3/10/2023

Date:

Your Name:		Dustin B Hammers	Dustin B Hammers		
Manuscript Title:		Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Stud (LEADS) Cohort Near the Midpoint of Data Collection	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mar	nuscript Number (if	own):			
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.		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 paymen made to you or to your institution)	ts were		
		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).	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 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:	3/10/2023
Your Name:	Alireza Atri
Manuscript Title:	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection
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 we 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  None	Click the tab key to add additional rows.		
		Time frame: past 36 months			
2	Grants or contracts from any entity (if not	None	Site PI for biopharma-sponsored clinical trials		
	indicated in item	Alzheon, Athira	at institution		
	#1 above).	Biohaven (with ADCS), Eisai (with ATRI/ACTC), Lilly (with ATR/ACTC), Vivoryon (with ADCS)	Site PI for biopharma-AD consortium collaborative sponsored clinical trials at institution		
		ACTC, ADCS,	Site PI for clinical trials sponsored or co-		
		AZ Alzheimer's Research Consortium, ATRI, GAP	sponsored or grants from Research Consortia or Institutes		
		USC, Indiana Univ, Johns Hopkins	Site PI for collaborative clinical trials sponsored or co-sponsored by Universities		
		Washington University St. Louis	Project Arm Leader for international clinical trial		

		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)
		Gates Ventures	Grant from Foundation
		AZ DHS, NIA/NIH	Grants from state or federal agency
		Foundation for NIH (FNIH)	PI for Single Site Biomarker (SV2A-PET) study 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 bureaus, manuscript writing or educational	Acadia, Biogen, Eisai, Lundbeck	Past/completed; No speakers bureaus; No payments for manuscript writing
	events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Alzheimer's Association (US), Alzheimer's Disease International (ADI), American Academy of Neurology (AAN)	Only for consulting mtgs, scientific/medical presentations or 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:		_	3/10/2023		
Your Name:			Liana Apostolova		
Manuscript Title:			Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mar	nuscript Number (if l	known):			
content of your manuscript. "R affected by the content of the r indicate a bias. If you are in do  The author's relationships/active epidemiology of hypertension, that medication is not mention."		ript. "Relat of the man re in doubt a ps/activities ension, you nentioned in	ort for the work reported in this manuscript without time limit. For all other items, the time		
			entities with whom you have this sip 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.	⊠  Nor	ne	Click the tab key to add additional rows.	
			Time frame: past 36 month	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).		er Association armaceutcals	Life Molecular Imaging  Roche Diagnostics  Eli Lilly	
3	Royalties or licenses	No.	ne		

		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	None  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	
<b>Plea</b>	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/10/2022
Your Name:	Maria C. Carrillo, PhD
Manuscript Title:	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS)
Manuscript Number (if known):	Cohort Near the Midpoint of Data Collection

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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: past 36 month	
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	
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:	3/10/2023
Your Name:	Raymond Scott Turner
Manuscript Title:	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection
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  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  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	Image: square of the property o	
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.		

Date:	3/10/2023
Your Name:	Mario F. Mendez
Manuscript Title:	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection
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  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 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	Image: square of the property o	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Image: square of the square o	
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:	3/10/2023		
Your Name:	Tatiana Foroud		
Manuscript Title:	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
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	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 funding	Indiana University School of Medicine  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 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	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	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date	<b>2</b> :		3/15/2023			
You	r Name:		Percy Griffin			
Manuscript Title:				Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mar	nuscript Number (if I	known):		_		
cont affe indi	tent of your manuscr cted by the content cate a bias. If you ar	ript. "Re of the m e in dou	we ask you to disclose all relationships/activitie elated" means any relation with for-profit or no nanuscript. Disclosure represents a commitmen but about whether to list a relationship/activity, sities/interests should be defined broadly. For e	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so.		
epid	lemiology of hyperte	ension, y		acturers of antihypertensive medication, even if		
	em #1 below, report ne for disclosure is th		port for the work reported in this manuscript w 36 months.	ithout time limit. For all other items, the time		
			all entities with whom you have this nship 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		
	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	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	Full-time employee of the Alzheimer's Association			
Plea	se place an "X" nex	t to the following statement to indicate your agreeme	nt:		
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date	e:	_	3/10/2023		
You	r Name:	_	Lawrence S. Honig		
Mar	nuscript Title:	_	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mar	nuscript Number (if k	known):			
contaffe indicate The epic that	tent of your manuscr cted by the content of cate a bias. If you are author's relationship demiology of hyperte a medication is not m	ript. "Relate of the man e in doubt os/activitie ension, you entioned in all suppor	ed" means any relation with for-profit or no uscript. Disclosure represents a commitme about whether to list a relationship/activity s/interests should be defined broadly. For should declare all relationships with manual in the manuscript.	es/interests listed below that are related to the ot-for-profit third parties whose interests may be nt to transparency and does not necessarily vinterest, it is preferable that you do so.  example, if your manuscript pertains to the facturers of antihypertensive medication, even if vithout time limit. For all other items, the time	
			entities with whom you have this nip 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] [Alzheim	ne ner Association]	To institution To institution Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH]		To institution 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	NIH] [Alzheim  No Alector,	Time frame: past 36 monthine  Biogen, Cognition, Eisai, Genentech]  /Johnson&Johnson, Roche, Transposon, ]	To institution To institution Click the tab key to add additional rows.	

