



Declaration of Interests

INTRODUCTION

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The form is designed to be filled in electronically; a copy of the form should be uploaded to the [EU PAS Register](#).

For ENCePP Seal studies only: the completed form is to be transmitted to the ENCePP Secretariat by email.

SECTION 1: PERSONAL DETAILS

First Name:	<input type="text" value="Johan"/>
Last Name:	<input type="text" value="Reutfors"/>
Organisation / Research Centre :	<input type="text" value="Centre for Pharmacoepidemiology
Karolinska Institutet
Stockholm"/>
Country:	<input type="text" value="Sweden"/>
Contact e-mail Address:	<input type="text" value="Johan.Reutfors@ki.se"/>

Study Reference Number: EUPAS

4	9	2	3	0
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Are you the (Primary) Lead Investigator of the above study? No ☐ Yes ☒

Are you an investigator/researcher contributing to the above study No ☒ Yes ☐

SECTION 2: DECLARATION OF INTERESTS RELATED TO PHARMACEUTICAL INDUSTRY

In this section you must declare any interests in the pharmaceutical industry that you currently have or had within the past 3 years. If you have interests to declare please tick 'Yes' to the relevant questions. All questions in this part must be answered.

2.1 Employment

No ☒ Yes ☐

Employment in a pharmaceutical company during past 3 years of study application?

Pharmaceutical company includes supply or service companies which contribute to research, development, production and maintenance of a medicinal product. Employment relates to salaries currently being directly paid to you by a pharmaceutical company.

2.2 Financial Interest

No ☒ Yes ☐

Financial interests in the capital of a pharmaceutical company?

Financial interests relate to current holding of shares of a pharmaceutical company with the exclusion of independently managed investment funds/pensions schemes that are not exclusively based on the pharmaceutical sector.

2.3 Patent

No ☒ Yes ☐

Patent for a medicinal product?

Relates to a patent for a medicinal product currently owned by either you as individual or your organisation/ research centre, and you as individual are the beneficiary.

2.4 Consultancy

No ☒ Yes ☐

Consultancy for a pharmaceutical company during the past 3 years of study application?

Consultancy refers to provision of advice or services to a pharmaceutical company excluding the concerned study and including but not limited to reviewing activities, data monitoring, statistical analysis, end point committees, regardless of contractual arrangements or any form of remuneration such as consulting fees or honoraria.

Note that conference/seminar attendance is not considered a consultancy but should be indicated if subject to fee or honorarium.

2.5 Strategic Advisory Role

No ☒ Yes ☐

Strategic Advisory role on activities of a pharmaceutical company during the past 3 years of study application?

Participation with the right to vote on/influence the output in a (scientific) advisory board/steering committee with the role of providing advice/expressing opinions on the future strategy, direction or development activities of a pharmaceutical company either in terms of general or product-related strategy, regardless of contractual arrangements or any form of remuneration.

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No ☐ Yes ☒

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Please specify the pharmaceutical company:

Name of Pharmaceutical Company	Comments
AbbVie	Post-authorization commitment
Pfizer	Post-authorization commitment
Bayer	Post-authorization commitment
Janssen	Post-authorization commitment
Amgen	Post-authorization commitment
LEO Pharma	Post-authorization commitment
Novartis	Post-authorization commitment
Merck	Post-authorization commitment
Novo Nordisk	Post-authorization commitment

SECTION 3: ANY OTHER INTERESTS

No ☒ Yes ☐

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Any other relationships/conditions/circumstances that present a potential conflict of interest, including matters relating to members of your family? (*see definition in Annex 1 of ENCePP Code of Conduct)

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FULL NAME:

Johan Reutfors

Date:

13/10/2022

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AbbVie	Post-authorization commitment
Pfizer	Post-authorization commitment
Bayer	Post-authorization commitment
Janssen	Post-authorization commitment
Amgen	Post-authorization commitment
LEO Pharma	Post-authorization commitment
Novartis	Post-authorization commitment
Merck	Post-authorization commitment
Novo Nordisk	Post-authorization commitment

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FULL NAME:

Karin Gembert

Date:

10/11/2022

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Study Reference Number: EUPAS

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Novartis	Post-authorization commitment
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FULL NAME:

Anna Ingemarsdotter

Date:

