Date:			2/12/2023		
Your Name:			Tatiana Foroud		
Manuscript Title:			Learning Slopes in Early-Onset Alzheimer's	Disease	
Mar	nuscript Number (if I	known):	ADJ-D-22-01180R1		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub		ript. "Rela of the ma e in doub	re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. ies/interests should be defined broadly. For example, if your manuscript pertains to the		
-	=	-		acturers of antihypertensive medication, even if	
In item #1 below, report all supports frame for disclosure is the past 36			rt for the work reported in this manuscript w	ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	[□] N	one		
	manuscript (e.g., funding, provision of study materials, medical writing,	NIH fur	nding	Indiana University School of Medicine	
				Click the tab key to add additional rows.	
	article processing charges, etc.)				
	No time limit for this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		

Royalties or

licenses

⊠ None

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	NIH grant	Reimbursement to me for travel expenses not covered directly by the grant (and therefore not paid directly to me)
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None External Advisory Boards for Alzheimer Disease Research Centers that might also be a site for the LEADS study	Reimbursement for travel to me; honoraria for serving on external advisory board paid to me.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/13/2023	
Your Name:	Raymond Scott Turner	
Manuscript Title:	Learning Slopes in Early-Onset Alzheimer's Disease Alzheimer's & Dementia: The Journal of the Alzheimer's Association	
Manuscript Number (if known):	ADJ-D-22-01180R1	
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.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

		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	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	Research support to Georgetown University from Eisai, Lilly, Biogen, Janssen, Roche/Genentech, Alector, Vaccinex, and Vivoryon.	Institution	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Data	2/42/2022	
Date:	2/13/2023	
Your Name:	Kelly Nudelman	
Manuscript Title:	Learning Slopes in Early-Onset Alzheimer's Disease	
Manuscript Number (if known):	ADJ-D-22-01180R1	
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.		
The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.		
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.		

Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the □ None present manuscript (e.g., NIH funding, provision of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or \boxtimes None contracts from any entity (if not indicated in item #1 above). 3 Royalties or \boxtimes None licenses

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

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/13/2023
Your Name:	Erik S. Musiek
Manuscript Title:	Learning Slopes in Early-Onset Alzheimer's Disease Alzheimer's & Dementia: The Journal of the Alzheimer's Association
Manuscript Number (if known):	ADJ-D-22-01180R1

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.

		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
2	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. Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month None None The parent LEADS grant Sponsored Research Agreement with Eisai Pharmaceuticals	Click the tab key to add additional rows. S Related to basic science work on sleep; not related to the current work in any way. Payment to my institution, no salary or personal financial support to me.
		Grants from NIH	
3	Royalties or licenses	None ■	

ľ		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Several academic lectures over the past 3 years with honoraria each ≤ \$500.
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:		2/14/2023			
Your Name:		Dustin B Hammers	Dustin B Hammers		
Manuscript Title:		Learning Slopes in Early Onset Alzheimer's	Disease		
Mai	nuscript Number (if k	nown):			
content of your manuscript. "Rela affected by the content of the ma		ipt. "Related" means any relation with for-profit or no of the manuscript. Disclosure represents a commitme	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epic	lemiology of hyperter	rs/activities/interests should be defined broadly. For ension, you should declare all relationships with manufentioned in the manuscript.			
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript we past 36 months.	rithout time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH Alzheimer Association	Click the tab key to add additional rows.		
		Time frame: past 36 month	S		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Davos Alzheimer's Collaborative			
3	Royalties or licenses	None ■			