		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	e:		3/10/2023	
You	r Name:		Laurel Beckett	
Mar	nuscript Title:		Profiling Baseline Performance on the Long (LEADS) Cohort Near the Midpoint of Data	itudinal Early-Onset Alzheimer's Disease Study Collection
Mar	nuscript Number (if I	(nown):		
cont affe indi	tent of your manuscr cted by the content cate a bias. If you ar author's relationship	ript. "Rela of the man e in doubt os/activition	ited" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For e	/interest, it is preferable that you do so. example, if your manuscript pertains to the
-	emiology of hyperte medication is not m	-	· · · · · · · · · · · · · · · · · · ·	acturers of antihypertensive medication, even if
	em #1 below, report ne for disclosure is th		·	rithout time limit. For all other items, the time
			l 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	NIH	ner Association	Click the tab key to add additional rows.
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH Alzhein	ner Association	

			pecifications/Comments (e.g., if payments were nade 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 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	DSMB: NIH (UCSF, UC Davis) Advisory boards: NIH AD centers/ other grants: UCSF, U Pittsburgh, Washington University/ LEADS, Autism Biomarker Study	
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	e:		3/10/2023	
You	r Name:		Sujuan Gao	
Mar	nuscript Title:		Profiling Baseline Performance on the Long (LEADS) Cohort Near the Midpoint of Data	itudinal Early-Onset Alzheimer's Disease Study Collection
Mar	nuscript Number (if k	known):		
contaffe indicate The epic	tent of your manuscr cted by the content of cate a bias. If you are author's relationship demiology of hyperte	ript. "Rel of the ma e in douk os/activit ension, yo	ated" means any relation with for-profit or no anuscript. Disclosure represents a commitme of about whether to list a relationship/activity ies/interests should be defined broadly. For each of the should declare all relationships with manuf	/interest, it is preferable that you do so.
	medication is not m		·	
	em #1 below, report ne for disclosure is th		·	rithout time limit. For all other items, the time
			ll 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
			Time traine. 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	lone	To my institution  Click the tab key to add additional rows.
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			To my 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	NIH	lone	To my institution  Click the tab key to add additional rows.

		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	Johns Hopkins University University of Kentucky Vanderbelt University	No payment To myself No payment
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:			3/10/2023		
Your Name:			Prashanthi Vemuri		
Manuscript Title:			Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mar	uscript Number (if k	(nown)	:		
cont affect indice The epid	tent of your manuscricted by the content of cate a bias. If you are author's relationship	ipt. "R of the n e in dou os/activ nsion, y	nanuscript. Disclosure represents a commitmental bit about whether to list a relationship/activity ities/interests should be defined broadly. For expose should declare all relationships with manuf	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so.	
	em #1 below, report ne for disclosure is th		port for the work reported in this manuscript w 36 months.	ithout time limit. For all other items, the time	
			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.	NIH	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  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	Image: square of the property o	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Image: square of the square o	
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.			

