You	ur name: Lone Storgaard		
Ma	nuscript title: Nyetab	oleret multidisciplinært eksp	ert råd om kræft i graviditet
Ma	nuscript number (if known): UFL-03-23-0153	
are r thirc com	related to the content of yo I parties whose interests ma	our manuscript. "Related" ay be affected by the con nd does not necessarily in	I relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a ndicate a bias. If you are in doubt about whether to ou do so.
	following questions apply to uscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
pert	ains to the epidemiology of	hypertension, you shoul	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.
	em #1 below, report all sup er items, the time frame for		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 needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tim	ne 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
Tim	ne frame: past 36 months		
2	Grants or contracts from	☐ None	
	any entity (if not indicated in item #1 above).	Danish Comprehensive Cancer Center (DCCC)	One month's salary for first author
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
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: 22. maj 2023				
Your name: Ulla	a Brix Tange			
Manuscript title:	Nyetableret multidisciplinært ekspert råd om kræft i graviditet			
Manuscript number	er (if known): : UFL-03-23-0153			

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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	e frame: Since the initial plar	ning 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
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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You	ır name: Lotte Berdiin Coln	norn	
Ma	nuscript title: Nyetab	eleret multidisciplinært eksp	ert råd om kræft i graviditet
Ma	nuscript number (if known): UFL-03-23-0153	
are r third com- list a	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interest	ur manuscript. "Related" ay be affected by the con 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. ps/activities/interests as they relate to the current
perti antil In ite	ains to the epidemiology of hypertensive medication, e	hypertension, you shoult wen if that medication is r port for the work reporte	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 months.
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
Tim	e frame: Since the initial plar	relationship or indicate none (add rows as needed)	
Tim 1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relationship or indicate none (add rows as needed)	
-	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relationship or indicate none (add rows as needed) nning of the work	institution)
-	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	relationship or indicate none (add rows as needed) 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	relationship or indicate none (add rows as needed) nning of the work	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.	relationship or indicate none (add rows as needed) nning of the work	institution)

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

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Date: 23. maj 2023			
Your name:	Bent Ejlertsen		
Manuscript ti	Nyetableret multidiciplinært ekspert råd om kræft i graviditeten - Danish Advisory Board		
Manuscript number (if known): UFL-03-23-0153			

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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)
Tin	ne frame: Since the initial plar	ning of the work	the second second
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.	⊠ None	

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Tim	ne frame: past 36 months	5 20 35	
2	Grants or contracts from	□ None	
	any entity (if not indicated	AstraZeneca	Institutional grant
	in item #1 above).	Novartis	Institutional grant
		MSD	Institutional grant
		Pfizer	Institutional grant
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None		
5	Payment or honoraria for lectures, presentations,	⊠ None		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert testimony	⊠ None		
7	Support for attending	□ None		
	meetings and/or travel	MSD	Travel and meeting fee	
		Daiichi	Travel and meeting fee	
8	Patents planned, issued or pending	⊠ None		
	politario.			
9	Participation on a Data	□ None		
	Safety Monitoring Board or Advisory Board	Lilly	Personal	
		medac	Personal	
10	Leadership or fiduciary	☐ None		
	role in other board,	DBCG	Medical director	
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	⊠ None		
3.				
12	Receipt of equipment,	⊠ None		
	materials, drugs, medical			
	writing, gifts or other services			
13	Other financial or non-	⊠ None		
	financial interests			

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Dat	te: 5. juni 2023		
You	ur name: Iben Katinka	Greiber	
Ma	nuscript title: N	yetableret multidisciplinært eksp	ert råd om kræft i graviditet
Ma	i <mark>nuscript number</mark> (if kr	own): UFL-03-23-0153	
are r third com	related to the content d parties whose interes mitment to transparer	of your manuscript. "Related" its may be affected by the cor	Il relationships/activities/interests listed below that 'means any relation with for-profit or not-for-profit ntent of the manuscript. Disclosure represents a ndicate a bias. If you are in doubt about whether to you do so.
man	nuscript only.		ips/activities/interests as they relate to the <u>current</u>
pert	ains to the epidemiolo	gy of hypertension, you shou	defined broadly. For example, if your manuscript ld declare all relationships with manufacturers of not mentioned in the manuscript.
In ite	em #1 below, report al er items, the time fram	I support for the work reporte e for 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 needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Tin	ne frame: Since the initia	l planning of the work	THE REPORT OF THE PARTY OF THE
1	All support for the pre manuscript (e.g., fund		
	provision of study		
	materials, medical wri		
	article processing char	ges,	

Click TAB in last row to add extra rows

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

etc.)

item.

