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

Date: 31. juli	2023	
Your name:	Nina Andersen	
Manuscript title:	Udviklingen i behandling af den ældre patient med hæmatologisk kræft	
Manuscript nu	ımber (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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

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)
Tim	e frame: Since the initial plar	nning of the work	
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.		
			Click TAB in last row to add extra rows
Tim	e 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 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 Alexion Pharma Nordics AB	Alexion sponsored attendance to European Hematology Association, Congress Frankfurt, June 2023, congress, travel and accomodation
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	

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

Dat	e: 19. juli 2023		
You	r name: Ahmed Ludvigs	en Al-Mashhadi	
Man	uscript title: Udviklingen i be	ehandling af den ældre patie	ent med hæmatologisk kræft
Mai	nuscript number (if known):	
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are re third comr	elated to the content of yo parties whose interests m	ur manuscript. "Related" ay be affected by the con nd does not necessarily ir	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 relationshi	ps/activities/interests as they relate to the current
perta antih	ins to the epidemiology of ypertensive medication, e	hypertension, you should wen if that medication is r	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript. d in this manuscript without time limit. For all
	r items, the time frame for		
		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)
	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	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months	1000 700 1000	THE PERSON NAMED IN COMPANY OF
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Research funding by Genentech Inc	
3	Royalties or licenses	⊠ None	
3	noyalties of ficerises	M MOILE	

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
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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 24. juli	2023
Your name:	Emelie Curovic Rotbain
Manuscript title:	Udviklingen i behandling af den ældre patient med hæmatologisk kræft
Manuscript nu	mber (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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

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.

Health and		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)
im	ne frame: Since the initial plar	nning of the work	
Ĺ	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.		

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	⊠ None

4	Consulting fees	□ None
		AstraZeneca
5	Payment or honoraria for	□ None
	lectures, presentations,	Janssen
	speakers bureaus,	AbbVie
	manuscript writing or	AstraZeneca
	educational events	
-	Day was and face a supposed	D A
6	Payment for expert testimony	⊠ None
	testimony	
7	Support for attending	□ None
	meetings and/or travel	AbbVie
0	Batania da antida da	F2.44
8	Patents planned, issued or pending	⊠ None
	pending	
-		
9	Participation on a Data	□ None
100	Safety Monitoring Board	Janssen
	or Advisory Board	
10	Leadership or fiduciary	⊠ None
10	role in other board,	⊠ wone
	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	
40	0.1 6	
13	Other financial or non-	⊠ None
	financial interests	
5 =0		

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

Dat	e: 17. juli	2023		
	r name:	Ida Bruun Kriste	ensen	
	uscript title:		ehandling af den ældre patie	nt med hæmatologisk kræft
		mber (if known		,
IVIdi	nuscript nu	mber (ii known).	
are ro third comr list a	elated to th parties who nitment to relationshi	e content of yo ose interests ma transparency a p/activity/intere	ur manuscript. "Related" ay be affected by the control of the cont	
	ollowing qu uscript only		o the author's relationship	ps/activities/interests as they relate to the <u>current</u>
perta antih In ite	ins to the e ypertensive m #1 below	epidemiology of e medication, ev u, report all sup	hypertension, you should ven if that medication is n	defined broadly. For example, if your manuscript dideclare 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: Sin	ce the initial plar	nning of the work	THE STATE OF THE S
1	manuscript provision o materials, r	for the present (e.g., funding, f study medical writing, tessing charges,	⊠ None	
	No time lin	nit for this		
				Click TAB in last row to add extra rows
Time	e frame: pas	t 36 months	CANCEL DESCRIPTION	
2		ontracts from (if not indicated above).	□ None Berlin-Chemie	Clinical Study financing through institution, no personal payment
3				
	Royalties o	r licenses	⊠ None	

4	Consulting fees	⊠ None	
5	Payment or honoraria for	☐ None	
	lectures, presentations, speakers bureaus,	Janssen-Cilag Sanofi	Lecture om Mb Waldenstrøm, personal payment PodCast om Mb Waldenstrøm, personal payment
	manuscript writing or educational events		
6	Payment for expert testimony	⊠ None	
7	Support for attending	□ None	
	meetings and/or travel	Beigene Sweden	Betalt rejsedgifter og konferencegebyr til ASH (American Hematology conference 2022)
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data	□ None	
	Safety Monitoring Board or Advisory Board	Janssen-Cilag	Ad Board deltagelse
10	Leadership or fiduciary	☐ None	
	role in other board, society, committee or		
	advocacy group, paid or unpaid		
	ипрани		
11	Stock or stock options	⊠ None	
			The same of the same of the same of
12	Receipt of equipment, materials, drugs, medical	⊠ None	
	writing, gifts or other services		
13	Other financial or non- financial interests	⊠ None	

