Dat	e:		12/8/2022		
Υοι	ır Name:		Christina B. Young		
Manuscript Title:			Computerized cognitive practice effects in relation to amyloid and tau in preclinical Alzheimer disease: Results from a multi-site cohort		
Ma	nuscript Number (if k	(nown):	DADM-D-22-00137		
con affe indi The epic tha	etent of your manuscrice ted by the content of icate a bias. If you are author's relationship demiology of hyperter t medication is not me	ipt. "Rela of the man e in doubt os/activition entioned all suppo	ated" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were	
		· Clationi	sinp of indicate none (add rows as necuea)	made to you or to your institution)	
		relation	Time frame: Since the initial planning		
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.	□ N O			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	□ N O	Time frame: Since the initial planning one	Funding - K99AG071837 Funding - AARFD-21-849349 Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	□ N o	Time frame: Since the initial planning one mer's Association	Funding - K99AG071837 Funding - AARFD-21-849349 Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e made to you or to your institutions)	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	-	e following statement to indicate your agreeme	

Date:	12/8/2022
Your Name:	Elizabeth C. Mormino
Manuscript Title:	Computerized cognitive practice effects in relation to amyloid and tau in preclinical Alzheimer disease: Results from a multi-site cohort
Manuscript Number (if known):	DADM-D-22-00137

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. 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.

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	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.	NIH	None	Funding - P30AG066515, R01NS115114, K01AG051718 Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH	None	R01AG74339
3	Royalties or licenses		None	

		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	Roche Genentech Eli Lilly	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	None Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea	-	e following statement to indicate your agreeme	

Date:	12/8/2022
Your Name:	Kathleen L. Poston
Manuscript Title:	Computerized cognitive practice effects in relation to amyloid and tau in preclinical Alzheimer disease: Results from a multi-site cohort
Manuscript Number (if known):	DADM-D-22-00137

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Time frame: Since the initial planning	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.	NIH NIH	Funding - P30AG066515, R01NS115114,
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None NIH Michael J Fox Foundation for Parkinson's Research Lewy Body Dementia Association Sue Berghoff LBD Research Fellowship	Grant funding: NS075097, NS062684, P50 AG047366 Grant funding Grant funding Grant funding Grant funding
		Alzheimer's Drug Discovery Foundation	Grant funding

		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)
w	Royalties or licenses	None	
4	Consulting fees	□ None	Consulting force
		CuraSen Therapeutics Inc.	Consulting fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Honoraria from invited scientific presentations to universities and professional societies not exceeding \$5000/yr	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	□ None Application No. 17/314,979 filed on May 19, 2021. Application No. 63/377,293 filed on September 27, 2022	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None DSMB for an NIA/NIH sponsored clinical trial	
10	Leadership or fiduciary role in	□ None	

		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)
	other board, society, committee or advocacy group, paid or unpaid	Scientific Advisory Board for Amprion Scientific Advisory Board for Curasen	Stock options Stock options
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 None	
Plea	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

3 12/13/2021 ICMJE Disclosure Form

Dat	e:	12/8/2022			
You	ır Name:	Keith A. Johnson	Keith A. Johnson		
Manuscript Title:			Computerized cognitive practice effects in relation to amyloid and tau in preclinical Alzheimer disease: Results from a multi-site cohort		
Mai	nuscript Number (if kn	nown): DADM-D-22-00137			
con affe	tent of your manuscrip ected by the content of	ency, we ask you to disclose all relationships/activit ot. "Related" means any relation with for-profit or i f the manuscript. Disclosure represents a commitm in doubt about whether to list a relationship/activit	not-for-profit third parties whose interests may be ent to transparency and does not necessarily		
epic	demiology of hypertens	s/activities/interests should be defined broadly. For sion, you should declare all relationships with manuntioned in the manuscript.			
	em #1 below, report al ne for disclosure is the	all support for the work reported in this manuscript e past 36 months.	without time limit. For all other items, the time		
		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)		
			made to you or to your institution)		
1	All support for the	relationship or indicate none (add rows as needed	made to you or to your institution)		
1	All support for the present manuscript (e.g.,	relationship or indicate none (add rows as needed) Time frame: Since the initial plannin	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials,	relationship or indicate none (add rows as needed) Time frame: Since the initial plannin None	made to you or to your institution) g of the work		
1	All support for the present manuscript (e.g., funding, provision	relationship or indicate none (add rows as needed) Time frame: Since the initial plannin None	made to you or to your institution) g of the work Funding - P01AG036694, P50AG005134		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relationship or indicate none (add rows as needed) Time frame: Since the initial plannin None	made to you or to your institution) g of the work Funding - P01AG036694, P50AG005134 Click the tab key to add additional rows.		
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial plannin None NIH	made to you or to your institution) g of the work Funding - P01AG036694, P50AG005134 Click the tab key to add additional rows.		