<b>3/10/2023</b>	
Your Name:	Paul Aisen
Manuscript Title:	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection
Manuscript Number (if known):	Click or tap here to enter text.
content of your manuscript. "Rela affected by the content of the man	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 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 suppo frame for disclosure is the past 36	rt for the work reported in this manuscript without time limit. For all other items, the time 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  $\boxtimes$ None present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Grants or None contracts from any entity (if not NIH Alzheimer's Association indicated in item Lilly Eisai #1 above). Royalties or  $\boxtimes$ None licenses

			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.	ayments 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	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:		

Date:	3/10/2023
Your Name:	Sharon J. Sha
Manuscript Title:	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection
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 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	Biogen Eisai Eli Lilly Genentech Novartis Jannssen UCB Pharma	Paid to institution as Site PI for clinical trial Paid to institution as Site PI for clinical trial Paid to institution as Site PI for clinical trial Paid to institution as Site PI for clinical trial Paid to institution as Site PI for clinical trial Paid to institution as Site PI for clinical trial Paid to institution as Site PI for clinical trial Paid to institution as Site PI for clinical trial

		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	UptoDate (royalties for review article)	
4	Consulting fees	□ None	
		Biogen  Guidepoint Global	To me for member of Scientific Oversight committee  To me
		ExpertConnect	To me
5	Payment or honoraria for	[□] None	
	lectures,	Forefront collaborative	To me for CME presentation
	presentations,	ReachMD	To me for CME presentation
	speakers	Tredomini	To the for exit presentation
	bureaus,		
	manuscript		
	writing or		
	educational		
	events		
6	Payment for	None	
	expert testimony		
7	Support for	[⊠] None	
	attending meetings and/or		
	travel		
8	Patents planned, issued or	None	
	pending		
	. 0		
9	Participation on	⊠  None	
	a Data Safety Monitoring		
	Board or		
	Advisory Board		
4.0	Landar III	N-v-	
10	Leadership or fiduciary role in		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	other board, society, committee or advocacy group, paid or unpaid		
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	
r 1		t to the following statement to indicate your agreeme	
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:		_	3/10/2023		
Your Name:		_	Ranjan Duara		
Manuscript Title:		-	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mar	uscript Number (if k	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.		ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so.			
	em #1 below, report ne 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	
	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	ne	Click the tab key to add additional rows.	
	<u>'</u>		Time frame: past 36 month	ıs	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] <b>No</b>	one		
3	Royalties or	⊠ 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 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:	3/10/2023
Your Name:	Ani Eloyan
Manuscript Title:	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection
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.

		Niema III austria aust	Consideration (Comments to a life and
		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.	Alzheimer's Association AARG- 22-926940, NIH R56 AG057195, NIH U01AG6057195, NIH U24AG021886, Alzheimer's Association LEADS GENETICS-19-639372, NIH U01 AG016976, NIH P30 AG010133, NIH P50 AG008702, NIH P50 AG025688, NIH P50 AG005146, NIH P30 AG062421, NIH P30 AG062422, NIH P50 AG023501, NIH P30 AG010124, NIH P30AG066506, NIH P30 AG013854, NIH P50 AG005681, and NIH P50AG047366	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	is .
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
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	

			ons/Comments (e.g., if payments were ou 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	
Plea	Please place an "X" next to the following statement to indicate your agreement:		
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/10/2023
Your Name:	Gregory S Day
Manuscript Title:	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection
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	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  The factor of the second	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	

		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	□ None	
	lectures, presentations,	PeerView Media Continuing Education, Inc	CME development + presentation (personal)  CME development + presentation (personal)
	speakers bureaus,	Eli Lilly	Content development + presentation (payment to institution)
	manuscript writing or	DynaMed	Topic editor (personal)
	educational events		
6	Payment for expert testimony	□ None	
		Barrow Law	Personal, medical expert testimony
7	Support for attending	⊠  None	
	meetings and/or travel		
8	Patents planned, issued or	[⊠] None	
	pending		
9	Participation on a Data Safety	⊠  None	
	Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in	□ None	
	other board, society,	Clinical Director, Anti-NMDA Receptor Encephalitis Foundation	Unpaid
	committee or advocacy group,		
	paid or unpaid	L	

		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.		

3 12/13/2021 ICMJE Disclosure Form

Date:			3/10/2023	
Your Name:			Kala Kirby	
Manuscript Title:			Profiling Baseline Performance on the Long (LEADS) Cohort Near the Midpoint of Data (	itudinal Early-Onset Alzheimer's Disease Study Collection
Mar	nuscript Number (if k	known):		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit		ript. "Rela of the man e in doubt os/activition, you	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 manuf	/interest, it is preferable that you do so.
	em #1 below, report ne 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
	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.		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).	⊠ Ne	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 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:	3/10/2023
Your Name:	LEADS Consortium
Manuscript Title:	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection
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.

		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.		

