

## ICMJE DISCLOSURE FORM

**Date:** 12/8/2022

**Your 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

**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.

|  | 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)  |     |                       |                         |                           |   |  |
|--|--|--|-----|-----------------------|-------------------------|---------------------------|---|--|
| Time frame: Since the initial planning of the work |  |  |     |                       |                         |                           |   |  |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">NIH</td> <td style="width: 50%;">Funding - K99AG071837</td> </tr> <tr> <td>Alzheimer's Association</td> <td>Funding - AARFD-21-849349</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | NIH | Funding - K99AG071837 | Alzheimer's Association | Funding - AARFD-21-849349 | Click the tab key to add additional rows. |  |
| NIH  | Funding - K99AG071837  |  |     |                       |                         |                           |   |  |
| Alzheimer's Association                            | Funding - AARFD-21-849349  |  |     |                       |                         |                           |   |  |
| Click the tab key to add additional rows.          |  |  |     |                       |                         |                           |   |  |
| Time frame: past 36 months                         |  |  |     |                       |                         |                           |   |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>  |     |                       |                         |                           |   |  |
|  |  |  |     |                       |                         |                           |   |  |
|  |  |  |     |                       |                         |                           |   |  |
|  |  |  |     |                       |                         |                           |   |  |
| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>  |     |                       |                         |                           |   |  |
|  |  |  |     |                       |                         |                           |   |  |
|  |  |  |     |                       |                         |                           |   |  |
|  |  |  |     |                       |                         |                           |   |  |

|           |  | 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) |  |  |  |  |  |  |  |  |
|-----------|--|--|---|--|--|--|--|--|--|--|--|
| <b>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |

|           |  | 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) |  |  |  |  |  |  |
|-----------|--|--|---|--|--|--|--|--|--|
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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.

## ICMJJE DISCLOSURE FORM

**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.

|  | 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)  |     |   |  |  |   |  |
|--|--|--|-----|---|--|--|---|--|
| Time frame: Since the initial planning of the work |  |  |     |   |  |  |   |  |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIH</td> <td style="width: 50%;">Funding - P30AG066515, R01NS115114, K01AG051718</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | NIH | Funding - P30AG066515, R01NS115114, K01AG051718 |  |  | Click the tab key to add additional rows. |  |
| NIH  | Funding - P30AG066515, R01NS115114, K01AG051718  |  |     |   |  |  |   |  |
|  |  |  |     |   |  |  |   |  |
| Click the tab key to add additional rows.          |  |  |     |   |  |  |   |  |
| Time frame: past 36 months                         |  |  |     |   |  |  |   |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIH</td> <td style="width: 50%;">R01AG74339</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>   | NIH | R01AG74339                                      |  |  |   |  |
| NIH  | R01AG74339   |  |     |   |  |  |   |  |
|  |  |  |     |   |  |  |   |  |
| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> </td> <td style="width: 50%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>   |     |   |  |  |   |  |
|  |  |  |     |   |  |  |   |  |
|  |  |  |     |   |  |  |   |  |

|    |  | 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  | <input type="checkbox"/> None  |   |
|    |  | Roche  |   |
|    |  | Genentech  |   |
|    |  | Eli Lilly  |   |
|    |  |  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> 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) |  |  |  |  |  |  |
|-----------|--|--|---|--|--|--|--|--|--|
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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