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licenses

⊠ None

3

		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 Novartis, Merck	Personal fees <us\$5000< th=""></us\$5000<>
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
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 ■	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

	ICMJE DISCLOSURE FORM		
Date:	12/8/2022		
Your Name:	Dorene M. Rentz		
Manuscript Title: Computerized cognitive practice effects in relation to amyloid and tau preclinical Alzheimer disease: Results from a multi-site cohort			
Manuscript Number (if k	nown): DADM-D-22-00137		
content of your manuscri affected by the content of indicate a bias. If you are The author's relationship epidemiology of hyperter that medication is not med In item #1 below, report a	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The author's relationships/activities/interests should be defined broadly. 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 Specifications/Comments (e.g., if payments were		

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	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 the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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 Novartis	
		Biogen Idec Dana Foundation	
5	Payment or honoraria for lectures, presentations,	☐ None IMPACT AD Course Grand Rounds- Metro West	
	speakers bureaus, manuscript writing or educational events	BU Resilience Symposium	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None EAB- UC Davis EAB- Wash U EAB- NU- Super Aging Project	Alz Association Round Table NIH Review Committee NACC Scientific Review Chair
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	

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were
11	Stock or stock options	relati	None	made to you or to your institution)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			12/8/2022		
Your Name:			Reisa A. Sperling		
Manuscript Title:			Computerized cognitive practice effects in relation to amyloid and tau in preclinical Alzheimer disease: Results from a multi-site cohort		
Mai	nuscript Number (if k	(nown):	DADM-D-22-00137	_	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment to about whether to list a relationship/activity es/interests should be defined broadly. For each of the u should declare all relationships with manufin the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this	Specifications/Comments (e.g., if payments were	
		relations	ship or indicate none (add rows as needed)	made to you or to your institution)	
		relations	Time frame: Since the initial planning		
1	All support for the present				
1	present manuscript (e.g.,	□ No	Time frame: Since the initial planning one	of the work Grant Funding - U24 AG057437 to institution	
1	present manuscript (e.g., funding, provision	□ No	Time frame: Since the initial planning	of the work Grant Funding - U24 AG057437 to institution Grant Funding –5R01AG063689 to institution	
1	present manuscript (e.g., funding, provision of study materials,	□ No Nationa Nationa Eli Lily	Time frame: Since the initial planning one al Institutes of Health al Institutes of Health	of the work Grant Funding - U24 AG057437 to institution Grant Funding –5R01AG063689 to institution Research Funding to clinical trial sites	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	□ No	Time frame: Since the initial planning one al Institutes of Health al Institutes of Health	of the work Grant Funding - U24 AG057437 to institution Grant Funding –5R01AG063689 to institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	□ No Nationa Nationa Eli Lily	Time frame: Since the initial planning one al Institutes of Health al Institutes of Health	of the work Grant Funding - U24 AG057437 to institution Grant Funding –5R01AG063689 to institution Research Funding to clinical trial sites	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	□ No Nationa Nationa Eli Lily	Time frame: Since the initial planning one al Institutes of Health al Institutes of Health	of the work Grant Funding - U24 AG057437 to institution Grant Funding –5R01AG063689 to institution Research Funding to clinical trial sites	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	□ No Nationa Nationa Eli Lily	Time frame: Since the initial planning one al Institutes of Health al Institutes of Health	of the work Grant Funding - U24 AG057437 to institution Grant Funding –5R01AG063689 to institution Research Funding to clinical trial sites	