ICMJE DISCLOSURE FORM					
Date:	Date: 3/10/2023				
Your Name:	Kelly Nudelman				
Manuscript Title:	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection				
Manuscript Number (if l	known): Click or tap here to enter text.				
content of your manuscr affected by the content indicate a bias. If you ar The author's relationship epidemiology of hyperte that medication is not m In item #1 below, report	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.  In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution)				

			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.	NIH	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:	3/10/2023
Your Name:	Gil Rabinovici
Manuscript Title:	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection
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	[□] None	
	manuscript (e.g.,	NIH/NIA P30-AG062422	Institution
	funding, provision	NIH/NIA R35 AG072362	Institution
	of study materials,		Click the tab key to add additional rows.
	medical writing,		
	article processing		
	charges, etc.)  No time limit for		
	this item.		
	this item.		
		Time frame: past 36 month	S
2	Grants or contracts from	□ None	
	any entity (if not	Avid Radiopharmaceuticals	Institution
	indicated in item	Genentech	Institution
	#1 above).	GE Healthcare	Institution
		Life Molecular Imaging	Institution
		Alzheimer's Association ZEN-21-848216	Institution
		Rainwater Charitable Foundation	Institution
		American College of Radiology	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     Non	
4	Consulting fees	[□] None	
		Alector Eli Lilly Merck Genentech GE Healthcare Roche	Payment to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Clearview Miller Medical	Payment to me Payment 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	Johnson & Johnson	

		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)
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	
Plea [ X ]	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:		3/10/2023			
Your Name:			Meghan Riddle		
Manuscript Title:			Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mar	uscript Number (if k	(nown):			
In the interest of transparency, we content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in double the author's relationships/activit epidemiology of hypertension, you that medication is not mentioned."		ript. "Re of the me in dou os/activension, y entione	ort for the work reported in this manuscript without time limit. For all other items, the time		
Tran	ne for disclosure is th	ie past s	36 months.		
			all entities with whom you have this nship 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.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		None  Time frame: past 36 month		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for				

		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:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	3/10/2023
Your Name:	Emily Rogalski
Manuscript Title:	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection
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 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.		Funding to the institution  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	
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	[⊠]   None	
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	
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:	3/10/2022
Your Name:	Thomas S. Wingo
Manuscript Title:	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection
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 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	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 NIH NIA R01 AG072120 NIH NIA R44AG050366 NIH NIA R01 AG056533	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
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:	3/10/2023
Your Name:	David A. Wolk
Manuscript Title:	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection
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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)		
		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.		Payments made to institution  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).		Multiple Grants – Paid to institution Site PI - Paid 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	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	None 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:	3/10/2023
Your Name:	Jeffrey L. Dage
Manuscript Title:	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection
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.

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.

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)
		Time frame: Since the initial planning	of the work
1	All support for the present	□ None	
	manuscript (e.g.,	Alzheimer's Association	Institution
	funding, provision	Indiana University School of Medicine	Institution
	of study materials, medical writing,	NIA- U01AG057195	Institution
	article processing charges, etc.) No time limit for this item.		
		Time frame: past 36 month	S
2	Grants or contracts from	□ None	
	any entity (if not	NIA- P30AG072976	Institution
	indicated in item	Roche Diagnostics- RD005665	Institution
	#1 above).	NIA - U24AG021886	Institution
		NIA- U54AG054345	Institution
		NIA- U54AG065181	Institution

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments made to you or to your institution)	
3	Royalties or licenses	None None	
4	Consulting fees	Genotix Biotechnologies Inc Gates Ventures Karuna Therapeutics AlzPath Inc Cognito AbbVie Eisai	Self Self Self Self Self Self Self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Eli Lilly and Company	Self
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None  None	
8	Patents planned, issued or pending	Patents filed relating to assays, methods, reagents and/or compositions of matter for AD blood-biomarkers.	Assigned to Eli Lilly and Company
9	Participation on a Data Safety Monitoring Board or Advisory 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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	ADC Biomarker Steering Committee	
11	Stock or stock options	Eli Lilly and Company minor shareholder	Self
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Roche Diagnostics ADx Neurosciences Eli Lilly and Company	Institution Institution Institution
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.		