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Alzheimer Association	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			2/14/2023		
Your Name:			Liana Apostolova		
Manuscript Title:			Learning Slopes in Early Onset Alzheimer's I	Disease	
Manuscript Number (if known):					
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.		ript. "Rela of the mar re in doubt ps/activitie ension, you nentioned t all suppor	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this hip 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	
	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.	[⊠] No	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH Alzheim	ner Association narmaceutcals	Life Molecular Imaging Roche Diagnostics Eli Lilly	
3	Royalties or licenses	No.	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None	
		Biogen Two Labs IQVIA	NIH Biobank Eli Lilly GE Healthcare
		FL Dept Health Genentech	Eisai Roche Diagnostics Alnylam
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers bureaus, manuscript writing or educational events	AAN MIllerMed NACC CME CME Institute APhA ASIM	Purdue University Mayo Clinic MJH Physician Education Resource Ohio State University PeerView
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Alzheimer Association	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	IQVIA NIA R01 AG061111 UAB Nathan Schock Center	New Mexico Exploratory ADRC FDA
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Med Sci Council Alz Assn Greater IN Chapter Alz Assn Science Program Committee FDA PCNS Advisory Committee	Beeson Program Committee

		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	Cassava Neurosciences Golden Seeds	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	AVID Pharmaceuticals Life Molecular Imaging Roche Diagnostics	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

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za Atri
ning Slopes in Early Onset Alzheimer's Disease
or tap here to enter text.

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.

		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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	Alzheon, Athira Biohaven (with ADCS), Eisai (with ATRI/ACTC), Lilly (with ATR/ACTC), Vivoryon (with ADCS) ACTC, ADCS, AZ Alzheimer's Research Consortium, ATRI, GAP USC, Indiana Univ, Johns Hopkins Washington University St. Louis	Site PI for biopharma-sponsored clinical trials at institution Site PI for biopharma-AD consortium collaborative sponsored clinical trials at institution Site PI for clinical trials sponsored or cosponsored or grants from Research Consortia or Institutes Site PI for collaborative clinical trials sponsored or co-sponsored by Universities Project Arm Leader for international clinical trial
		Gates Ventures	Grant from Foundation

		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)
		AZ DHS, NIA/NIH	Grants from state or federal agency
			PI for Single Site Biomarker (SV2A-PET) study
		Foundation for NIH (FNIH)	funded by FNIH
3	Royalties or licenses	□ None	
		Oxford University Press	Book on dementia
4	Consulting fees	□ None	
		Lundbeck	Current
		Novo Nordisk	Current
		Eisai	Current
		Acadia	Past/completed
		AZ Therapies	Past/completed
		Biogen	Past/completed
		JOMDD	Past/completed
		Roche/Genetech	Past/completed
		Qynapse	Past/completed
5	Payment or honoraria for lectures, presentations, speakers	□ None Acadia, Biogen, Eisai,	Past/completed; No speakers bureaus; No payments for
	bureaus,	Lundbeck	manuscript writing
	manuscript		
	writing or educational events		
6	Payment for expert testimony	None	
7	Support for	□ None	
	attending		
	meetings and/or travel	Alzheimer's Association (US),	
	ti avei	Alzheimer's Disease International (ADI), American Academy of Neurology (AAN)	Only for consulting mtgs, scientific/medical presentations or educational programs
		American Academy of Neurology (AAN)	presentations of educational programs

		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)
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Roche/Genentech	Past/completed
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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.		

3 12/13/2021 ICMJE Disclosure Form

Date:	2/23/2022
Your Name:	Maria C. Carrillo, PhD
Manuscript Title:	Learning Slopes in Early Onset Alzheimer's Disease
Manuscript Number (if known):	Click or tap here to enter text.

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.

		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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Time frame: Since the initial planning None	of the work Click the tab key to add additional rows.
	No time limit for this item.	Time frame, next 26 ments	•
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month	
3	Royalties or licenses	None □	

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

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	2/12/2023
Your Name:	Mario F. Mendez
Manuscript Title:	Learning Slopes in Early-Onset Alzheimer's Disease Alzheimer's & Dementia:
	The Journal of the Alzheimer's Association
Manuscript Number (if known):	ADJ-D-22-01180R1

