

## ICMJE DISCLOSURE FORM

**Date:** 8/9/2023

**Your Name:** Aida Fall

**Manuscript Title:** Polygenic risk for Alzheimer’s disease is associated with neuroaxonal damage before onset of clinical symptoms.

**Manuscript Number (if known):** DADM-D-23-00122

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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Time frame: Since the initial planning of the work								
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 8/25/2023

**Your Name:** Peter Fischer

**Manuscript Title:** Polygenic risk for Alzheimer’s disease is associated with neuroaxonal damage before onset of clinical symptoms.

**Manuscript Number (if known):** DADM-D-23-00122

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## ICMJE DISCLOSURE FORM

**Date:** 8/22/2023

**Your Name:** Prof. Dr. Peter Riederer

**Manuscript Title:** Polygenic risk for Alzheimer's disease is associated with neuroaxonal damage before onset of clinical symptoms.

**Manuscript Number (if known):** DADM-D-23-00122

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## ICMJE DISCLOSURE FORM

**Date:** 8/22/2023

**Your Name:** Sonja Maria Kagerer

**Manuscript Title:** Polygenic risk for Alzheimer's disease is associated with neuroaxonal damage before onset of clinical symptoms.

**Manuscript Number (if known):** DADM-D-23-00122

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## ICMJE DISCLOSURE FORM

**Date:** 8/9/2023

**Your Name:** Susanne Walitza

**Manuscript Title:** Polygenic risk for Alzheimer's disease is associated with neuroaxonal damage before onset of clinical symptoms.

**Manuscript Number (if known):** DADM-D-23-00122

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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)
	Uniscientia Foundation: Die psychischen Auswirkungen der Covid-19-Pandemie auf Kinder und Jugendliche, ihre Eltern sowie auf junge Erwachsene in der Schweiz; Teil 2 (The psychological impact of the Covid 19 pandemic on children and adolescents, their parents, and young adults in Switzerland; second wave)	
	Projekt «AdoASSIP – Prävention von Suizidversuchen und Suiziden bei Adoleszenten»   GFCH (gesundheitsfoerderung.ch)	
	Swiss State Secretariat for Education, Research and Innovation (SERI) & University of Geneva, Research Preparation Grants (RPG) with Russia 2020: Impact of genetic deficiency in the synthesis of brain-specific gangliosides and glycoproteins mediated by the ST3GAL3 and ST3GAL5 genes on the neuropathology	
	Uniscientia Foundation: Die psychischen Auswirkungen der Covid-19-Pandemie auf Kinder und Jugendliche, ihre Eltern sowie auf junge Erwachsene in der Schweiz (The psychological impact of the Covid 19 pandemic on children and adolescents, their parents, and young adults in Switzerland);	
	UZH Foundation & Erika Schwarz Foundation: The psychological impact of the coronavirus pandemic shutdown in Switzerland	
	Vontobel Foundation: Add-on to the SNF project "Omega-3 fatty acids as first-line treatment in Paediatric Depression. A 36-week, multi-centre, double-blind, placebo-controlled randomized superiority study. Add-on for funding a doctoral fellowship	
	Ebnet Foundation: Add-on to the SNF project "Omega-3 fatty acids as first-line treatment in Paediatric Depression. A 36-week, multi-centre, double-blind, placebo-controlled randomized superiority study. Add-on for funding a doctoral fellowship	
	Oxford - Brain @McGill - ZNZ Partnership in the Neurosciences (Oxford, McGill University and Neuroscience Center Zurich, University of Zurich & ETH), Collaborative Project: Epigenetics and ADHD: Family-based and case-control association studies of the dopamine and serotonin transporter gene;	
	COST (European Cooperation in Science and Technology): CA16207 – European Network for Problematic Usage of the Internet (EU-PUI)	
	Gertrud Thalmann Fonds of the UPK Basel, Collaborative Project: Effects of Omega-3 fatty acids supplementation on sleep and physical activity in pediatric depression. Add-on study to the investigator-initiated clinical trial SNF project	

