existing Severe Mental Disorders |
| Mar | nuscript number (if known) |): | |
| are re third comr list a The f | 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 | 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. Os/activities/interests as they relate to the current |
| 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 | ning of the work | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | □ None Danish Cancer Society | Salary for first-author |
| | 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 | ⊠ None | |
| ۷ | any entity (if not indicated | None Non | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None Non | |
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| 4 | Consulting fees | None Non | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | □ None Fagligt Selskab for Kræftsygeplejersker | Payment for presentation |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending | None. | |
| , | meetings and/or travel | ⊠ None | |
| 8 | Datanta planned issued or | N N | |
| Ö | Patents planned, issued or pending | None Non | |
| | | | |
| 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- | None Non | |
| | financial interests | | |
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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

| Dat | e : 8. august 2023 | | |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| You | r name: Pernille Andreas | ssen | |
| Mai | nuscript title : Professionals' l | Perspectives on Caring for Ca | ancer Patients with Pre-Existing Severe Mental Disorders |
| Mai | nuscript number (if known |): | |
| are re third comr | elated to the content of yo parties whose interests ma | ur manuscript. "Related" ay be affected by the conf nd 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. |
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| 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 r items, 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) |
| Tim | e frame: Since the initial plan | nning of the work | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ⊠ None | |
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| | | | Click TAB in last row to add extra rows |
| Tim | 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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| Dat | e : 31. juli 2023 | | |
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| You | r name : Louise Elkjær Fl | øe | |
| Mai | - | | ancer Patients with Pre-Existing Severe Mental Disorders |
| | nuscript number (if known | | |
| are ro third comr list a The f | 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 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 ypertensive medication, ev | hypertension, you should yen 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 plar | | |
| 1 | All support for the present | □ None | |
| | manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Danish Cancer Society | Funded salary for the author |
| | No time limit for this item. | | |
| | | | Click TAB in last row to add extra rows |
| Tim | e frame: past 36 months | | Click TAB III last fow to add extra fows |
| 11111 | e frame. past 50 months | | |
| 2 | Grants or contracts from any entity (if not indicated | ⊠ None | |
| | in item #1 above). | | |
| 3 | Royalties or licenses | None Non | |
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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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| Date | e: 31. juli 2023 | | |
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| You | r name: Jesper Grau Eril | ksen | |
| Mai | nuscript title: Professionals' | Perspectives on Caring for Ca | ancer Patients with Pre-Existing Severe Mental Disorders |
| Mai | nuscript number (if known |) : | |
| are re third comr | elated to the content of yo parties whose interests m | our manuscript. "Related" ay be affected by the conf 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 bu do so. |
| | following questions apply to uscript only. | o the author's relationship | os/activities/interests as they relate to the <u>current</u> |
| perta antih | nins to the epidemiology of hypertensive medication, ev | hypertension, you should wen if that medication is n | defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. |
| | m #1 below, report all sup r items, 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 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.) | None Non | |
| | No time limit for this item. | | |
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| 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 |
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| 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 |
| 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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| Dat | e : 31. juli 2023 | | |
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| You | r name: | Poul Videbech | |
| Mai | nuscript title: Professionals' F | Perspectives on Caring for Ca | ncer Patients with Pre-Existing Severe Mental Disorders |
| | nuscript number (if known | | |
| In the are retained third comments and the first and the area and the line items. | e interest of transparency, elated to the content of you parties whose interests maintenant to transparency ar relationship/activity/interest following questions apply to uscript only. Buthor's relationships/activities to the epidemiology of hypertensive medication, experienced to the content of the epidemiology of hypertensive medication, experienced to the epidemiology of hypertensive medication and hypertensive med | we ask you to disclose all ur manuscript. "Related" ay be affected by the content does not necessarily in est, it is preferable that you the author's relationship ities/interests should be go hypertension, you should yen if that medication is not port for the work reported | defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot 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) |
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| 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) 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. Grants or contracts from any entity (if not indicated | 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) |

| 4 | Consulting fees | ⊠ None |
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| 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 |
| 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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| Dat | e : 31. juli 2023 | | |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| You | r name : Søren Paaske Jo | ohnsen | |
| Mai | nuscript title: Professionals' I | Perspectives on Caring for Ca | ancer Patients with Pre-Existing Severe Mental Disorders |
| Mar | 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 cond 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 ypertensive medication, ex | hypertension, you should yen 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) |
| Time | e frame: Since the initial plar | · | |
| 1 | All support for the present manuscript (e.g., funding, | None | |
| | provision of study materials, medical writing, article processing charges, etc.) | | |
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| | | <u>I</u> | Click TAB in last row to add extra rows |
| Time | e frame: past 36 months | | |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | | |
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| 3 | Royalties or licenses | ⊠ None | |

| 4 | Consulting fees | None □ |
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| 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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| Dat | e : 30. juli 2023 | | |
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| | r name: Mette Asbjørn N | leergaard | |
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| | | | nncer Patients with Pre-Existing Severe Mental Disorders |
| Mai | 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 | 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 suppritems, 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) |
| Tim | 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 | |
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| Tim | e frame: past 36 months | | |
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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
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| 3 | Royalties or licenses | M Nopo | |
| 3 | Royalties or licenses | None Non | |

| 4 | Consulting fees | ⊠ None |
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| 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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