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.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date: Your Name: Manuscript Title:		3/6/2023			
		Lawrence S. Honig	Learning Slopes in Early Onset Alzheimer's Disease		
		Learning Slopes in Early Onset Alzheimer's			
Mai	nuscript Number (if l	known):			
con affe indi The epic that	tent of your manusci ected by the content cate a bias. If you ar author's relationship demiology of hyperte t medication is not m	arency, we ask you to disclose all relationships/activit ript. "Related" means any relation with for-profit or rof the manuscript. Disclosure represents a commitmer in doubt about whether to list a relationship/activities/scativities/should be defined broadly. For ension, you should declare all relationships with manuscript in the manuscript.	not-for-profit third parties whose interests may be ent to transparency and does not necessarily y/interest, it is preferable that you do so. example, if your manuscript pertains to the ifacturers of antihypertensive medication, even if		
		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			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH] [Alzheimer Association]	To institution To institution Click the tab key to add additional rows.		
		Time frame: past 36 mont	hs		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Alector, Biogen, Cognition, Eisai, Genentech] [Janssen/Johnson&Johnson, Roche, Transposon,] [USB, Vaccinex]	To institution To institution To institution		
3	Royalties or licenses	None □			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None	
		Biogen, Eisai, Roche]	To coauthor
5	Payment or honoraria for	□ None	
	lectures, presentations,	Medscape]	To coauthor
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	⊠ None	
7	Support for	□ None	
	attending meetings and/or travel	Eisai, Roche]	To coauthor
	traver		
8	Patents planned,		
	issued or pending		
9	Participation on	□ None	
J	a Data Safety Monitoring	Cortexyme, Prevail]	To coauthor
	Board or Advisory Board	Cortexyme, rrevanj	To coddition
10	Leadership or	⊠ None	
	fiduciary role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/12/2023
Your Name:	Paul Aisen
Manuscript Title:	Learning Slopes in Early-Onset Alzheimer's Disease Alzheimer's
Manuscript Number (if known):	ADJ-D-22-01180R1
Manuscript Number (if known):	ADJ-D-22-01180R1

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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.

		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 o	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
	Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).		Alzheimer's Association Eisai
3	Royalties or licenses	None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	Merck, Roche, Genentech, Abbvie, Biogen, ImmunoBrain Checkpoint and Arrowhead.	Payments to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:		2/14/2023		
Your Name:		David Jones		
Manuscript Title:		Learning Slopes in Early Onset Alzheimer's Disease		
Manuscript Number (if known):				
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				
	ne for disclosure is th			
		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		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH Alzheimer Association Click the tab key to add additional rows.		
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None		
3	Royalties or licenses	None None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Medscape]
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Output Outp
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Dat	e:	2/14/2023			
Your Name:		Joel Kramer	Joel Kramer		
Ma	nuscript Title:	Learning Slopes in Early Onset Alzheimer's Disease	Learning Slopes in Early Onset Alzheimer's Disease		
Ma	nuscript Number (if l	known):			
con affe indi The epic that	tent of your manusci ected by the content icate a bias. If you ar author's relationship demiology of hyperte t medication is not m	parency, we ask you to disclose all relationships/activities/interests listed belowing. "Related" means any relation with for-profit or not-for-profit third part of the manuscript. Disclosure represents a commitment to transparency and re in doubt about whether to list a relationship/activity/interest, it is preferables/activities/interests should be defined broadly. For example, if your manuscript, you should declare all relationships with manufacturers of antihypert mentioned in the manuscript. It all support for the work reported in this manuscript without time limit. For he past 36 months.	cies whose interests may be d does not necessarily ble that you do so. Isscript pertains to the tensive medication, even if		
		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Com made to you or to you	ments (e.g., if payments were your institution)		
		Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH Click the tab key to add a	dditional rows.		
		Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None			
3	Royalties or licenses	None			

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Output
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	2/13/2023
Your Name:	Joseph C. Masdeu, MD, PhD
Manuscript Title:	Learning Slopes in Early-Onset Alzheimer's Disease
Manuscript Number (if known):	Click or tap here to enter text.

