



## 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.

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&lt;br/&gt;Karolinska Institutet&lt;br/&gt;Stockholm"/>
Country:	<input type="text" value="Sweden"/>
Contact e-mail Address:	<input type="text" value="Johan.Reutfors@ki.se"/>

Study Reference Number: EUPAS

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.

### 2.6 Grant / Funding

No  Yes

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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.

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

**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)

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 [EU PAS Register](#).

FULL NAME:

Johan Reutfors

Date:

13/10/2022

Submit Form by Email



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Last Name:

Organisation / Research Centre :

Country:

Contact e-mail Address:

Study Reference Number: EUPAS

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

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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

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No  Yes

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First Name:

Last Name:

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Country:

Contact e-mail Address:

Study Reference Number: EUPAS

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

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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&lt;br/&gt;Karolinska Institutet&lt;br/&gt;Stockholm"/>
Country:	<input type="text" value="Sweden"/>
Contact e-mail Address:	<input type="text" value="Marie.Linder@ki.se"/>

Study Reference Number: EUPAS

Are you the (Primary) Lead Investigator of the above study? No  Yes

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

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Novo Nordisk	Post-authorization commitment

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Contact e-mail Address:

Study Reference Number: EUPAS

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

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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:

Diego Hernan Giunta

Date:

19/10/2022

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### SECTION 1: PERSONAL DETAILS

First Name:	<input type="text" value="Marcus"/>
Last Name:	<input type="text" value="Schmitt-Egenolf"/>
Organisation / Research Centre :	<input type="text" value="Centre for Pharmacoepidemiology&lt;br/&gt;Karolinska Institutet&lt;br/&gt;SE-171 77 Stockholm, Sweden"/>
Country:	<input type="text" value="Sweden"/>
Contact e-mail Address:	<input type="text" value="marcus.schmitt-egenolf@umu.se"/>

Study Reference Number: EUPAS

Are you the (Primary) Lead Investigator of the above study? No  Yes

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

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No  Yes

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FULL NAME:

Marcus Schmitt-Egenolf

Date:

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

.

### 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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#### 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?

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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

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**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](#)

### 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):

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?**

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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:

**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.\***

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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.