

ICMJE DISCLOSURE FORM

Date: 11/2/2023

Your Name: Krista L. Lanctôt

Manuscript Title: The Association Between Clinical Dementia Rating and Clinical Outcomes in Alzheimer's Disease

Manuscript Number (if known): DADM-D-23-00125

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: 50%;">Evidera PPD</td> <td>Medical writing</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>	Evidera PPD	Medical writing			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: 50%;">Canadian Institutes of Health Research</td> <td>Paid to institution</td> </tr> <tr> <td>Alzheimer's Drug Discovery Foundation</td> <td>Paid to institution</td> </tr> <tr> <td>Canadian Consortium for Neurodegeneration in Aging</td> <td>Paid to institution</td> </tr> <tr> <td>Pooler Charitable Fund</td> <td>Paid to institution</td> </tr> <tr> <td>Alzheimer's Association</td> <td>Paid to institution</td> </tr> <tr> <td>Weston Foundation</td> <td>Paid to institution</td> </tr> <tr> <td>National Institute on Aging</td> <td>Paid to institution</td> </tr> <tr> <td>Cerevel Therapeutics</td> <td>Paid to institution</td> </tr> <tr> <td>Jazz Pharmaceuticals</td> <td>Paid to institution</td> </tr> </table>	Canadian Institutes of Health Research	Paid to institution	Alzheimer's Drug Discovery Foundation	Paid to institution	Canadian Consortium for Neurodegeneration in Aging	Paid to institution	Pooler Charitable Fund	Paid to institution	Alzheimer's Association	Paid to institution	Weston Foundation	Paid to institution	National Institute on Aging	Paid to institution	Cerevel Therapeutics	Paid to institution	Jazz Pharmaceuticals	Paid to institution
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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)
3	Royalties or licenses	<input type="checkbox"/> None	
		Oxford University Press	Royalties for sale of book "Apathy, Clinical and Neuroscientific Perspectives from Neurology and Psychiatry"
4	Consulting fees	<input type="checkbox"/> None	
		BioXcel Therapeutics	Paid to me
		Bright Minds	Paid to me
		Cerevel Therapeutics	Paid to me
		Eisai Co. Ltd	Paid to me
		Exciva	Paid to me
		ICG Pharma	Paid to me
		Jazz Pharmaceuticals	Paid to me
		Kondor Pharma	Paid to me
		H Lundbeck A/S	Paid to me
		Merck	Paid to me
		Novo Nordisk	Paid to me
		Praxis Therapeutics	Paid to me
		Sumitomo Pharma Co. Ltd.	Paid to me
Bristol Myers Squibb	Paid to me		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Novo Nordisk	Paid to me
		H Lundbeck A/S	Paid to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Novo Nordisk	Paid to vendor
		H Lundbeck A/S	Paid to vendor

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		PAS-MCI study	Data Safety Monitoring Board, no payments
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		American Association of Geriatric Psychiatry	Board
		International Society for CNS clinical Trials and Methodology	Member, Working Group Leader
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	

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: 11/2/2023

Your Name: Merce Boada

Manuscript Title: The Association Between Clinical Dementia Rating and Clinical Outcomes in Alzheimer's Disease

Manuscript Number (if known): DADM-D-23-00125

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4	Consulting fees	<input type="checkbox"/> None	
		Grifols, Araclon Biotech, Roche, Biogen, Lilly, Merck, Zambon, Novo-Nordisk	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Roche, Biogen, Grifols, Nutricia, Araclon Biotech, Servier, Novo-Nordisk	
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 type="checkbox"/> None	
		Grifols, Roche, Lilly, Araclon Biotech, Merck, Zambon, Biogen, Novo-Nordisk, Bioiberica, Eisai, Servier, Schwabe Pharma, Lighthouse Pharma	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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13	Other financial or non-financial interests	<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: 11/2/2023

Your Name: Pierre Tariot

Manuscript Title: The Association Between Clinical Dementia Rating and Clinical Outcomes in Alzheimer's Disease