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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)
		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH/NIA	Funding through R56 AG057195 Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None None	

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

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	3/2/2023
Your Name:	Chiadi U. Onyike
Manuscript Title:	Learning Slopes in Early Onset Alzheimer's Disease
Manuscript Number (if known):	Click or tap here to enter text.
content of your manuscript. "Rela affected by the content of the ma	we ask you to disclose all relationships/activities/interests listed below that are related to the lated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily be about whether to list a relationship/activity/interest, it is preferable that you do so.
• •	ies/interests should be defined broadly. For example, if your manuscript pertains to the bushould declare all relationships with manufacturers of antihypertensive medication, even if it in the manuscript.
In item #1 helow, report all suppo	ort for the work reported in this manuscript without time limit. For all other items, the time

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH Alzheimer's Association Robert and Nancy Hall Brain Research Fund	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	Alector, Inc. Transposon Therapeutics	Clinical trial funding paid to institution Clinical trial funding paid to institution
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	Acadia Pharmaceuticals Reata Pharmaceuticals Otsuka Pharmaceutical	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	FTD Disorders Registry Scientific Advisory Board	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Tau Consortium Scientific Advisory Board AFTD Medical Advisory Council ISFTD Executive Committee ISTAART FTD PIA Executive Committee	Term ended in 2022

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Alector, Inc. Transposon Therapeutics	Drug and materials for sponsored clinical trial Drug and materials for sponsored clinical trial
13	Other financial or non-financial interests	None	
Plea [⊠]	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	e:		2/17/2023		
You	ır Name:		Malia Rumbaugh		
Ma	nuscript Title:		Learning Slopes in Early-Onset Alzheimer's Disease		
Manuscript Number (if known):		nown):	ADJ-D-22-01180R1		
In the interest of transparency, w content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub The author's relationships/activiti		ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	em #1 below, report and the for disclosure is the		·	ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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		one	of the work	
1	present manuscript (e.g.,			of the work Payments to institution	
1	present manuscript (e.g., funding, provision of study materials,		one		
1	present manuscript (e.g., funding, provision		one	Payments to institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		one	Payments to institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing		one	Payments to institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Payments to institution Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH, A	Alzheimer's Association	Payments to institution Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not	NIH, A	Alzheimer's Association Time frame: past 36 month	Payments to institution Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	NIH, A	Alzheimer's Association Time frame: past 36 month	Payments to institution Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not	NIH, A	Alzheimer's Association Time frame: past 36 month	Payments to institution Click the tab key to add additional rows.	

			pecifications/Comments (e.g., if payments were nade to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Co-chair of the Asymptomatic Subcommittee of the Advisory Group on Risk Evidence Education for Dementia (AGREED)	npaid

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			3/6/2023		
Your Name:			Stephen Salloway, MD		
Manuscript Title:			Learning Slopes in Early Onset Alzheimer's Disease		
Ma	nuscript Number (if kı	nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufactionships with manufactionships with manufactionships.	/interest, it is preferable that you do so.	
tha	t medication is not me	entioned	in the manuscript.		
In item #1 below, report all suppo frame for disclosure is the past 36			·	ithout time limit. For all other items, the time	
			entities with whom you have this hip 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	funding, provision of study materials, medical writing, article processing	Dian TU	one I study	Project Arm Leader	
				Click the tab key to add additional rows.	
	charges, etc.) No time limit for this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	1 1	biogen, Genentech, Avid, Roche, Eisai bvartis	Research support for conduct of clinical trials	
3	Royalties or licenses	⊠ No	one		