10/11/2022

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SECTION 1: PERSONAL DETAILS

First Name:	<input type="text" value="Marie"/>
Last Name:	<input type="text" value="Linder"/>
Organisation / Research Centre :	<input type="text" value="Centre for Pharmacoepidemiology
Karolinska Institutet
Stockholm"/>
Country:	<input type="text" value="Sweden"/>
Contact e-mail Address:	<input type="text" value="Marie.Linder@ki.se"/>

Study Reference Number: EUPAS

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FULL NAME:

Marie Linder

Date:

12/10/2022

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LEO Pharma	Post-authorization commitment
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FULL NAME:

Diego Hernan Giunta

Date:

19/10/2022

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FULL NAME:

Marcus Schmitt-Egenolf

Date:

10/11/2022

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A PDF copy of this form should be uploaded to the [Catalogue of RWD studies](#)

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SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Reimar

Last Name: Thomsen

Organisation / Research Centre: Aarhus University

Country: Denmark

Contact e-mail Address: rwt@clin.au.dk

Study title in which context interests are declared (further referred to as 'the study'): Cohort Study of Long-term Safety of Upadacitinib in the Treatment of Atopic Dermatitis in Denmark and Sweden

Study Reference Number: EUPAS 49230

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: Yes ☒

SECTION 2: DECLARATION OF INTERESTS RELATED TO PHARMACEUTICAL INDUSTRY

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If the answer to the above is YES:

Please specify the pharmaceutical company and dates when employed:

1.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.2 Financial Interest

No ☒ Yes ☐

Financial interests in the capital of a pharmaceutical company?

Financial interests relate to current holding of shares of a pharmaceutical company with the exclusion of independently managed investment funds/pensions schemes that are not exclusively based on the pharmaceutical sector.

If the answer to the above is YES:

Please specify type of shares and financial interest (excluding investment funds) of:

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐

More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐

More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐

More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.3 Patent

No ☒ Yes ☐

Patent for a medicinal product?

Relates to a patent for a medicinal product currently owned by either you as individual or your organisation/ research centre, and you as individual are the beneficiary.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

2.4 Consultancy

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If the answer to the above is YES:

Please specify the pharmaceutical company, types of consultancy and dates when fees/honoraria paid:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.5 Strategic Advisory Role ☒ No ☐ Yes

Strategic Advisory role on activities of a pharmaceutical company during the past 3 years of study application?

Participation with the right to vote on/influence the output in a (scientific) advisory board/steering committee with the role of providing advice/expressing opinions on the future strategy, direction or development activities of a pharmaceutical company either in terms of general or product-related strategy, regardless of contractual arrangements or any form of remuneration.

If the answer to the above is YES:

Please specify the pharmaceutical company, type of strategic advisory role and dates:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.6 Grant / Funding ☒ No ☐ Yes

Grant/funding from a pharmaceutical company other than funds contemplated in the concerned study contract?

Refers to a grant or funding from a pharmaceutical company which is currently being received by your research group, irrespective of whether you are employed or a volunteer, and you receive no personal gain.

1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

SECTION 3: ANY OTHER INTERESTS No ☐ Yes ☒

In this section you should declare any other interests of commercial, financial, institutional or personal nature to be made known to the public.*

Any other relationships/conditions/circumstances that present a potential conflict of interest, including matters relating to members of your family? (*see definition in Annex 1 of ENCePP Code of Conduct)

My employer, the Department of Clinical Epidemiology, Aarhus University and Aarhus University Hospital, receives funding for studies from companies in the form of research grants to (and administered by) Aarhus University.

Further to the interests declared above, I do hereby declare on my honour that I do not have any further interests or facts that should be made public in relation to the conduct of the study.

Should there be any change of the above due to the fact that I acquire additional interests, I shall promptly complete and upload a new Declaration of Interests detailing the changes.

☒ I confirm the information declared on this form is accurate to the best of my knowledge and I consent to my information being stored electronically and published on the [Catalogue of RWD studies](#).

FULL NAME: Reimar W Thomsen

Date: 06 April 2025

Note:

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.



Declaration of Interests

INTRODUCTION

This document includes your personal details and your declaration of interests to be made public in line with the provisions of the ENCePP Code of Conduct. All parts must be duly completed. You are responsible for the accuracy and completeness of the submitted information.

