

ICMJE DISCLOSURE FORM

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Date: 7. juli 2023

Your name: Bue Ross Agner

Manuscript title: Cytokinfrigivelsessyndrom ved behandling af kræftsygdom med CAR-T og T-celle

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 current manuscript only.

The author's relationships/activities/interests should be defined broadly. 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)
Time frame: Since the initial planning 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 item.	<input checked="" type="checkbox"/> None	

Click TAB in last row to add extra rows

Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

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

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: 7. juli 2023

Your name: Caroline Hasselbalch Riley

Manuscript title: Cytokinfrigivelsessyndrom ved behandling af kræftsygdom med CAR-T og T-celleengagere

Manuscript number (if known):

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	ROCHE Invitation to congress ICML Lugano June 2023
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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Date: 7. juli 2023

Your name: Søren Lykke Petersen

Manuscript title: Cytokinfrigivelsessyndrom ved behandling af kræftsygdom med CAR-T og T-celleengagere

Manuscript number (if known):

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Janssen Cilag AB	Advisory board on CAR-T cells for myeloma
		Kite-Gilead	Advisory board on CAR-T cells for lymphoma
		Novartis	Advisory board on CAR-T cells for ALL
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		AstraZeneca	Honoraria
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Incyte	Support for meeting attendance
		Merck/Pfizer	Support for travel and meeting attendance
		AstraZeneca	Support for travel and meeting attendance
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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Date: 26. august 2023

Your name: Martin Højgaard

Manuscript title: Cytokinfrivagelsessyndrom ved behandling af kræftsygdom med CAR-T og T-celleengagere

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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		Puma Biotechnology	Institutional research support
		Roche/Genentech	Institutional research support
		AstraZeneca	Institutional research support
		Incyte	Institutional research support
		Pfizer	Institutional research support
		Orion Pharma	Institutional research support
		MSD	Institutional research support
		Merck	Institutional research support
		Bristol-Myers Squibb	Institutional research support
		Novartis	Institutional research support
		Lilly Pharmaceuticals/ Loxo Oncology	Institutional research support
		Bayer/Loxo Oncology	Institutional research support
		Amgen	Institutional research support
		Repare Therapeutics	Institutional research support

		Genmab	Institutional research support
		Kinnate Biopharma	Institutional research support

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Time frame: past 36 months

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	

6	Payment for expert testimony	<input checked="" type="checkbox"/> None	

7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	

8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	

9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	

10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Danish Medicines Council	Board member, tumor agnostic board
		Danish National Molecular Tumor Board	Chairman, steering committee

11	Stock or stock options	<input type="checkbox"/> None	
		Bavarian Nordic	
		Agilent Technologies	
		illumina	
		Pacific Biosciences	

12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 8/21/2023

Your Name: Martin Hutchings

Manuscript Title: Cytokinfrigivelsessyndrom ved behandling af kræftsygdom med CAR-T og T-celle terapi

Manuscript Number (if known): [Click or tap here to enter text.](#)

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 8/29/2023

Your Name: Kristoffer Staal Rohrberg

Manuscript Title: Cytokinfrigivelsessyndrom ved behandling af kræftsygdom med CAR-T og T-cellebehandling

Manuscript Number (if known): [Click or tap here to enter text.](#)

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		Bayer	Personal
		Amgen	Personal
		MSD	Personal
		GSK	Personal
		Medscape	Personal
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	

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