		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)
		Omega-3 fatty acids as first-line treatment in Pediatric Depression. A 36-week, multi-centre, double-blind, placebo-controlled randomized superiority study	
		Swiss National Foundation, Investigator Initiated Clinical Trial: Omega-3 fatty acids as first-line treatment in Paediatric Depression. A 36-week, multi-centre, double-blind, placebo-controlled randomized superiority study	
		University Medical Center Utrecht & Stanley Medical Research Institute – Collaborative Project: multi-centre study Placebo-controlled trial in subjects at Ultra-high Risk for Psychosis with Omega-3 fatty acids in Europe (PURPOSE)	
		BfArM: Pharmakovigilanz in der Psychiatrie / Neurologie: Pharmakovigilanz bei Patienten im Kindes- und Jugendalter (Kompetenznetz TDM KJP e.V.): Erhebung von Beobachtungsdaten zu Wirkung, Neben- und Wechselwirkungen von (Off-Label-) verordneten Antidepressiva und Antipsychotika sowie Untersuchungen zu arzneimittelbedingten Risiken von Psychostimulanzien bei der hyperkinetischen Störung	
		Olga Mayenfisch Foundation: Identification of biomarkers for obsessive-compulsive disorder in children and adolescents	
<b>3</b>	Royalties or licenses	<input type="checkbox"/> <b>None</b>	
		Georg Thieme Verlag KG Stuttgart, New York	Payment to Susanne Walitza
		Hogrefe Publishing Group	Payment to Susanne Walitza
		Kohlhammer Publishing	Payment to Susanne Walitza
		Springer Berlin, Heidelberg	Payment to Susanne Walitza
		Beltz publishing group	Payment to Susanne Walitza
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		Education Weiterbildungsverein Deutschschweizer Kliniken	Payment to Susanne Walitza

		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)
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 type="checkbox"/> None	
		President of the IPKJ Psychotherapy Institute	Payment to Susanne Walitza
		Board Member Schweizerischer Gesellschaft für Kinder- und Jugendpsychiatrie und Psychotherapie	Payment to Susanne Walitza
		Chair of ICOCS, Board Member ZNZ, SGZ	NO Payments
		Board Member SGAD	Payment to Susanne Walitza
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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	



	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)
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>		

## ICMJE DISCLOSURE FORM

**Date:** 8/14/2023

**Your Name:** Aleksandra Maleska Maceski

**Manuscript Title:** Polygenic risk for Alzheimer’s disease is associated with neuroaxonal damage before onset of clinical symptoms.

**Manuscript Number (if known):** DADM-D-23-00122

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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		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>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 8/13/2023

**Your Name:** Edna Grünblatt

**Manuscript Title:** Polygenic risk for Alzheimer’s disease is associated with neuroaxonal damage before onset of clinical symptoms.

**Manuscript Number (if known):** DADM-D-23-00122

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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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> None  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"> </td><td> </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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** September 4, 2023

**Your Name:** Jens Kuhle

**Manuscript Title:** Polygenic risk for Alzheimer’s disease is associated with neuroaxonal damage before onset of clinical symptoms.

**Manuscript number (if known):** DADM-D-23-00122

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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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<u> X </u> None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u> None	
		Progressive MS Alliance	Institution
		Celgene	Institution
		Novartis	Institution
		Roche	Institution
		Merck	Institution
	Swiss National Research Foundation (320030_189140/1)	Institution	
3	Royalties or licenses	<u> X </u> None	



4	Consulting fees	<input type="checkbox"/> None	
		Biogen	Institution
		Quanterix	Institution
		Immunic	Institution
		Stata DX	Institution
		Alnylam	Institution
		Bristol Myers Squibb	Institution
		Merck	Institution
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		Merck	Institution
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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:** 9/4/2023

**Your Name:** Pascal Benkert

**Manuscript Title:** Polygenic risk for Alzheimer’s disease is associated with neuroaxonal damage before onset of clinical symptoms.

**Manuscript Number (if known):** DADM-D-23-00122

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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:** 8/21/2023

**Your Name:** Paul Gerson Unschuld

**Manuscript Title:** Polygenic risk for Alzheimer’s disease is associated with neuroaxonal damage before onset of clinical symptoms.

**Manuscript Number (if known):** DADM-D-23-00122

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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		Synopsis Alzheimer Research Switzerland	Grant No 2018-PI06, Main Applicant: Prof. P. G. Unschuld, Payment to University of Zurich/University of Geneva
		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>	
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 8/22/2023

**Your Name:** Swapnil Awasthi

**Manuscript Title:** Polygenic risk for Alzheimer’s disease is associated with neuroaxonal damage before onset of clinical symptoms.

**Manuscript Number (if known):** DADM-D-23-00122

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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" data-bbox="386 478 1516 579"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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## ICMJE DISCLOSURE FORM

**Date:** 9/23/2023

**Your Name:** Stephan Ripke

**Manuscript Title:** Polygenic risk for Alzheimer’s disease is associated with neuroaxonal damage before onset of clinical symptoms.

**Manuscript Number (if known):** DADM-D-23-00122

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