### **ICMJE DISCLOSURE FORM**

Dot			
Dat	e: 3. september 2024  Ir name: Gustav Østerlu	and	
	<u> </u>	<del>_</del>	sk dialysepatient med svær uræmisk hudkløe
Mai	nuscript number (if know	n): UFL-08-24-0557	
are re third comr list a The f	elated to the content of your parties whose interests no mitment to transparency a relationship/activity/inte	our manuscript. "Related" nay be affected by the con- and does not necessarily in rest, 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
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		passos.	
		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 pla		
1	All support for the present	□ None	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Vifor Pharma	Vifor Pharma has developed the medicine difelikefalin (Kapruvia)
	No alore Borta femalete		
	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	⊠ None	

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

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

oxtimes 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

# ICMJE DISCLOSURE FORM

Date	2: 16. september 2024		
You	r name: Krista Dybtved I	Kjærgaard	
Mar	nuscript title: Difelike	efalin behandling af en kroni	sk dialysepatient med svær uræmisk hudkløe
Mar	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 you parties whose interests manitment to transparency ar relationship/activity/interestionship questions apply to uscript only.  Buthor's relationships/activities to the epidemiology of ypertensive medication, extended to the content of the point all supports and the support all supports and the content of the points of the epidemiology of the epidemiology of the points of the epidemiology of t	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 ities/interests should be a hypertension, you should yen 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.
other	titems, 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 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
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Time	e frame: past 36 months		
2	Grants or contracts from	None     Non	
-	any entity (if not indicated	E NOIL	
	in item #1 above).		
3	Royalties or licenses	■ None	
5	Nogarries of ficerises	RA IAOHC	

4	Consulting fees	□ None	
		CSL Vifor	Dialogue about the use of Difelikefalin in clinical setting 2023
5	Payment or honoraria for lectures, presentations, speakers bureaus,	⊠ None	
	manuscript writing or educational events		
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	☐ None  Dinner at Difelikefalin meeting	During ERA-EDTA nephrology conference in Stockholm 2024
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ None Vifor pharma	Advisory board 2022
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     Non	
13	Other financial or non- financial interests	None	

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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

# ICMJE DISCLOSURE FORM

Date	e: 16. september 2024			
You	Your name: Christian Daugaard Peters			
Mar	Manuscript title: Difelikefalin behandling af en kronisk dialysepatient med svær uræmisk hudkløe			
Mar	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 cont 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.	
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
perta	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)	
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.)	☐ <b>None</b> Vifor	Research grant for the CKD-aP project (deferred compensation)	
	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		
	any entity (if not indicated in item #1 above).			
3	Royalties or licenses	□ None		

4	Consulting fees	□ None		
		Astellas	Consultancy fee	
		Astra Zeneca	Consultancy fee	
5	Payment or honoraria for	□ None		
	lectures, presentations, speakers bureaus, manuscript writing or educational events	Vifor	Talk on CKD-aP	
	educational events			
6	Payment for expert	□ None		
	testimony			
7	Support for attending	□ None		
	meetings and/or travel	Boehringer Ingelheim	Travel and congress fee (ERA 2023 conference)	
			(2.11.2.2.2.3.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
8	Patents planned, issued or	□ No		
0	pending	□ None	1	
	pending			
9	Participation on a Data	□ None	1	
	Safety Monitoring Board or Advisory Board			
	Of Advisory Board			
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,	□ None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non- financial interests	□ None		

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