

ICMJE DISCLOSURE FORM

Date: 7/7/2023

Your Name: Albert Puig Pijoan

Manuscript Title: Risk of cognitive decline progression is associated to increased blood-brain barrier permeability: a longitudinal study in a memory unit clinical cohort.

Manuscript Number (if known): ADJ-D-23-00555R1

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

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

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"><tr><td>Schwabe farma iberica.</td><td>Advisory board.</td></tr><tr><td></td><td></td></tr></table>	Schwabe farma iberica.	Advisory board.					
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 7/10/2023

Your Name: JOAN JIMENEZ BALADO

Manuscript Title: Risk of cognitive decline progression is associated to increased blood-brain barrier permeability: a longitudinal study in a memory unit clinical cohort.

Manuscript Number (if known): ADJ-D-23-00555R1

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**JIMENEZ
BALADO
JOAN -
46411787H**

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JIMENEZ BALADO
JOAN - 46411787H
Fecha: 2023.07.10
13:27:56 +02'00'

ICMJE DISCLOSURE FORM

Date: 7/10/2023

Your Name: AIDA FERNÁNDEZ LEBRERO

Manuscript Title: Risk of cognitive decline progression is associated to increased blood-brain barrier permeability: a longitudinal study in a memory unit clinical cohort.

Manuscript Number (if known): ADJ-D-23-00555R1

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Date: 7/7/2023

Your Name: Greta García Escobar

Manuscript Title: Risk of cognitive decline progression is associated to increased blood-brain barrier permeability: a longitudinal study in a memory unit clinical cohort.

Manuscript Number (if known): ADJ-D-23-00555R1

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Date: 7/10/2023

Your Name: IRENE NAVALPOTRO GOMEZ

Manuscript Title: Risk of cognitive decline progression is associated to increased blood-brain barrier permeability: a longitudinal study in a memory unit clinical cohort.

Manuscript Number (if known): ADJ-D-23-00555R1

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

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 7/10/2023

Your Name: Jose Contador

Manuscript Title: Risk of cognitive decline progression is associated to increased blood-brain barrier permeability: a longitudinal study in a memory unit clinical cohort.

Manuscript Number (if known): ADJ-D-23-00555R1

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

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ICMJE DISCLOSURE FORM

Date: 7/10/2023

Your Name: Rosa Maria Manero

Manuscript Title: Risk of cognitive decline progression is associated to increased blood-brain barrier permeability: a longitudinal study in a memory unit clinical cohort.

Manuscript Number (if known): ADJ-D-23-00555R1

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

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ICMJE DISCLOSURE FORM

Date: 7/12/2023

Your Name: VICTOR PUENTE

Manuscript Title: Risk of cognitive decline progression is associated to increased blood-brain barrier permeability: a longitudinal study in a memory unit clinical cohort.

Manuscript Number (if known): ADJ-D-23-00555R1

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ICMJE DISCLOSURE FORM

Date: 7/10/2023

Your Name: Antoni Suárez-Pérez

Manuscript Title: Risk of cognitive decline progression is associated to increased blood-brain barrier permeability: a longitudinal study in a memory unit clinical cohort.

Manuscript Number (if known): ADJ-D-23-00555R1

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Time frame: past 36 months								
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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: 7/10/2023

Your Name: Francisco J. Muñoz

Manuscript Title: Risk of cognitive decline progression is associated to increased blood-brain barrier permeability: a longitudinal study in a memory unit clinical cohort.

Manuscript Number (if known): ADJ-D-23-00555R1

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

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

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

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ICMJE DISCLOSURE FORM

Date: 7/10/2023

Your Name: Oriol Grau-Rivera

Manuscript Title: Risk of cognitive decline progression is associated to increased blood-brain barrier permeability: a longitudinal study in a memory unit clinical cohort.

Manuscript Number (if known): ADJ-D-23-00555R1

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Roche Diagnostics	Speaker's Fees
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None	

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	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 7/17/2023

Your Name: Marc Suárez-Calvet

Manuscript Title: Risk of cognitive decline progression is associated to increased blood-brain barrier permeability: a longitudinal study in a memory unit clinical cohort.

Manuscript Number (if known): ADJ-D-23-00555R1

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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4	Consulting fees	<input type="checkbox"/> None	
		Roche Diagnostics	Consultant
			Payment were made to the institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Roche Diagnostics, S.L.U., Roche Farma, S.A., Roche Sistemas de Diagnósticos, Sociedade Unipessoal, Lda	Given lectures in symposia
			Payment were made to me and to the institution
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Roche Diagnostics	Attended advisory boards
		Grifols, SL	Payment were made to the institution
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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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: 7/12/2023

Your Name: RAFAEL DE LA TORRE FORNELL

Manuscript Title: Risk of cognitive decline progression is associated to increased blood-brain barrier permeability: a longitudinal study in a memory unit clinical cohort.

Manuscript Number (if known): ADJ-D-23-00555R1

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ICMJE DISCLOSURE FORM

Date: 7/10/2023

Your Name: JAUME ROQUER

Manuscript Title: Risk of cognitive decline progression is associated to increased blood-brain barrier permeability: a longitudinal study in a memory unit clinical cohort.

Manuscript Number (if known): ADJ-D-23-00555R1

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

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

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