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Υοι	ır name:	Tine Bichel	Lauritsen	
Mar	nuscript title:	Udviklingen i b	ehandling af den ældre pati	ent med hæmatologisk kræft
Ma	nuscript num	ber (if known):	
are r third com list a	elated to the parties whos mitment to tr relationship/	content of your content of you	our manuscript. "Related" ay be affected by the cor nd does not necessarily in est, it is preferable that y	
	following que uscript only	stions apply t	o the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
perta antik	ains to the ep nypertensive	idemiology of medication, e	hypertension, you shoul ven if that medication is	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.
			port for the work reporte disclosure is the past 36	ed in this manuscript without time limit. For all months.
			Name all entities with whom you have this relationship or indicate none (add rows as	
othe	r items, the t	the initial plar	Name all entities with whom you have this relationship or indicate	Specifications/Comments (e.g., if payments were made to you or to your
othe	e frame: Since All support formanuscript (provision of sinaterials, mo	the initial plar or the present e.g., funding,	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
othe Tim	e frame: Since All support formanuscript (provision of simaterials, more article process	the initial plan or the present e.g., funding, study edical writing, ssing charges,	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
othe Tim	e frame: Since All support formanuscript (provision of smaterials, materials, materials, materials, materials processed) No time limit	the initial plan or the present e.g., funding, study edical writing, ssing charges,	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
Tim 1	e frame: Since All support formanuscript (provision of smaterials, materials, materials, materials, materials processed) No time limit	the initial plan or the present e.g., funding, study edical writing, ssing charges, t for this	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)

X None

Royalties or licenses

3

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 1. augu	st 2023
Your name:	Christian Bjørn Poulsen
Manuscript title:	Udviklingen i behandling af den ældre patient med hæmatologisk kræft
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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V		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	ne 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	
	No time limit for this item.		

Tin	Time 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
11	Stock or stock options	None None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None
13	Other financial or non- financial interests	None Service

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 17. juli ?	2023 Hans Beier Ommen
Manuscript title:	Udviklingen i behandling af den ældre patient med hæmatologisk kræft
Manuscript nu	mber (if known):
are related to th third parties wh commitment to	f transparency, we ask you to disclose all relationships/activities/interests listed below that e content of your manuscript. "Related" means any relation with for-profit or not-for-profit ose interests may be affected by the content of the manuscript. Disclosure represents a transparency and does not necessarily indicate a bias. If you are in doubt about whether to p/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</u> manuscript only.

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)
Tim	ne frame: Since the initial plar	nning of the work	DENNICH BOY BURE
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	X None	
	No time limit for this item.		

Tin	ne frame: past 36 months	J. W. M. Acade	
2	Grants or contracts from	□ None	
	any entity (if not indicated in item #1 above).	Jazz Pharmaceuticals	Research grant to institution
3	Royalties or licenses	X None	

	,	
4	Consulting fees	None
		Sanofi
5	Payment or honoraria for	□ None
	lectures, presentations,	Abbvie, Pfizer,
	speakers bureaus,	Celgene
	manuscript writing or	
	educational events	
-		The state of the s
6	Payment for expert	X None
	testimony	
7	Support for attending	X None
	meetings and/or travel	
		L V
8	Patents planned, issued or	X None
	pending	
9	Participation on a Data	X None
	Safety Monitoring Board	
No.	or Advisory Board	
4.0		l V
10	Leadership or fiduciary role in other board, society, committee or	X None
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	X None
		T.V.
12	Receipt of equipment,	X None
	materials, drugs, medical writing, gifts or other	
	services	
13	Other financial or non-	X None
	financial interests	

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

Date: 27. juli 2023		
Your name:	Christen Lykkegaard Andersen	
Manuscript title:	Udviklingen i behandling af den ældre patient med hæmatologisk kræft	
Manuscript number (if known):		

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

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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	ne 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	
	No time limit for this item.		

Tim	Time 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	⊠ None
	educational events	
6	Payment for expert testimony	⊠ None
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or pending	⊠ None
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	
	ulibalu	
11	Stock or stock options	⊠ None
إلى		
12	Receipt of equipment,	⊠ None
	materials, drugs, medical writing, gifts or other	
	services	
13	Other financial or non- financial interests	⊠ None

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: Klik eller tryk for at angive en dato.			
Your name:	Tarec Christoffer El-Galaly		
Manuscript title:	Udviklingen i behandling af den ældre patient med hæmatologisk kræft		
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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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.

Maria Inches		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	ne 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	
	No time limit for this item.		

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	⊠ None

4	Consulting fees	⊠ None		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None		
		Abbvie	Lecture in 2021	
6	Payment for expert testimony	⊠ None		
7	Support for attending	⊠ None		
	meetings and/or travel			
8	Patents planned, issued or pending	⊠ None		
9	9 Participation on a Data None			
	Safety Monitoring Board or Advisory Board	ZiNone		
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, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non- financial interests	□ None		
		Roche	Employment, ended start 2021	

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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

17-07-2023			
Your name:	Niels Abildgaard		
Manuscript title:	Udviklingen i behandling af den ældre patient med hæmatologisk kræft		
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> manuscript only.

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)
۲im	e frame: Since the initial plar	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	
	No time limit for this item.		

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Tim	Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None			
3	Royalties or licenses	⊠ None			

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4	Consulting fees	⊠ None		
5	Payment or honoraria for	None		
	lectures, presentations,	Takeda 2021 lecture	Payment private	
	speakers bureaus, manuscript writing or			
	educational events			
	educational events			
6	Payment for expert	⊠ None		
	testimony			
7	Support for attending	⊠ None		
	meetings and/or travel	E3 NOTIC		
			TWO IS TO SERVICE AS A SERVICE	
8	Patents planned, issued or	☑ None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or Advisory Board	Ad Board BMS 2023	Payment private	
		Ad Board Janssen 2023	Payment private	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	⊠ None		
	unpaid			
11	Stock or stock options	⊠ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
12		M MOHE		
13	Other financial or non- financial interests	None	D	
		Research grants BMS,	Payment institution	
		Janssen, Takeda, Amgen	Payment institution	

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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