		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	Lilly, Biogen, Roche, Genentech, Eisai, Bolden, Amylyx, NovoNordisk, Prothena, Ono and Alnylam	Paid to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Biogen Property Prop	Adv Board, paid to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			2/14/2023	
Your Name:			Sandra Weintraub	
Manuscript Title:			Learning Slopes in Early Onset Alzheimer's I	Disease
Mar	Manuscript Number (if known):			
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed be content of your manuscript. "Related" means any relation with for-profit or not-for-profit third paraffected by the content of the manuscript. Disclosure represents a commitment to transparency a indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is prefer The author's relationships/activities/interests should be defined broadly. For example, if your man epidemiology of hypertension, you should declare all relationships with manufacturers of antihype 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 frame for disclosure is the past 36 months.			ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
			all entities with whom you have this enship 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
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Tele-Savvy for PPA; caregiver intervention-Roybal	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

3 12/13/2021 ICMJE Disclosure Form

	ICIVIJE DISCLOSURE FO	
te:	2/16/2023	
ır Name:	Sharon J. Sha	
nuscript Title:	Learning Slopes in EOAD	
-		
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.		
		Specifications/Comments (e.g., if payments were made to you or to your institution)
	Time frame: Since the initial planning	of the work
All support for the present manuscript (e.g., funding, provision	one	
of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.
medical writing, article processing charges, etc.) No time limit for	Time frame: past 36 month	
	nuscript Title: nuscript Number (if known): he interest of transparency, watent of your manuscript. "Relected by the content of the maicate a bias. If you are in double author's relationships/activitidemiology of hypertension, you to medication is not mentioned tem #1 below, report all supported for disclosure is the past 36 Name a relation All support for the present manuscript (e.g.,	In Name: Sharon J. Sha

3

Royalties or

licenses

□ None

UptoDate (royalties for review article)

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None	
		Biogen	To me for member of Scientific Oversight committee
		Guidepoint Global	To me
		ExpertConnect	To me
5	Payment or honoraria for		
	lectures,	Forefront collaborative	To me for CME presentation
	presentations,	ReachMD	To me for CME presentation
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	Image: square of the properties o	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	[⊠] None	
	pending		
9	Participation on a Data Safety Monitoring	⊠ None	
	Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board,	None	
	society,		
	committee or		
	advocacy group, paid or unpaid		

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/14/2023
Your Name:	Taylor Diedrich
Manuscript Title:	Learning Slopes in Early-Onset Alzheimer's Disease Alzheimer's & Dementia: The Journal of the Alzheimer's Association
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			2/13/2023		
Your Name:			Ani Eloyan		
Ma	nuscript Title:		Learning Slopes in Early-Onset Alzheimer's	Disease	
Ma	nuscript Number (if l	known):	ADJ-D-22-01180R1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		ript. "Rela of the ma e in doub ps/activitions	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
	tem #1 below, report me for disclosure is th			rithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	[□] N	one		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	22-926 U01AG Alzheii Associ U01 AG AG008 AG005 AG062 AG010 AG013	ation LEADS GENETICS-19-639372, NIH G016976, NIH P30 AG010133, NIH P50 8702, NIH P50 AG025688, NIH P50 8146, NIH P30 AG062421, NIH P30 8422, NIH P50 AG023501, NIH P30 8124, NIH P30AG066506, NIH P30	The grant funding was made to my institution or to data collection sites.	
				Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not		one		

#1 above).

		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	None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	■ None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	⊠ 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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	⊠ None	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/17/2023
Your Name:	Gregory S Day
Manuscript Title:	Learning Slopes in Early-Onset Alzheimer's Disease
Manuscript Number (if known):	Click or tap here to enter text.

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.