No time limit for this

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

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Your name:	Jette	Sønderskov Gøriøv
Manuscript title:		Nyetableret multidiciplinært ekspert råd om kræft i graviditeten - Danish Advisory Board

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Cussifications/Comments

		whom you have this relationship or indicate none (add rows as needed)	(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.) No time limit for this item.	⊠ None	
			Click TAB in last row to add extra rows
Tim	ne frame: past 36 months		177
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 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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J.S. GERLEV

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Date: 23. maj 2023		
Your name: Dennis Lund Hansen		
Manuscript ti	e: Nyetableret multidiciplinært ekspert råd om kræft i graviditeten - Danish Advisory Boar	
Manuscript number (if known): UFL-03-23-0153		

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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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	⊠ None	

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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	
_			

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 EuSA Pharma	Conference admission, EHA 2021
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ None Takeda	Advisory board on congenital Thrombocytopenic purpura
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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Date: 2. juni 2023					
Your name: Cristel Hjortshøj					
Manuscript t	Manuscript title:Nyetableret multidiciplinært ekspert råd om kræft i graviditeten - Danish Advisory Board on				
Manuscript r	Manuscript number (if known): UFL-03-23-0153				

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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	ining 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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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 educational events	None Non
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.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

You	ur name: Hanne Spangsb	erg Holm	
	nnuscript title Nyetableret macer in Pregnancy (DABCIP)	nultidiciplinært ekspert råd c	om kræft i graviditeten - Danish Advisory Board on
Ma	nuscript number (if known): UFL-03-23-0153	
are i third	related to the content of yo d parties whose interests m	our manuscript. "Related" ay be affected by the con nd does not necessarily in	I relationships/activities/interests listed below that means any relation with for-profit or not-for-profit stent of the manuscript. Disclosure represents a ndicate a bias. If you are in doubt about whether to ou do so.
	following questions apply touscript only.	o the author's relationshi	ips/activities/interests as they relate to the <u>current</u>
pert	ains to the epidemiology of	f hypertension, you shoul	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.
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	. Items, the time frame for	disclosure is the past 50	montns.
	Thems, the time name to	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
	ne frame: Since the initial plan	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
		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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing 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 institution)
Tim 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.	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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit 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)
Tim 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.	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)

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None
6		EZ au
0	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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You	ır name: Annika Loft			
Ma	nuscript title: Nyeta	bleret multidisciplinært eksp	ert råd om kræft i graviditet	
Manuscript number (if known): UFL-03-23-0153				
re i hiro com	related to the content of you	our manuscript. "Related" lay be affected by the cor ind does not necessarily it	I relationships/activities/interests listed below that means any relation with for-profit or not-for-profit itent of the manuscript. Disclosure represents a indicate a bias. If you are in doubt about whether to ou do so.	
	following questions apply uscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
The	author's relationships/acti	vities/interests should be	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of	
antil	hypertensive medication, s	even if that medication is	not mentioned in the manuscript.	
ntil n ito	hypertensive medication, e	even if that medication is a oport for the work reported	not mentioned in the manuscript. ed in this manuscript without time limit. For all	
ntil n ite	hypertensive medication, of em #1 below, report all sup	even if that medication is a oport for the work reported	not mentioned in the manuscript. ed in this manuscript without time limit. For all	
n ito	hypertensive medication, of em #1 below, report all sup	Name all entities with whom you have this relationship or indicate none (add rows as needed)	not mentioned in the manuscript. ed in this manuscript without time limit. For all months. Specifications/Comments (e.g., if payments were made to you or to your	
n ito	nypertensive medication, e em #1 below, report all sup er items, the time frame fo	Name all entities with whom you have this relationship or indicate none (add rows as needed)	not mentioned in the manuscript. ed in this manuscript without time limit. For all months. Specifications/Comments (e.g., if payments were made to you or to your	

Grants or contracts from any entity (if not indicated

in item #1 above).

Royalties or licenses

⊠ None

⊠ 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
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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