**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.

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)   | Specifications/Comments (e.g., if payments were made to you or to your institution)   |     |   |   |               |                                |               |                                      |               |                                       |               |  |  |
|---|--|---|-----|---|---|---------------|--------------------------------|---------------|--------------------------------------|---------------|---------------------------------------|---------------|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |   |     |   |   |               |                                |               |                                      |               |                                       |               |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">NIH</td> <td style="width: 50%; padding: 2px;">Funding - P30AG066515, R01NS115114,</td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>   | NIH | Funding - P30AG066515, R01NS115114,             |   |               |                                |               |                                      |               |                                       |               |  |  |
| NIH   | Funding - P30AG066515, R01NS115114,  |   |     |   |   |               |                                |               |                                      |               |                                       |               |  |  |
|   |  |   |     |   |   |               |                                |               |                                      |               |                                       |               |  |  |
|   |  |   |     |   |   |               |                                |               |                                      |               |                                       |               |  |  |
|   |  |   |     |   |   |               |                                |               |                                      |               |                                       |               |  |  |
|   |  |   |     |   |   |               |                                |               |                                      |               |                                       |               |  |  |
|   |  |   |     |   |   |               |                                |               |                                      |               |                                       |               |  |  |
| <b>Time frame: past 36 months</b>                         |  |   |     |   |   |               |                                |               |                                      |               |                                       |               |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">NIH</td> <td style="width: 50%; padding: 2px;">Grant funding: NS075097, NS062684, P50 AG047366</td> </tr> <tr> <td style="padding: 2px;">Michael J Fox Foundation for Parkinson's Research</td> <td style="padding: 2px;">Grant funding</td> </tr> <tr> <td style="padding: 2px;">Lewy Body Dementia Association</td> <td style="padding: 2px;">Grant funding</td> </tr> <tr> <td style="padding: 2px;">Sue Berghoff LBD Research Fellowship</td> <td style="padding: 2px;">Grant funding</td> </tr> <tr> <td style="padding: 2px;">Alzheimer's Drug Discovery Foundation</td> <td style="padding: 2px;">Grant funding</td> </tr> </table> | NIH | Grant funding: NS075097, NS062684, P50 AG047366 | Michael J Fox Foundation for Parkinson's Research | Grant funding | Lewy Body Dementia Association | Grant funding | Sue Berghoff LBD Research Fellowship | Grant funding | Alzheimer's Drug Discovery Foundation | Grant funding |  |  |
| NIH   | Grant funding: NS075097, NS062684, P50 AG047366  |   |     |   |   |               |                                |               |                                      |               |                                       |               |  |  |
| Michael J Fox Foundation for Parkinson's Research         | Grant funding  |   |     |   |   |               |                                |               |                                      |               |                                       |               |  |  |
| Lewy Body Dementia Association                            | Grant funding  |   |     |   |   |               |                                |               |                                      |               |                                       |               |  |  |
| Sue Berghoff LBD Research Fellowship                      | 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) |
|-----------|--|--|---|
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
|           |  |  |   |
| <b>4</b>  | Consulting fees  | <input type="checkbox"/> <b>None</b>   |   |
|           |  | CuraSen Therapeutics Inc.  | Consulting fees   |
|           |  |  |   |
|           |  |  |   |
| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b>   |   |
|           |  | Honoraria from invited scientific presentations to universities and professional societies not exceeding \$5000/yr |   |
|           |  |  |   |
|           |  |  |   |
| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
|           |  |  |   |
| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
|           |  |  |   |
| <b>8</b>  | Patents planned, issued or pending   | <input type="checkbox"/> <b>None</b>   |   |
|           |  | Application No. 17/314,979 filed on May 19, 2021.  |   |
|           |  | Application No. 63/377,293 filed on September 27, 2022   |   |
|           |  |  |   |
| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> <b>None</b>   |   |
|           |  | DSMB for an NIA/NIH sponsored clinical trial   |   |
|           |  |  |   |
| <b>10</b> | Leadership or fiduciary role in  | <input type="checkbox"/> <b>None</b>   |   |



|                                       |  | 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                | <table border="1"> <tr> <td>Scientific Advisory Board for Amprion</td> <td>Stock options</td> </tr> <tr> <td>Scientific Advisory Board for Curasen</td> <td>Stock options</td> </tr> <tr> <td></td> <td></td> </tr> </table> | Scientific Advisory Board for Amprion   | Stock options | Scientific Advisory Board for Curasen | Stock options |  |  |  |
| Scientific Advisory Board for Amprion | Stock options  |  |   |               |                                       |               |  |  |  |
| Scientific Advisory Board for Curasen | Stock options  |  |   |               |                                       |               |  |  |  |
|                                       |  |  |   |               |                                       |               |  |  |  |
| <b>11</b>                             | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |   |               |                                       |               |  |  |  |
|                                       |  |  |   |               |                                       |               |  |  |  |
|                                       |  |  |   |               |                                       |               |  |  |  |
|                                       |  |  |   |               |                                       |               |  |  |  |
| <b>12</b>                             | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |   |               |                                       |               |  |  |  |
|                                       |  |  |   |               |                                       |               |  |  |  |
|                                       |  |  |   |               |                                       |               |  |  |  |
|                                       |  |  |   |               |                                       |               |  |  |  |
| <b>13</b>                             | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |   |               |                                       |               |  |  |  |
|                                       |  |  |   |               |                                       |               |  |  |  |
|                                       |  |  |   |               |                                       |               |  |  |  |
|                                       |  |  |   |               |                                       |               |  |  |  |