		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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH/NIA: K23AG064029, U01AG057195; U19AG032438 Alzheimer's Association (LDRFP-21-824473 Chan Zuckerberg Assoc	NIH/NINDS: U01NS120901
3	Royalties or licenses	None Non	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	[□] None	
		Parabon Nanolabs	Payments to me for work on NIH small business grant
5	Payment or honoraria for		
	lectures,	PeerView Media	CME development + presentation (personal)
	presentations,	Continuing Education, Inc	CME development + presentation (personal)
	speakers	Eli Lilly	Content development + presentation (payment
	bureaus,		to institution)
	manuscript	DynaMed	Topic editor (personal)
	writing or educational events		
6	Payment for expert testimony	□ None	
		Barrow Law	Personal, medical expert testimony
7	Support for attending meetings and/or	⊠ None	
	travel		
	ci dvei		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety	⊠ None	
	Monitoring		
	Board or		
	Advisory Board		
10	Leadership or	□ None	
	fiduciary role in	t 1	
	other board,	Clinical Director, Anti-NMDA Receptor	Unpaid
	society,	Encephalitis Foundation	
	committee or		
	advocacy group,		
	paid or unpaid		

		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	□ None		
		ANI Pharmaceuticals	Personal	
		Parabon Nanolabs	Stock options (personal)	
12	Receipt of equipment,	□ None		
	materials, drugs,	Horizon Therapeutics	Material support of clinical trial	
	medical writing, gifts or other		(NCT04372615)	
	services			
13	Other financial or non-financial	None		
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
[oxtimes]	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/15/2023
Your Name:	Kala Kirby
Manuscript Title:	Learning Slopes in Early-Onset Alzheimer's Disease Alzheimer's & Dementia: The Journal of the Alzheimer's Association
Manuscript Number (if known):	ADJ-D-22-01180R1

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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.

		all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/17/2023
Your Name:	LEADS Consortium
Manuscript Title:	Learning Slopes in EOAD
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/12/2023
Your Name:	Sára Nemes
Manuscript Title:	Learning Slopes in EOAD
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		Specifications/Comments (e.g., if payments were made to you or to your institution)				
		Time frame: Since the initial planning of the work				
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	Click the tab key to add additional rows.			
		Time frame: past 36 months	s			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None				
3	Royalties or licenses	None				

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

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:		-	2/17/2023		
You	Your Name:		Gil Rabinovici		
Manuscript Title:		_	Learning Slopes in EOAD		
Ma	nuscript Number (if k	nown):	Click or tap here to enter text.		
con affe	tent of your manuscr ected by the content o	ipt. "Relat of the man	ted" means any relation with for-profit or n	es/interests listed below that are related to the ot-for-profit third parties whose interests may be ent to transparency and does not necessarily element, it is preferable that you do so.	
epi	•	nsion, you	should declare all relationships with manu	example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th		·	vithout time limit. For all other items, the time	
			entities with whom you have this hip 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	□ No			
	manuscript (e.g., funding, provision		x P30-AG062422	Institution	
	TUTIUTIE, DEUVISION I	MIH/NIIA	R35 AG072362	Institution	
	of study materials,	NIH/NIA	R35 AG072362	Institution Click the tab key to add additional rows.	
	of study materials, medical writing,	NIH/NIA	R35 AG072362		
	of study materials, medical writing, article processing	NIH/NIA	R35 AG072362		
	of study materials, medical writing, article processing charges, etc.)	NIH/NIA	R35 AG072362		
	of study materials, medical writing, article processing charges, etc.) No time limit for	NIH/NIA	R35 AG072362		
	of study materials, medical writing, article processing charges, etc.)	NIH/NIA		Click the tab key to add additional rows.	
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Time frame: past 36 montl	Click the tab key to add additional rows.	
2	of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH/NIA	Time frame: past 36 montl	Click the tab key to add additional rows.	
2	of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from		Time frame: past 36 montl	Click the tab key to add additional rows.	
2	of study materials, medical writing, article processing charges, etc.) No time limit for this item.	□ No	Time frame: past 36 montl ne diopharmaceuticals	Click the tab key to add additional rows.	
2	of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not		Time frame: past 36 montl one diopharmaceuticals ech	Click the tab key to add additional rows.	
2	of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	Avid Rac Genente	Time frame: past 36 montl one diopharmaceuticals ech	Click the tab key to add additional rows. Institution Institution	
2	of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	Avid Rac Genente GE Healt Life Mol	Time frame: past 36 montl one diopharmaceuticals ech thcare	Institution Institution Institution Institution	
2	of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	Avid Rac Genente GE Heal Life Mol Alzheim Rainwat	Time frame: past 36 mont one diopharmaceuticals ech thcare ecular Imaging er's Association ZEN-21-848216 er Charitable Foundation	Institution Institution Institution Institution Institution Institution Institution	
2	of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	Avid Rac Genente GE Heal Life Mol Alzheim Rainwat	Time frame: past 36 mont one diopharmaceuticals ech thcare ecular Imaging er's Association ZEN-21-848216	Institution Institution Institution Institution Institution Institution Institution Institution Institution	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None	
		Alector	Payment to me
		Eli Lilly	Payment to me
		Merck	Payment to me
		Genentech	Payment to me
		GE Healthcare	Payment to me
		Roche	Payment to me
5	Payment or honoraria for	□ None	
	lectures,	Clearview	Payment to me
	presentations,	Miller Medical	Payment to me
	speakers		
	bureaus, manuscript writing or educational events		
6	Payment for	⊠ None	
	expert testimony	t j	
7	Support for attending	None	
	meetings and/or		
	travel		
8	Patents planned, issued or	[⊠] None	
	pending		
9	Participation on a Data Safety	□ None	
	Monitoring	Johnson & Johnson	
	Board or		
	Advisory Board		
10	Leadership or fiduciary role in	None	
	other board,		
	society,		
	committee or		
	advocacy group,		
	paid or unpaid		