3/10/2023

Date:

Your Name:		<u>_</u> [E	Brad Dickerson     Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection	
Mar	nuscript Number (if l	known):		
confluence affer indicate affer indicate affer that the confluence affer	tent of your manusco cted by the content cate a bias. If you ar author's relationship demiology of hyperter medication is not m	ript. "Relate of the manu re in doubt a ps/activities, ension, you s nentioned in	ed" means any relation with for-profit of script. Disclosure represents a commit bout whether to list a relationship/active/interests should be defined broadly. For should declare all relationships with mathe manuscript.	ities/interests listed below that are related to the not-for-profit third parties whose interests may be nent to transparency and does not necessarily ity/interest, it is preferable that you do so.  or example, if your manuscript pertains to the sufacturers of antihypertensive medication, even if
			ntities with whom you have this p or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Time frame: Since the initial plann	ng 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 Alzheime	r Association	Click the tab key to add additional rows.
			Time frame: past 36 mo	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠  Non	e	
3	Royalties or licenses		ge University Press niversity Press	

		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  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	□     □	
7	Support for attending meetings and/or travel	None	
88	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	
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:		3/10/2023		
Your Name:		Neill R Graff-Radford		
Manuscript Title:			Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection	
Mai	Manuscript Number (if known):			
con affe indi	tent of your manuscr cted by the content o cate a bias. If you are	rency, we ask you to disclose all relationships/activities ipt. "Related" means any relation with for-profit or not of the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activity, as/activities/interests should be defined broadly. For each	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so.	
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.		ithout 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	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).	Eli Lilly Biogen AbbVie	Multicenter treatment study  Multicenter treatment study  Multicenter treatment study	

		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   Alzheimer Association
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None    Solution   Sol
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)		
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:		-	3/10/2023		
Your Name:		<u>-</u>	Lea Tenenholz Grinberg		
Manuscript Title:		<u>-</u>	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mar	nuscript Number (if k	known):			
content of your manuscript. "Rela affected by the content of the ma		ipt. "Rela of the mar e in doubt	ted" means any relation with for-profit or no suscript. Disclosure represents a commitme about whether to list a relationship/activity	/interest, it is preferable that you do so.	
epic		nsion, you		acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			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	
				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 additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	1 1		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	NIH NIC	Time frame: past 36 month	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	
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	Alzheimer Association Tau Consortium BrightFocus Foundation	
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	Global Brain Health Institute	

		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:			3/10/2023		
Your Name:			Robert A. Koeppe		
Manuscript Title:			Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mar	nuscript Number (if kı	nown):			
content of your manuscript. "Rel affected by the content of the ma		pt. "Rela of the man e in doubt	e ask you to disclose all relationships/activities ated" means any relation with for-profit or not nuscript. Disclosure represents a commitment t about whether to list a relationship/activity/i	-for-profit third parties whose interests may be to transparency and does not necessarily nterest, it is preferable that you do so.	
epic		nsion, you	u should declare all relationships with manufac	cturers of antihypertensive medication, even if	
	em #1 below, report and for disclosure is the		rt for the work reported in this manuscript wit months.	hout time limit. For all other items, the time	
			ll 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	⊠  N	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).	N N	lone		
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	
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.					

3/10/2023

Date:

Your Name:  Manuscript Title:			Clifford R Jack Jr  Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
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.			ated" means any relation with for-profit on nuscript. Disclosure represents a commit tabout whether to list a relationship/actives/interests should be defined broadly. For a should declare all relationships with main the manuscript.	ities/interests listed below that are related to the not-for-profit third parties whose interests may be nent to transparency and does not necessarily ity/interest, it is preferable that you do so.  or example, if your manuscript pertains to the nufacturers of antihypertensive medication, even if	
			l entities with whom you have this ship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial plann	ng 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	Time frame: past 36 mo	Click the tab key to add additional rows.	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
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 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	Research funding from NIH and the Alexander Family Alzheimer's disease professorship at Mayo Clinic		
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.			

3/10/2023

Date:

Your Name:			David Jones		
Manuscript Title:			Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mar	nuscript Number (if l	known):			
content of your manuscript. "Rela affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activities			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 manufactivity	/interest, it is preferable that you do so.	
	medication is not m		·		
	em #1 below, report ne for disclosure is th			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	
	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	ner 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).	[⊠] No	one		
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 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
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:			3/10/2023		
Your Name:			Joel Kramer		
Manuscript Title:			Profiling Baseline Performance on the Long (LEADS) Cohort Near the Midpoint of Data (	itudinal Early-Onset Alzheimer's Disease Study Collection	
Mai	nuscript Number (if k	(nown)	:		
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 epidemiology of hypertension, yo that medication is not mentioned		ript. "R of the n e in dou os/activ ension, entione all sup	rt for the work reported in this manuscript without time limit. For all other items, the time		
	ine for disclosure is th	ic past	oo months.		
			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	
			Time trainer since the mittal 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	None  Time frame: past 36 month	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	NIH	None	Click the tab key to add additional rows.	

