

ICMJE DISCLOSURE FORM

Date: 8/5/2022

Your Name: Emilie L. Castranio

Manuscript Title: Microglial INPP5D limits plaque formation and glial reactivity in the PSAPP mouse model of Alzheimer's disease

Manuscript Number (if known): ADJ-D-22-00447

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.

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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: 8/3/2022

Your Name: Philip Hasel

Manuscript Title: Microglial INPP5D limits plaque formation and glial reactivity in the PSAPP mouse model of Alzheimer's disease

Manuscript Number (if known): ADJ-D-22-00447

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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Date: 8/3/2021

Your Name: Jean-Vianney Haure-Mirande

Manuscript Title: Microglial INPP5D limits plaque formation and glial reactivity in the PSAPP mouse model of Alzheimer's disease

Manuscript Number (if known): ADJ-D-22-00447

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Date: 8/3/2021

Your Name: Angie V Ramirez Jimenez

Manuscript Title: Microglial INPP5D limits plaque formation and glial reactivity in the PSAPP mouse model of Alzheimer's disease

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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: 8/3/2022

Your Name: Bradley Wade Hamilton

Manuscript Title: Microglial INPP5D limits plaque formation and glial reactivity in the PSAPP mouse model of Alzheimer's disease

Manuscript Number (if known): ADJ-D-22-00447

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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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.

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ICMJE DISCLOSURE FORM

Date: 8/3/2022

Your Name: Rachel D. Kim

Manuscript Title: Microglial INPP5D limits plaque formation and glial reactivity in the PSAPP mouse model of Alzheimer's disease

Manuscript Number (if known): ADJ-D-22-00447

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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ICMJE DISCLOSURE FORM

Date: 8/5/2022

Your Name: Charles Glabe

Manuscript Title: Microglial INPP5D limits plaque formation and glial reactivity in the PSAPP mouse model of Alzheimer's disease

Manuscript Number (if known): ADJ-D-22-00447

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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ICMJE DISCLOSURE FORM

Date: 8/3/2021

Your Name: Minghui Wang

Manuscript Title: Microglial INPP5D limits plaque formation and glial reactivity in the PSAPP mouse model of Alzheimer's disease

Manuscript Number (if known): ADJ-D-22-00447

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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: 8/3/2021

Your Name: Bin Zhang

Manuscript Title: Microglial INPP5D limits plaque formation and glial reactivity in the PSAPP mouse model of Alzheimer's disease

Manuscript Number (if known): ADJ-D-22-00447

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								
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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">NIH/NIA Grant U01 AG046170</td> <td style="width: 40%;"></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	NIH/NIA Grant U01 AG046170					Click the tab key to add additional rows.
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"> </td> <td style="width: 40%;"> </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 checked="" type="checkbox"/> None	
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 type="checkbox"/> None	
		PCT/US21/56310	
		PCT/US21/56315	
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 type="checkbox"/> None	
		Editorial Board of Molecular Neurodegeneration	

		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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <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>							
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ICMJE DISCLOSURE FORM

Date: 8/3/2022

Your Name: Sam Gandy MD PhD

Manuscript Title: Microglial INPP5D limits plaque formation and glial reactivity in the PSAPP mouse model of Alzheimer's disease

Manuscript Number (if known): ADJ-D-22-00447

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								
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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">U01AG046170, RF1AG058469, RF1AG059319, R01AG061894 P30AG066514 to Mary Sano.</td> <td></td> </tr> <tr> <td>Cure Alzheimer's Fund</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	U01AG046170, RF1AG058469, RF1AG059319, R01AG061894 P30AG066514 to Mary Sano.		Cure Alzheimer's Fund		Click the tab key to add additional rows.	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td>Dr Gandy receives research support from the NIH (listed above)</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Dr Gandy receives research support from the NIH (listed above)				
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <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	
			Dr. Gandy serves as a consultant for Ritrova Therapeutics and as a founder of a Recuerdo Pharmaceuticals (inactive).
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 type="checkbox"/> None	
			Dr. Gandy has received compensation for chart review in connection with medical litigation in the area of cognitive function
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Diabetes and Brain imaging, Kuwait City, ~2019	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		CSF phosphoprotein assay for neurological diagnosis, 1988	
		iPSC protocol for generation of basal forebrain cholinergic neurons, 2020	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		NYU Department of Psychiatry and Pathology	
		Abeta dynamics in escitalopram treatment of MDD, 2021-present	
10	Leadership or fiduciary role in other board, society, committee or	<input type="checkbox"/> None	
		Medical and Scientific Advisory Council, Alzheimer's Association, 1990-1999	

		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)
	advocacy group, paid or unpaid	MASB, Alzheimer's Disease International, currently	
11	Stock or stock options	<input type="checkbox"/> None	
		Reuerdo Therapeutics (inactive)	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Grateful patient gift account, ISMMS	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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: 8/5/2022

Your Name: Shane Antony Liddelow

Manuscript Title: Microglial INPP5D limits plaque formation and glial reactivity in the PSAPP mouse model of Alzheimer's disease