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:	2/15/2023
Your Name:	Meghan Riddle
Manuscript Title:	Learning Slopes in Early-Onset Alzheimer's Dementia
Manuscript Number (if known):	ADJ-D-22-01180R1

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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.

Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if paymer made to you or to your institution)			Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None ACTC/USC funding for IMPACT-AD meeting and travel Sept 2022 Reimbursement to me
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Governor Appointee on Rhode Island Advisory Council for Alzheimer's Disease and Related Dementia

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

Date:			2/12/2023		
Your Name:			Emily Rogalski		
Manuscript Title:			Learning Slopes in EOAD		
Mai	nuscript Number (if k	nown):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the man			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily tabout whether to list a relationship/activity/interest, it is preferable that you do so.	
epic		nsion, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			rithout time limit. For all other items, the time	
Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)			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	NIH fur	one nding	Funding to the institution	
	of study materials,			Click the tab key to add additional rows.	
	medical writing, article processing				
	charges, etc.) No time limit for this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item		one		
	#1 above).				
_					
3	Royalties or licenses	⊠ N	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Honoraria for lectures	Payments made to me
6	Payment for expert testimony	Image: square of the square o	
7	Support for attending meetings and/or travel	□ None Support for travel as an invited speaker	Travel reimbursed
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Image: square of the square o	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/3/2022
Your Name:	Thomas S. Wingo
Manuscript Title:	Learning Slopes in Early-Onset Alzheimer's Disease
Manuscript Number (if known):	Click or tap here to enter text.

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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.

		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)
	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from	Time frame: past 36 month	S
2	contracts from any entity (if not	r i	Institution
2	contracts from any entity (if not indicated in item	□ None	
2	contracts from any entity (if not	□ None NIH NIA R01 AG066713	Institution
2	contracts from any entity (if not indicated in item	NIH NIA R01 AG066713 NIH NIA R01 AG071170	Institution Institution
2	contracts from any entity (if not indicated in item	None NIH NIA R01 AG066713 NIH NIA R01 AG071170 NIH NIA P30 AG066511	Institution Institution Institution
2	contracts from any entity (if not indicated in item	None NIH NIA R01 AG066713 NIH NIA R01 AG071170 NIH NIA P30 AG066511 NIH NIA U54 AG065187	Institution Institution Institution Institution
2	contracts from any entity (if not indicated in item	None NIH NIA R01 AG066713 NIH NIA R01 AG071170 NIH NIA P30 AG066511 NIH NIA U54 AG065187 NIH NIA R01 AG062577	Institution Institution Institution Institution Institution
2	contracts from any entity (if not indicated in item	NIH NIA R01 AG066713 NIH NIA R01 AG071170 NIH NIA P30 AG066511 NIH NIA U54 AG065187 NIH NIA R01 AG062577 NIH NIA U01 AG061357	Institution Institution Institution Institution Institution Institution Institution
2	contracts from any entity (if not indicated in item	NIH NIA R01 AG066713 NIH NIA R01 AG071170 NIH NIA P30 AG066511 NIH NIA U54 AG065187 NIH NIA R01 AG062577 NIH NIA U01 AG061357 NIH NIA U01 AG057195	Institution Institution Institution Institution Institution Institution Institution Institution