		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	
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:			3/10/2023		
Your Name:			Walter A. Kukull		
Manuscript Title:			Profiling Baseline Performance on the Longi (LEADS) Cohort Near the Midpoint of Data (	itudinal Early-Onset Alzheimer's Disease Study Collection	
Mai	nuscript Number (if k	(nown):			
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit			eted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa	/interest, it is preferable that you do so.	
that	medication is not me	entioned	in the manuscript.		
	em #1 below, report ne for disclosure is th			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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		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).	1 1	one NIA grants		
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 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	
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:		3/10/2023			
Your Name:		Maryanne Thangarajah	Maryanne Thangarajah		
Manuscript Title:			Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mai	nuscript Number (if k	nown):			
content of your manuscript. "Rel affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activit		irency, we ask you to disclose all relationships/activitie ipt. "Related" means any relation with for-profit or no of the manuscript. Disclosure represents a commitmer in doubt about whether to list a relationship/activity, os/activities/interests should be defined broadly. For ension, you should declare all relationships with manufacentioned in the manuscript.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.		
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript wile past 36 months.	ithout 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	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	None	Click the tab key to add additional rows.		
	this item.				
		Time frame: past 36 months	s		
2		Time frame: past 36 months  None	s		

		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	ECOG-ACRIN	
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 wo	rding of any of the questions on this form.

Date:	3/10/2023
Your Name:	Joseph C. Masdeu, MD, PhD
Manuscript Title:	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection
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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)			
	Time frame: Since the initial planning of the work					
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		Funding through R56 AG057195  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:		-	3/28/2023		
Your Name:		_	Melissa E. Murray		
Manuscript Title:		-	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mar	nuscript Number (if l	known):			
content of your manuscript. "I affected by the content of the indicate a bias. If you are in do The author's relationships/acti epidemiology of hypertension, that medication is not mention		ript. "Relar of the man e in doubt os/activitie ension, you entioned i	port for the work reported in this manuscript without 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	L 1	one cional Institute of Aging	U01 AG057195 (MPI of Neuropath Core)	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] No	one		
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 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:		3/10/2023	3/10/2023		
You	r Name:	Erik S. Musiek	Erik S. Musiek		
Manuscript Title:		_	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mar	nuscript Number (if I	known):			
content of your manuscript. "Rela affected by the content of the ma		arency, we ask you to disclose all relationships/activit ript. "Related" means any relation with for-profit or of the manuscript. Disclosure represents a commitm re in doubt about whether to list a relationship/activit	not-for-profit third parties whose interests may be ent to transparency and does not necessarily		
epid	lemiology of hyperte	ps/activities/interests should be defined broadly. For ension, you should declare all relationships with manu- nentioned in the manuscript.			
	em #1 below, report ne for disclosure is th	all support for the work reported in this manuscript ne past 36 months.	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 plannin	g 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.	The LEADS grant	Click the tab key to add additional rows.		
		Time frame: past 36 mon	hs		
2	Grants or contracts from any entity (if not indicated in item #1 above).	The parent LEADS grant Sponsored Research Agreement with Eisai Pharmaceuticals  Grants from NIH	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.		
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:	3/10/2023
Your Name:	Chiadi U. Onyike
Manuscript Title:	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection
Manuscript Number (if known):	Click or tap here to enter text.
In the interest of transparency w	e ask you to disclose all relationships/activities/interests listed below that are related to the

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	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	NIH Alzheimer's Association Robert and Nancy Hall Brain Research Fund  Time frame: past 36 months  None  Alector, Inc. Transposon Therapeutics	Click the tab key to add additional rows.  S  Clinical trial funding paid to institution Clinical trial funding paid to institution
3	#1 above).  Royalties or licenses	None	Desire of the second of the se

		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	
<b>Plea</b>	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

3/12/2023

Date:

Your Name:			Angelina J Polsinelli	
Mar	nuscript Title:		Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection	
Mar	nuscript Number (if l	known):		
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		ript. "Rela of the man re in doubt ps/activition ension, you nentioned	ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For ou u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.
			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
	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	ner 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).		one	
3	Royalties or licenses	⊠ Ne	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 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 [⊠]	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:			3/10/2023		
Your Name:			Malia Rumbaugh		
Manuscript Title:			Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mar	uscript Number (if k	known):			
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 epidemiology of hypertension, yo that medication is not mentioned		ript. "Rela of the man e in doubt os/activition ension, 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.		
	ne for disclosure is th		· · · · · · · · · · · · · · · · · · ·	ntilout time lillit. 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	
	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.	1 1	one Nzheimer's Association	Payments to institution  Click the tab key to add additional rows.	
			Time frame: past 36 month	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
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 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 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)

		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.			