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	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	□ No Nationa Nationa Eli Lily CogStat	Time frame: Since the initial planning one al Institutes of Health al Institutes of Health te	of the work Grant Funding - U24 AG057437 to institution Grant Funding -5R01AG063689 to institution Research Funding to clinical trial sites In Kind Support for digital data	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	□ No Nationa Nationa Eli Lily CogStat	Time frame: Since the initial planning one al Institutes of Health al Institutes of Health te	of the work Grant Funding - U24 AG057437 to institution Grant Funding -5R01AG063689 to institution Research Funding to clinical trial sites In Kind Support for digital data	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	□ No Nationa Nationa Eli Lily CogStat	Time frame: Since the initial planning one all Institutes of Health all Institutes of Health tee Time frame: past 36 month one	Grant Funding - U24 AG057437 to institution Grant Funding –5R01AG063689 to institution Research Funding to clinical trial sites In Kind Support for digital data	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	□ No Nationa Nationa Eli Lily CogStat	Time frame: Since the initial planning one all Institutes of Health all Institutes of Health tee Time frame: past 36 month one	of the work Grant Funding - U24 AG057437 to institution Grant Funding –5R01AG063689 to institution Research Funding to clinical trial sites In Kind Support for digital data To Institution	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not	National National Reli Lily CogState National Reli Lily CogState National Reliable	Time frame: Since the initial planning one al Institutes of Health al Institutes of Health tee Time frame: past 36 month one mer's Association al Institute on Aging	of the work Grant Funding - U24 AG057437 to institution Grant Funding -5R01AG063689 to institution Research Funding to clinical trial sites In Kind Support for digital data S To Institution To Institution	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	National National Reli Lily CogState National Reli Lily CogState National Reliable	Time frame: Since the initial planning one all Institutes of Health all Institutes of Health tee Time frame: past 36 month one	of the work Grant Funding - U24 AG057437 to institution Grant Funding –5R01AG063689 to institution Research Funding to clinical trial sites In Kind Support for digital data To Institution	

		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	
		AC Immune Acumen Alnylam Cytox Genentech Janssen JOMDD Nervgen Neuraly Neurocentria Oligomerix Prothena Renew	Paid directly as consultant
		Shionogi Vigil Neuroscience Ionis Vaxxinity	Paid directly as consultant
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None Alzheimer's Association Clinical Trials in Alzheimer's Disease	Reimbursement for travel Reimbursement for hotel
8	Patents planned, issued or pending	None	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement: □ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

	ICMJE DISCLOSURE FORM					
Da	te:	12/8/2022	12/8/2022			
Yo	ur Name:	Kathryn V. Papp				
Ma	nuscript Title:	Computerized cognitive practice effective preclinical Alzheimer disease: Resul	•			
Ma	nuscript Number (if k	nown): DADM-D-22-00137				
cor affi ind The epi tha	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The author's relationships/activities/interests should be defined broadly. 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)				
		Time frame: Since the initial planning	of the work			
1	All support for the present	□ None				
	manuscript (e.g.,	5P01AG035594-12	U24AG057437-05			

		Time trame. Since th	e initial planning of the work
1	All support for the present	□ None	
	manuscript (e.g.,	5P01AG035594-12	U24AG057437-05
	funding, provision	5R01AG061848-03	5R01AG054029-04
	of study materials,	5R01AG063689-03	Click the tab key to add additional rows.
	medical writing,		
	article processing		
	charges, etc.) No time limit for		
	this item.		
	uns item.		
		Time fram	e: past 36 months
2	Grants or contracts from	None	
	any entity (if not indicated in item		
	#1 above).		
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3	Royalties or	⋈ None	
	licenses		

		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 Prothena Cogstate	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
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	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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		
Please place an "X" next to the following statement to indicate your agreement:					
\boxtimes	☑ I certify that I have answered every question and have not altered the wording of any of the questions on this form.				