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

**Date:** 12/8/2022

**Your Name:** 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

**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.

|  | 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)   |     |                                    |  |  |   |  |
|--|--|---|-----|------------------------------------|--|--|---|--|
| Time frame: Since the initial planning of the work |  |   |     |                                    |  |  |   |  |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">NIH</td> <td style="width: 50%;">Funding - P01AG036694, P50AG005134</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | NIH | Funding - P01AG036694, P50AG005134 |  |  | Click the tab key to add additional rows. |  |
| NIH  | Funding - P01AG036694, P50AG005134   |   |     |                                    |  |  |   |  |
|  |  |   |     |                                    |  |  |   |  |
| Click the tab key to add additional rows.          |  |   |     |                                    |  |  |   |  |
| Time frame: past 36 months                         |  |   |     |                                    |  |  |   |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |     |                                    |  |  |   |  |
|  |  |   |     |                                    |  |  |   |  |
|  |  |   |     |                                    |  |  |   |  |
|  |  |   |     |                                    |  |  |   |  |
| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>   |     |                                    |  |  |   |  |
|  |  |   |     |                                    |  |  |   |  |
|  |  |   |     |                                    |  |  |   |  |
|  |  |   |     |                                    |  |  |   |  |

|    |  | 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  | <input type="checkbox"/> <b>None</b>   |   |
|    |  | Novartis, Merck  | Personal fees <US\$5000   |
|    |  |  |   |
|    |  |  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b>  |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b>  |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b>  |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b>  |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |

|           |  | 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) |  |  |  |  |  |  |
|-----------|--|--|---|--|--|--|--|--|--|
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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

**Date:** 12/8/2022

**Your Name:** Dorene M. Rentz

**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.

|   |  | 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) |  |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <div style="border: 1px solid black; padding: 2px; font-size: small; color: gray;">Click the tab key to add additional rows.</div> |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |

|    |  | 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  | <input type="checkbox"/> None  |   |
|    |  | Novartis   |   |
|    |  | Biogen Idec  |   |
|    |  | Dana Foundation  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None  |   |
|    |  | IMPACT AD Course   |   |
|    |  | Grand Rounds- Metro West   |   |
|    |  | BU Resilience Symposium  |   |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None  |   |
|    |  | EAB- UC Davis  | Alz Association Round Table   |
|    |  | EAB- Wash U  | NIH Review Committee  |
|    |  | EAB- NU- Super Aging Project   | NACC Scientific Review Chair  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> 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) |  |  |  |  |  |  |
|-----------|--|--|---|--|--|--|--|--|--|
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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

**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

**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.

|  | 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)   |                               |   |                               |  |                |  |          |  |  |  |
|--|--|---|-------------------------------|---|-------------------------------|--|----------------|--|----------|--|--|--|
| Time frame: Since the initial planning of the work |  |   |                               |   |                               |  |                |  |          |  |  |  |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">National Institutes of Health</td> <td>Grant Funding - U24 AG057437 to institution</td> </tr> <tr> <td>National Institutes of Health</td> <td>Grant Funding -5R01AG063689 to institution</td> </tr> <tr> <td>Eli Lilly</td> <td>Research Funding to clinical trial sites</td> </tr> <tr> <td>CogState</td> <td>In Kind Support for digital data</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | National Institutes of Health | Grant Funding - U24 AG057437 to institution | National Institutes of Health | Grant Funding -5R01AG063689 to institution | Eli Lilly      | Research Funding to clinical trial sites | CogState | In Kind Support for digital data         |  |  |
| National Institutes of Health                      | Grant Funding - U24 AG057437 to institution  |   |                               |   |                               |  |                |  |          |  |  |  |
| National Institutes of Health                      | Grant Funding -5R01AG063689 to institution   |   |                               |   |                               |  |                |  |          |  |  |  |
| Eli Lilly  | Research Funding to clinical trial sites   |   |                               |   |                               |  |                |  |          |  |  |  |
| CogState   | In Kind Support for digital data   |   |                               |   |                               |  |                |  |          |  |  |  |
|  |  |   |                               |   |                               |  |                |  |          |  |  |  |
| Time frame: past 36 months                         |  |   |                               |   |                               |  |                |  |          |  |  |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">Alzheimer's Association</td> <td>To Institution</td> </tr> <tr> <td>National Institute on Aging</td> <td>To Institution</td> </tr> <tr> <td>GHR Foundation</td> <td>To Institution</td> </tr> <tr> <td>Eisai</td> <td>Research Funding to clinical trial sites</td> </tr> </table>   | Alzheimer's Association       | To Institution                              | National Institute on Aging   | To Institution                             | GHR Foundation | To Institution                           | Eisai    | Research Funding to clinical trial sites |  |  |
| Alzheimer's Association                            | To Institution   |   |                               |   |                               |  |                |  |          |  |  |  |
| National Institute on Aging                        | To Institution   |   |                               |   |                               |  |                |  |          |  |  |  |
| GHR Foundation                                     | To Institution   |   |                               |   |                               |  |                |  |          |  |  |  |
| Eisai  | Research Funding to clinical trial sites   |   |                               |   |                               |  |                |  |          |  |  |  |
| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>  |                               |   |                               |  |                |  |          |  |  |  |
|  |  |   |                               |   |                               |  |                |  |          |  |  |  |
|  |  |   |                               |   |                               |  |                |  |          |  |  |  |
|  |  |   |                               |   |                               |  |                |  |          |  |  |  |