	ICIVIJE DISCLOSONE FORIVI			
Date:	3/10/2023			
Your Name:	Stephen Salloway, MD			
Manuscript Title:	Manuscript Title: Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Studies (LEADS) Cohort Near the Midpoint of Data Collection			
Manuscript Number (if know	(Click or tap here to enter text.			
content of your manuscript. affected by the content of the indicate a bias. If you are in of the author's relationships/ac epidemiology of hypertension that medication is not mention.  In item #1 below, report all set	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.			
Now	no all autitics with whom you have this	Specifications/Comments to a life normants were		

		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.	Dian TU study	Project Arm Leader  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).	Lilly, Biogen, Genentech, Avid, Roche, Eisai and Novartis	Research support for conduct of clinical trials
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	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	
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		
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:		3/10/2023	3/10/2023		
Your Name:		Alexander Taurone	Alexander Taurone		
Manuscript Title:		Profiling Baseline Performance on the Long (LEADS) Cohort Near the Midpoint of Data	gitudinal Early-Onset Alzheimer's Disease Study Collection		
Mar	nuscript Number (if k	nown):			
cont affe indi	tent of your manuscr cted by the content o cate a bias. If you are	irency, we ask you to disclose all relationships/activition ipt. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitmed in doubt about whether to list a relationship/activity as/activities/interests should be defined broadly. For	ot-for-profit third parties whose interests may be ent to transparency and does not necessarily interest, it is preferable that you do so.		
epic	lemiology of hyperte	nsion, you should declare all relationships with manufertioned 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.	vithout 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	ns		
2	Grants or contracts from any entity (if not indicated in item #1 above).	ECOG –ACRIN			
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	Image: square of the property o		
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.			

3/10/2023

Date:

Your Name:			Arthur Toga		
Manuscript Title:			Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mar	nuscript Number (if l	known):			
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 man re in doubt ps/activition ension, you nentioned	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 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 ne for disclosure is th			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	
	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	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).	None	one		
3	Royalties or licenses	None None	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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	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)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreement to answered every question and have not altered the wo	

Date	e:		4/24/2023		
You	r Name:		Kyle B Womack  Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mar	nuscript Title:				
Mar	nuscript Number (if k	known):			
cont affe indi	tent of your manuscr cted by the content o cate a bias. If you are	ript. "Rela of the mar e in doubt	ted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity	/interest, it is preferable that you do so.	
epid		nsion, you		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	
			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.	NIH	ner 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).		Pharmaceuticals		
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 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	

4/22/2023

Date:

You	r Name:		Leonardo laccarino		
Mar	nuscript Title:		Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mar	nuscript Number (if	known):			
confaffe indi	tent of your manusce cted by the content cate a bias. If you ar author's relationship demiology of hyperte medication is not m	ript. "Rela of the man re in doubt ps/activition rension, you nentioned	nted" means any relation with for-profit or inuscript. Disclosure represents a commitment about whether to list a relationship/activities/interests should be defined broadly. For u should declare all relationships with many in the manuscript.	ies/interests listed below that are related to the 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 without 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 plannin	g 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.		one	Click the tab key to add additional rows.	
			Time frame: past 36 mon	hs	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
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 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	Eli Lilly and Company	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	I am currently a full-time employee of Eli Lilly and Company / Avid Radiopharmaceuticals and a minor shareholder of Eli Lilly and Company. My contribution to the work presented in this manuscript was performed while I was affiliated with the University of California San Francisco.	
<b>Plea</b>	·	t to the following statement to indicate your agreeme	

