

ICMJE DISCLOSURE FORM

Date: 5/9/2023

Your Name: Chris Hardy

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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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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: 5/9/2023

Your Name: Cathleen Taylor-Rubin

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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Date: 5/9/2023

Your Name: Beatrice Taylor

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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Your Name: Emma Harding

Manuscript Title: Symptom-led staging for primary progressive aphasia

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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: 5/9/2023

Your Name: Aida Suarez Gonzalez

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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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ICMJE DISCLOSURE FORM

Date: 5/9/2023

Your Name: Jessica Jiang

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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: 5/9/2023

Your Name: Laura Thompson

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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ICMJE DISCLOSURE FORM

Date: 5/9/2023

Your Name: Rachel Kingma

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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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: 5/9/2023

Your Name: Anthipa Chokesuwattanaskul

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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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ICMJE DISCLOSURE FORM

Date: 5/9/2023

Your Name: Ffion Walker

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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: 5/9/2023

Your Name: Suzie Barker

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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ICMJE DISCLOSURE FORM

Date: 5/9/2023

Your Name: Emilie Brotherhood

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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

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: 5/9/2023

Your Name: Claire Waddington

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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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ICMJE DISCLOSURE FORM

Date: 5/9/2023

Your Name: Olivia Wood

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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: 5/9/2023

Your Name: Nikki Zimmermann

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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ICMJE DISCLOSURE FORM

Date: 5/9/2023

Your Name: Nuriye Kupeli

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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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: 5/9/2023

Your Name: Keir Yong

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Roche	KY reports personal fees from Roche outside the submitted work.

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ICMJE DISCLOSURE FORM

Date: 5/9/2023

Your Name: Paul Camic

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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ICMJE DISCLOSURE FORM

Date: 5/9/2023

Your Name: Josh Stott

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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ICMJE DISCLOSURE FORM

Date: 5/9/2023

Your Name: Charles Marshall

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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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: 5/9/2023

Your Name: Neil Oxtoby

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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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Time frame: Since the initial planning of the work									
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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Early Detection of Alzheimer’s Disease Subtypes (E-DADS)</td> <td style="width: 50%;">UKRI MRC (EU JPND) MR/T046422/1</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Early Detection of Alzheimer’s Disease Subtypes (E-DADS)	UKRI MRC (EU JPND) MR/T046422/1				
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 5/9/2023

Your Name: Jonathan Rohrer

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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	
		Denali	
		Astex	
		Takeda	
		UCB	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
		Novartis	
		Wave Life Sciences	
		Prevail	
		Alector	
		Aviado Bio	
		Arkuda Therapeutics	
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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ICMJE DISCLOSURE FORM

Date: 5/9/2023

Your Name: Anna Volkmer

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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ICMJE DISCLOSURE FORM

Date: 5/9/2023

Your Name: Sebastian Crutch

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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

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

ICMJE DISCLOSURE FORM

Date: 5/9/2023

Your Name: Jason Warren

Manuscript Title: Symptom-led staging for primary progressive aphasia

Manuscript Number (if known): ADJ-D-23-00370

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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Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Alzheimer's Society</td> <td style="width: 50%;">Project Grant AS-PG-19a-010 to UCL</td> </tr> <tr> <td>Royal National Institute for Deaf People</td> <td>Discovery Grant G105_WARREN to UCL</td> </tr> <tr> <td>NIHR UCLH Biomedical Research Centre</td> <td>Centre Grant to UCL</td> </tr> </table>	Alzheimer's Society	Project Grant AS-PG-19a-010 to UCL	Royal National Institute for Deaf People	Discovery Grant G105_WARREN to UCL	NIHR UCLH Biomedical Research Centre	Centre Grant to UCL
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; 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>						
3	Royalties or licenses	<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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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