

Conflict-of-Interest statement: Ankersen DV has received grants from Ferring Pharmaceuticals, Crohn Colitis patient society Denmark, North Zealand University Hospital and non-financial support from Calpro AS. Weimers P has received grants from Ferring lægemidler and Tillotts Pharma AG as well as non-financial support from Janssen-Cilag A/S, Calpro AS, and Vifor Pharma Nordiska AB. Marker D has received non-financial support from Calpro AS and Pharmacosmos. Bennedsen M has received other financial support from AbbVie, Tillotts, Takeda, MSD and Pfizer. Saboori S has received non-financial support from Janssen-Cilag and Salofalk. Paridaens K is an employee of Ferring Pharmaceuticals. Burisch J has received grants from AbbVie, Takeda, Tillots Pharma and personal fees from AbbVie, Janssen-Cilag, Celgene, Samsung Biopics, MSD, Pfizer and Takeda. Munkholm P has none to declare.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Dorit

2. Surname (Last Name)
Ankersen

3. Date
19-June-2019

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title

Individualized home-monitoring of disease activity in adult patients with inflammatory bowel disease can be recommended in clinical practice: A randomized-clinical trial

6. Manuscript Identifying Number (if you know it)
49807

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Calpro AS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ferring Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crohn Colitis patient society Denmark	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
North Zealand University Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Ferring Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Calpro AS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Ankersen reports non-financial support from Calpro AS, grants from Ferring Pharmaceuticals, grants from Crohn Colitis patient society Denmark, grants from North Zealand University Hospital, during the conduct of the study; grants from Ferring Pharmaceuticals, non-financial support from Calpro AS, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
Petra Weimers 20-June-2019

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Dorit Vedel Ankersen

5. Manuscript Title
Individualized home-monitoring of disease activity in adult patients with inflammatory bowel disease can be recommended in clinical practice: A randomized-clinical trial

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Calpro AS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Tillotts Pharma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vifor Pharma Nordiska AB	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Weimers reports grants from Ferring lægemiddler, non-financial support from Janssen-Cilag A/S, non-financial support from Calpro AS, grants from Tillotts Pharma, non-financial support from Vifor Pharma Nordiska AB, outside the submitted work; .

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1. Given Name (First Name)
Dorte
2. Surname (Last Name)
Marker
3. Date
20-June-2019
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name
Dorit Vedel Ankersen
5. Manuscript Title
Individualized home-monitoring of disease activity in adult patients with inflammatory bowel disease can be recommended in clinical practice: A randomized-clinical trial
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Calpro AS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Pharmacosmos	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Section 1. Identifying Information

1. Given Name (First Name)
Mette

2. Surname (Last Name)
Bennedsen

3. Date
24-June-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Dorit Vedel Ankersen

5. Manuscript Title

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Pfizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Meeting and travel expenses
MSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Congress fee and travel expenses
Takeda	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Congress fee and travel expenses
tillots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Congress fee and travel expenses

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Dr. Bennedsen reports other from Pfizer, other from MSD, other from Takeda, other from tillots, outside the submitted work; .

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)
Sanaz

2. Surname (Last Name)
Saboori

3. Date
22-June-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Dorit Vedel Ankersen

5. Manuscript Title

Individualized home-monitoring of disease activity in adult patients with inflammatory bowel disease can be recommended in clinical practice: A randomized-clinical trial

6. Manuscript Identifying Number (if you know it)
49807

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the Instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Janssen-Cilag	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Salofalk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. Saboori reports non-financial support from Janssen-Cilag , non-financial support from Salofalk, outside the submitted work; .

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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KRISTINE

2. Surname (Last Name)

PARI DAENS

3. Date

20/06/2019

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

Dorit Vedel Ankersen

5. Manuscript Title

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Are there any relevant conflicts of interest?

☐ Yes☒ No**Section 3. Relevant financial activities outside the submitted work.**

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Are there any relevant conflicts of interest?

☐ Yes☒ No**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes☒ No



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Section 1. Identifying Information

1. Given Name (First Name)
Johan

2. Surname (Last Name)
Burisch

3. Date
20-June-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Dorit Vedel Ankersen

5. Manuscript Title

Individualized home-monitoring of disease activity in adult patients with inflammatory bowel disease can be recommended in clinical practice: A randomized-clinical trial

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
AbbVie	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Janssen-Cilag	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Celgene	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Takeda	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Samsung Bioepis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tillots Pharma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Burisch reports grants and personal fees from AbbVie, personal fees from Janssen-Cilag, personal fees from Celgene, personal fees from MSD, personal fees from Pfizer, grants and personal fees from Takeda, personal fees from Samsung Bioepis, grants from Tillots Pharma, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Pia

2. Surname (Last Name)
Munkholm

3. Date
20-June-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Dorit Vedel Ankersen

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Dr. Munkholm has nothing to disclose.

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