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None None □	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Mt. Sinai School of Medicine Oregon Health & Science University Johns Hopkins University School of Medicine	Personal Personal Personal
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	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)	
	society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	Co-founder of revXon, a biotechnology startup	none	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	2/17/2023
Your Name:	David A. Wolk
Manuscript Title:	Learning Slopes in Early-Onset Alzheimer's Disease
Manuscript Number (if known):	Click or tap here to enter text.

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.

		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.	□ None □ U01 AG057195	Payments made to institution Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIA Biogen	Multiple Grants – Paid to institution Site PI - Paid to institution
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	GE Healthcare Qynapse	Payments to me Payments to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	CME lecture funded through Eli Lilly	Payments to me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Functional Neuromodulation	Payments to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/13/2023
Your Name:	Bonnie Wong
Manuscript Title:	Learning Slopes in Early-Onset Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-22-01180R1

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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.

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH	None	
3	Royalties or licenses		None	

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

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:		3/4/2023			
Your Name:		Brad Dickerson			
Manuscript Title:		Learning Slopes in Early Onset Alzheimer's Disease			
Mai	nuscript Number (if l	nown):			
In the interest of transpa content of your manuscri affected by the content of indicate a bias. If you are The author's relationship epidemiology of hyperter that medication is not me		ency, we ask you to disclose all relationships/activities/interests listed below that are related to the t. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. Cactivities/interests should be defined broadly. For example, if your manuscript pertains to the ion, you should declare all relationships with manufacturers of antihypertensive medication, even if intioned in the manuscript. I support for the work reported in this manuscript without time limit. For all other items, the time past 36 months.			
		Name all entities with whom you have this specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution)			
		Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH Alzheimer Association Click the tab key to add additional rows.			
		Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	Cambridge University Press Oxford University Press Elsevier			

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4	Consulting fees	□ None Acadia, Alector, Arkuda, Biogen, Denali, Eisai, Genentech, Lilly, Merck, Takeda, Wave Lifesciences	Consulting fees paid to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Merck Lilly	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chair, AFTD Med/Sci Council	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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Date:	2/17/2023
Your Name:	Ranjan Duara
Manuscript Title:	Learning Slopes in Early-Onset Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-22-01180R1 - [EMID:f47115576a41df68]

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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.

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	Click the tab key to add additional rows.
		. 1	Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

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

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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Date:		2/14/2023		
You	r Name:	Neill R Graff-Radford		
Manuscript Title:		Learning Slopes in Early Onset Alzheimer's Disease		
Mar	nuscript Number (if I	nown):		
In the interest of transpare content of your manuscrip affected by the content of indicate a bias. If you are i The author's relationships, epidemiology of hypertens that medication is not mer		upport for the work reported in this manuscript without time limit. For all other items, the time		
		Name all entities with whom you have this specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution)		
		Time frame: Since the initial planning of the work		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	NIH Click the tab key to add additional rows.		
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Eli Lilly Multicenter treatment study Biogen Multicenter treatment study AbbVie Multicenter treatment study		
3	Royalties or licenses	None		

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Alzheimer Association	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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