|   |  | 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  | <input type="checkbox"/> None  |   |
|   |  | AC Immune  | Paid directly as consultant   |
|   |  | Acumen   | Paid directly as consultant   |
|   |  | Alnylam  | Paid directly as consultant   |
|   |  | Cytox  | Paid directly as consultant   |
|   |  | Genentech  | Paid directly as consultant   |
|   |  | Janssen  | Paid directly as consultant   |
|   |  | JOMDD  | Paid directly as consultant   |
|   |  | Nervgen  | Paid directly as consultant   |
|   |  | Neuraly  | Paid directly as consultant   |
|   |  | Neurocentria   | Paid directly as consultant   |
|   |  | Oligomerix   | Paid directly as consultant   |
|   |  | Prothena   | Paid directly as consultant   |
|   |  | Renew  | Paid directly as consultant   |
|   |  | Shionogi   | Paid directly as consultant   |
|   |  | Vigil Neuroscience   | Paid directly as consultant   |
|   |  | lonis  | Paid directly as consultant   |
|   |  | Vaxxinity  | Paid directly as consultant   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
| 6 | Payment for expert testimony   | <input checked="" type="checkbox"/> None   |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
| 7 | Support for attending meetings and/or travel   | <input type="checkbox"/> None  |   |
|   |  | Alzheimer's Association  | Reimbursement for travel  |
|   |  | Clinical Trials in Alzheimer's Disease   | Reimbursement for hotel   |
|   |  |  |   |
| 8 | Patents planned, issued or pending   | <input checked="" type="checkbox"/> 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) |  |  |  |  |  |  |
|-----------|---|--|---|--|--|--|--|--|--|
| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board                                 | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 100px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table> |   |  |  |  |  |  |  |
|           |   |  |   |  |  |  |  |  |  |
|           |   |  |   |  |  |  |  |  |  |
|           |   |  |   |  |  |  |  |  |  |
| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 100px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table> |   |  |  |  |  |  |  |
|           |   |  |   |  |  |  |  |  |  |
|           |   |  |   |  |  |  |  |  |  |
|           |   |  |   |  |  |  |  |  |  |
| <b>11</b> | Stock or stock options  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 100px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table> |   |  |  |  |  |  |  |
|           |   |  |   |  |  |  |  |  |  |
|           |   |  |   |  |  |  |  |  |  |
|           |   |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 100px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table> |   |  |  |  |  |  |  |
|           |   |  |   |  |  |  |  |  |  |
|           |   |  |   |  |  |  |  |  |  |
|           |   |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 100px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table> |   |  |  |  |  |  |  |
|           |   |  |   |  |  |  |  |  |  |
|           |   |  |   |  |  |  |  |  |  |
|           |   |  |   |  |  |  |  |  |  |

**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

**Date:** 12/8/2022

**Your Name:** Kathryn V. Papp

**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.

|  | 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)  |                 |                |                 |                 |                 |   |
|--|--|--|-----------------|----------------|-----------------|-----------------|-----------------|---|
| Time frame: Since the initial planning of the work |  |  |                 |                |                 |                 |                 |   |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">5P01AG035594-12</td> <td style="width: 50%;">U24AG057437-05</td> </tr> <tr> <td>5R01AG061848-03</td> <td>5R01AG054029-04</td> </tr> <tr> <td>5R01AG063689-03</td> <td>Click the tab key to add additional rows.</td> </tr> </table> | 5P01AG035594-12 | U24AG057437-05 | 5R01AG061848-03 | 5R01AG054029-04 | 5R01AG063689-03 | Click the tab key to add additional rows. |
| 5P01AG035594-12                                    | U24AG057437-05   |  |                 |                |                 |                 |                 |   |
| 5R01AG061848-03                                    | 5R01AG054029-04  |  |                 |                |                 |                 |                 |   |
| 5R01AG063689-03                                    | Click the tab key to add additional rows.  |  |                 |                |                 |                 |                 |   |
| Time frame: past 36 months                         |  |  |                 |                |                 |                 |                 |   |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>  |                 |                |                 |                 |                 |   |
|  |  |  |                 |                |                 |                 |                 |   |
|  |  |  |                 |                |                 |                 |                 |   |
|  |  |  |                 |                |                 |                 |                 |   |
| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>  |                 |                |                 |                 |                 |   |
|  |  |  |                 |                |                 |                 |                 |   |
|  |  |  |                 |                |                 |                 |                 |   |
|  |  |  |                 |                |                 |                 |                 |   |

|    |  | 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  | <input type="checkbox"/> None  |   |
|    |  | Prothena   |   |
|    |  | Cogstate   |   |
|    |  |  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> 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) |  |  |  |  |  |  |
|-----------|--|--|---|--|--|--|--|--|--|
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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.