Dat	e:	4/21/2023			
You	r Name:	Renaud La Joie	Renaud La Joie		
Ma	nuscript Title:	· –	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Ma	nuscript Number (if l	known):			
con affe indi The epic that	tent of your manuscreted by the content of cate a bias. If you are author's relationship demiology of hyperted medication is not make the medication is not	arency, we ask you to disclose all relationships/activ ript. "Related" means any relation with for-profit or of the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activ ps/activities/interests should be defined broadly. For ension, you should declare all relationships with mannentioned in the manuscript.	not-for-profit third parties whose interests may be sent to transparency and does not necessarily ty/interest, it is preferable that you do so.  The example, if your manuscript pertains to the ufacturers of antihypertensive medication, even if		
frar	ne for disclosure is th	ne past 36 months.			
		Name all entities with whom you have this relationship or indicate none (add rows as needed	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planni	g of the work		
4					
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 US department of defense	Payment to institution Payment to institution Payment to institution		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH Alzheimer Association	Payment to institution Payment to institution		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH Alzheimer Association US department of defense	Payment to institution Payment to 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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	University of Pennsylvania	direct payment to me
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	Image: square of the property o	
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	e:		4/21/2023		
You	r Name:		Nidhi Mundada  Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mai	nuscript Title:	L.			
Maı	nuscript Number (if I	known):			
con affe indi The epic that	tent of your manusci cted by the content cate a bias. If you ar author's relationship demiology of hyperte medication is not m	ript. "Relate of the manu e in doubt a os/activities ension, you entioned in	ed" means any relation with for-profit or no iscript. Disclosure represents a commitme about whether to list a relationship/activity /interests should be defined broadly. For should declare all relationships with manufathe manuscript.	es/interests listed below that are related to the 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 facturers of antihypertensive medication, even if // without time limit. For all other items, the time	
			entities with whom you have this ip 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 Alzheime	r Association	Payment to institution Payment to institution Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH		Payment 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	NIH	r Association  Time frame: past 36 month	Payment to institution  Click the tab key to add additional rows.	

			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:		4/21/2	023		
Your Name:		David	N. Soleimani-Meigoon	i	
Manuscript Title:		· ·	Profiling Baseline Performance on the Longitudinal Early-Onset Alzheimer's Disease Study (LEADS) Cohort Near the Midpoint of Data Collection		
Mar	nuscript Number (if I	known):			
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned.		ipt. "Related" me of the manuscript. e in doubt about v os/activities/intere nsion, you should entioned in the m all support for the	eans any relation with for Disclosure represents a whether to list a relation ests should be defined by declare all relationships anuscript.	r-profit or no a commitmer ship/activity, roadly. For e with manufa	es/interests listed below that are related to the 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 ithout time limit. For all other items, the time
			s with whom you have t ndicate none (add rows		Specifications/Comments (e.g., if payments were made to you or to your institution)
		Т	ime frame: Since the init	tial planning	of the work
	All support for the present	⊠ None			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.				Click the tab key to add additional rows.
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: pa	sst 36 month	
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	None NIH/NIA Alzheimer's Ass		ist 36 month	

		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 Family Caregiver Alliance	Edited patient/family-facing material on frontotemporal dementia. Payment was made to me.
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Alzheimer's Association	Coverage of meeting registration. No payment to me or institution.
8	Patents planned, issued or pending	□     □	
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:			4/24/2023		
Your Name:			Alexandra Touroutoglou		
Manuscript Title:			Profiling Baseline Performance on the Long (LEADS) Cohort Near the Midpoint of Data	itudinal Early-Onset Alzheimer's Disease Study Collection	
Mar	uscript Number (if k	(nown)	:		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit		ript. "R of the r e in do os/activ nsion,	elated" means any relation with for-profit or no nanuscript. Disclosure represents a commitme ubt about whether to list a relationship/activity ities/interests should be defined broadly. For e you should declare all relationships with manuf	/interest, it is preferable that you do so.	
	em #1 below, report ne for disclosure is th		port for the work reported in this manuscript w 36 months.	rithout time limit. For all other items, the time	
			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	
	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	None	Click the tab key to add additional rows.	
			Time frame: past 36 month	is .	
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	NIH NIH
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    Output   Outp

		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:			4/24/2023		
Your Name:			Alexandra Touroutoglou		
Manuscript Title:			Profiling Baseline Performance on the Long (LEADS) Cohort Near the Midpoint of Data	itudinal Early-Onset Alzheimer's Disease Study Collection	
Mar	uscript Number (if k	(nown)	:		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit		ript. "R of the r e in do os/activ nsion,	elated" means any relation with for-profit or no nanuscript. Disclosure represents a commitme ubt about whether to list a relationship/activity ities/interests should be defined broadly. For e you should declare all relationships with manuf	/interest, it is preferable that you do so.	
	em #1 below, report ne for disclosure is th		port for the work reported in this manuscript w 36 months.	rithout time limit. For all other items, the time	
			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	
	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	None	Click the tab key to add additional rows.	
			Time frame: past 36 month	is .	
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	NIH NIH
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    Output   Outp

		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.			