Manuscript Number (if known): DADM-D-23-00125

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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; margin-top: 5px;"> <tr><td style="height: 20px;">National Institute on Aging, RF1 AG041705, 1UF1AG046150, R01 AG031581, R01 AG055444, P30 AG19610</td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table>	National Institute on Aging, RF1 AG041705, 1UF1AG046150, R01 AG031581, R01 AG055444, P30 AG19610					
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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	
		AbbVie, Acadia, ACimmune, Athira, Biogen, Cortexyme, Corium, Eisai, Lundbeck, Merck, Novo Nordisk, Otsuka & Astex, T3D Therapeutics	Personal
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Arizona Osteopathic Medical Association, Arbor Scientia, Clinical Care Operations, health & Wellness Partners, Indiana University, MedEdicus LLC, Merck, Miller Medical Communications, River West Meeting Associates, Sheppard Pratt Health Systems, Tucson Osteopathic Medical Foundation, University of Cincinnati	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Arbor Scientia, Acadia, Lundbeck, Miller Medical Communications	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		U.S. Patent #11/632, 747, "Biomarkers of Neurodegenerative Disease." Contributor to a patent owned by the University of Rochester	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		AbbVie, AC Immune, Acadia, Athira, Corium, Cortexyme, Eisai, Genentech, ImmunoBrain, Merck, Novo Nordisk, Syneos Health	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
		Adamas Pharmaceuticals, sold in December 2020	
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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ICMJE DISCLOSURE FORM

Date: 11/7/2023

Your Name: Firas Dabbous

Manuscript Title: The Association Between Clinical Dementia Rating and Clinical Outcomes in Alzheimer's Disease

Manuscript Number (if known): DADM-D-23-00125

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>									
6	Payment for expert testimony	<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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8	Patents planned, issued or pending	<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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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 type="checkbox"/> None	
		Evidera, PPD, part of Thermo Fisher	Full time employee

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ICMJE DISCLOSURE FORM

Date: 11/1/2023

Your Name: Julie Hahn-Pedersen

Manuscript Title: The Association Between Clinical Dementia Rating and Clinical Outcomes in Alzheimer's Disease

Manuscript Number (if known): DADM-D-23-00125

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11	Stock or stock options	<input checked="" type="checkbox"/> I am a shareholder of Novo Nordisk <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>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> I am an employee of Novo Nordisk A/S <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.

ICMJE DISCLOSURE FORM

Date: 11/7/2023

Your Name: Sariya Udayachalerm

Manuscript Title: The Association Between Clinical Dementia Rating and Clinical Outcomes in Alzheimer's Disease

Manuscript Number (if known): DADM-D-23-00125

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.

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4	Consulting fees	<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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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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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		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	
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 type="checkbox"/> None	
		Evidera, PPD, part of Thermo Fisher	Full time employee

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: 11/2/2023

Your Name: Lars Lau Raket

Manuscript Title: The Association Between Clinical Dementia Rating and Clinical Outcomes in Alzheimer's Disease

Manuscript Number (if known): DADM-D-23-00125

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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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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ICMJE DISCLOSURE FORM

Date: 11/7/2023

Your Name: Cynthia Saiontz-Martinez

Manuscript Title: The Association Between Clinical Dementia Rating and Clinical Outcomes in Alzheimer's Disease

Manuscript Number (if known): DADM-D-23-00125

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <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>							
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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 type="checkbox"/> None	
		Evidera, PPD, part of Thermo Fisher	Full time employee

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: 11/7/2023

Your Name: Wojciech Michalak

Manuscript Title: The Association Between Clinical Dementia Rating and Clinical Outcomes in Alzheimer's Disease

Manuscript Number (if known): DADM-D-23-00125

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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
		Novo Nordisk Inc.	Stock & Stock Option holder
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 type="checkbox"/> None	
		Novo Nordisk Inc.	Full time employee of.

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: 11/2/2023

Your Name: Wendy Weidner

Manuscript Title: The Association Between Clinical Dementia Rating and Clinical Outcomes in Alzheimer's Disease

Manuscript Number (if known): DADM-D-23-00125

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	
		Roche	Payment to ADI
		Parexel	Travel costs to me directly
		Alzheimer Association for AAIC satellite in Kenya	Payment to ADI
		Walking the Talk for Dementia	Payment to ADI
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	

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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: 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>							
13	Other financial or non-financial interests	<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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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 11/6/2023

Your Name: Jeffrey Cummings

Manuscript Title: The Association Between Clinical Dementia Rating and Clinical Outcomes in Alzheimer's Disease

Manuscript Number (if known): DADM-D-23-00125

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Acadia, Biogen, Genentech, Grifols, Janssen, Karuna, Otsuka, reMYND, Roche, Signant Health	

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11	Stock or stock options	<input type="checkbox"/> None	
		ADAMAS, Acumen, Alkahest, Alzheon, AnnovisBio, Behren Therapeutics, BIOasis, MedAvante, and United Neuroscience	
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 type="checkbox"/> None	
		Chief Scientific Advisor – CNS Innovations, LLC.	

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