Manuscript Number (if known): ADJ-D-22-00447

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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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">06/05/22 Invited speaker, Institute of Molecular Medicine (iMM), Lisbon, Portugal.</td> <td style="width: 50%;">Personal (travel and lodging)</td> </tr> <tr> <td>05/19/22 Invited speaker, Neuroscience Seminar Series, Case Western Reserve University School of Medicine, OH.</td> <td>Personal (travel and lodging)</td> </tr> <tr> <td>04/03/22 Keynote speaker, IV Neurobiology meeting from the Mexican Society for Biochemistry (Cartel IV Congreso Neurobiologica 2022), Oaxaca City, Mexico. (also Keynote speaker for pre-meeting ‘Organoids and single-cell sequencing in Neuroscience’)</td> <td>Personal (travel and lodging)</td> </tr> <tr> <td>08/15/22 Invited speaker, UC Irvine Center for Neural Circuit Mapping Conference: Linking Brain Function to Cell Types and Circuits, UCI, Irvine, CA.</td> <td>Personal (travel and lodging)</td> </tr> <tr> <td>06/07/22 Invited speaker, Invited speaker, Biannual Fresco Parkinson Institute Symposium, Florence, Italy.</td> <td>Personal (travel and lodging)</td> </tr> </table>	06/05/22 Invited speaker, Institute of Molecular Medicine (iMM), Lisbon, Portugal.	Personal (travel and lodging)	05/19/22 Invited speaker, Neuroscience Seminar Series, Case Western Reserve University School of Medicine, OH.	Personal (travel and lodging)	04/03/22 Keynote speaker, IV Neurobiology meeting from the Mexican Society for Biochemistry (Cartel IV Congreso Neurobiologica 2022), Oaxaca City, Mexico. (also Keynote speaker for pre-meeting ‘Organoids and single-cell sequencing in Neuroscience’)	Personal (travel and lodging)	08/15/22 Invited speaker, UC Irvine Center for Neural Circuit Mapping Conference: Linking Brain Function to Cell Types and Circuits, UCI, Irvine, CA.	Personal (travel and lodging)	06/07/22 Invited speaker, Invited speaker, Biannual Fresco Parkinson Institute Symposium, Florence, Italy.	Personal (travel and lodging)	
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		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)
		11/21/19 Invited speaker, Cell and Molecular Biology seminar series, Duke University, Durham, NC.	Personal (travel and lodging)
		11/07/19 Invited speaker, workshop leader, Louis J Fox Center for Vision Restoration/Glaucoma Research Foundation joint workshop, Miami, FL.	Personal (travel and lodging)
		10/31/19 Invited speaker, The Jackson Laboratory, Bar Harbor, ME.	Personal (travel and lodging)
		09/05/19 Invited speaker, Karolinska Institute, Developing Brains symposium, Stockholm, Sweden.	Personal (travel and lodging)
		08/19/19 Invited speaker, Amgen, Cambridge, MS.	Personal (travel and lodging)
		07/21/19 Invited speaker, GRC on Amyotrophic Later Sclerosis (ALS) & Related Motor Neuron Diseases, Mount Snow, VT.	Personal (travel and lodging)
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		WO2018081250A1 Liddelow SA, Guttenplan KA, Barres BA. NEURONAL AND OLIGODENDROCYTE SURVIVAL MODULATION.	
		147462.002280. Guttenplan KA, Barres BA, Liddelow SA. METHODS OF MODULATING NEURONAL AND OLIGODENDROCYTE SURVIVAL.	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
		Scientific Advisory Board, RM Global BioAccess Fund	
		Scientific Advisory Board, Catalyst for a Cure 4 (Glaucoma Research Fund)	
		Scientific Advisory Board, Genome Technology Center, NYU Grossman School of Medicine	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Editorial board, Glia	
		Editorial board, Cell Reports	
		Editorial board	
		2021 Program Committee, XV European Meeting of Glial Cells in Health and Disease, Marseille, France.	
		2021 Scientific Program Committee, AAIC Neuroscience Next (virtual)	
		2020 onwards Research Leadership Group, Cure Alzheimer's Foundation	
11	Stock or stock options	<input type="checkbox"/> None	
		AstronauTx	Personal
		RM Global	Personal

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <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>							
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ICMJE DISCLOSURE FORM

Date: 8/3/2022

Your Name: Michelle E Ehrlich MD

Manuscript Title: Microglial INPP5D limits plaque formation and glial reactivity in the PSAPP mouse model of Alzheimer's disease

Manuscript Number (if known): ADJ-D-22-00447

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		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	
			Dr. Ehrlich serves as an expert consultant for reviewing medicolegal cases.
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 type="checkbox"/> None	
			Dr. Ehrlich has received compensation for chart review in connection with medical litigation.
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		NIH AMP-AD meeting only. No pharm-sponsored meetings.	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		iPSC protocol for generation of basal forebrain cholinergic neurons, 2020	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Member Dystonia Medical Research Foundation SAB	
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)
11	Stock or stock options	<input type="checkbox"/> None	
		Recuerdo Therapeutics (inactive)	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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