A PDF copy of this form should be uploaded to the [Catalogue of RWD studies](#)

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SECTION 1: PERSONAL DETAILS

Enter your full name, your organisation/research centre name and the country where your organisation/research centre is registered.

First Name: Lei

Last Name: Wang

Organisation / Research Centre: Aarhus University

Country: Denmark

Contact e-mail Address: lei.wang@clin.au.dk

Study title in which context interests are declared (further referred to as 'the study'): Cohort Study of Long-term Safety of Upadacitinib in the Treatment of Atopic Dermatitis in Denmark and Sweden

Study Reference Number: EUPAS 49230

Please select one:

I am the (Primary) Lead Investigator of the above study: Yes ☐

I am an investigator/researcher contributing to the above study: Yes ☒

SECTION 2: DECLARATION OF INTERESTS RELATED TO PHARMACEUTICAL INDUSTRY

In this section you must declare any interests in the pharmaceutical industry that you currently have or had within the past 3 years. If you have interests to declare please tick 'Yes' to the relevant questions. All questions in this part must be answered.

2.1 Employment ☒ No ☐ Yes

Employment in a pharmaceutical company during past 3 years of study application?

Pharmaceutical company includes supply or service companies which contribute to research, development, production and maintenance of a medicinal product. Employment relates to salaries currently being directly paid to you by a pharmaceutical company.

If the answer to the above is YES:

Please specify the pharmaceutical company and dates when employed:

1.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

3.

Period: Current ☐ Past ☐

Name of Pharmaceutical Company:

From (month and year):

If you ticked 'Past':

To (month and year):

2.2 Financial Interest

No ☒ Yes ☐

Financial interests in the capital of a pharmaceutical company?

Financial interests relate to current holding of shares of a pharmaceutical company with the exclusion of independently managed investment funds/pensions schemes that are not exclusively based on the pharmaceutical sector.

If the answer to the above is YES:

Please specify type of shares and financial interest (excluding investment funds) of:

1.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐

More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐

More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

3.

Share Value (please select):

Less than 10,000 EUR or equivalent ☐

More than 10,000 EUR or equivalent ☐

Type of shares or financial interest:

2.3 Patent

No ☒ Yes ☐

Patent for a medicinal product?

Relates to a patent for a medicinal product currently owned by either you as individual or your organisation/ research centre, and you as individual are the beneficiary.

If the answer to the above is YES:

Please specify the pharmaceutical company and the medicinal product:

1.

Name of Pharmaceutical Company:

Name of medicinal product:

2.

Name of Pharmaceutical Company:

Name of medicinal product:

3.

Name of Pharmaceutical Company:

Name of medicinal product:

2.4 Consultancy

No ☒ Yes ☐

Consultancy for a pharmaceutical company during the past 3 years of study application?

Consultancy refers to provision of advice or services to a pharmaceutical company excluding the concerned study and including but not limited to reviewing activities, data monitoring, statistical analysis, end point committees, regardless of contractual arrangements or any form of remuneration such as consulting fees or honoraria.

Note that conference/seminar attendance is not considered a consultancy but should be indicated if subject to fee or honorarium.

If the answer to the above is YES:

Please specify the pharmaceutical company, types of consultancy and dates when fees/honoraria paid:

1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of consultancy:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

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Type of consultancy:

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If the answer to the above is YES:

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1.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

2.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

Name of Pharmaceutical Company:

Type of strategic advisory role:

3.

Period: Current ☐ Past ☐

From (month and year):

If you ticked 'Past':

To (month and year):

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Type of strategic advisory role:

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1.

If the answer to the above is YES:

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

2.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

3.

Please specify the pharmaceutical company:

Name of Pharmaceutical Company:

Comments:

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Should there be any change of the above due to the fact that I acquire additional interests, I shall promptly complete and upload a new Declaration of Interests detailing the changes.

☒ I confirm the information declared on this form is accurate to the best of my knowledge and I consent to my information being stored electronically and published on the [Catalogue of RWD studies](#).

FULL NAME: Lei Wang

Date: 04 April 2025

Note:

In case you need to declare more items than three in any of the sections, please submit the remaining ones in a separate form.