Date:	7/16/2023	
Your Name:	Michael W. Weiner	
Manuscript Title:	The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022	
Manuscript Number (if known):	ADJ-D-23-00463	

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.

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
	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 □ U19-AG024904	Institution 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 □ 19-AG024904	Institution
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None Cerecin BioClinica Nestle Roche/Genentech	myself myself myself myself
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Buck Institute for research on aging China Association for Alzheimer′s disease	myself myself
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	University of Southern California NervGen CTAD Congress	myself Myself Myself
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	UCSF internal review board Roche advisory board	unpaid unpaid

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	Anven Myself Alzecai Myself Alzheon Myself	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None 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: 7/16/2023				
Your Name:	Dallas Veitch	Dallas Veitch		
Manuscript Title:	i contract of the contract of	The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022		
Manuscript Number (if kı	nown): ADJ-D- 23-00463			
content of your manuscri affected by the content o indicate a bias. If you are The author's relationships epidemiology of hyperter that medication is not me	rency, we ask you to disclose all relationships/activities, pt. "Related" means any relation with for-profit or note the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activity/ins/activities/interests should be defined broadly. For expansion, you should declare all relationships with manufactentioned in the manuscript. All support for the work reported in this manuscript with a past 36 months.	-for-profit third parties whose interests may be to transparency and does not necessarily nterest, it is preferable that you do so. ample, if your manuscript pertains to the cturers of antihypertensive medication, even if		
	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	Time frame: Since the initial planning o	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.		Institution Click the tab key to add additional rows.		
	Time frame: past 36 months	5		

licenses

Institution

Grants or

3

contracts from any entity (if not

indicated in item #1 above).

Royalties or

None

None

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U19-AG024904 to Dr. Weiner

		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.		

Date:	7/27/2023
Your Name:	Melanie J. Miller, PhD
The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021	
Manuscript Number (if known):	ADJ-D- 230-0463-

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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 Employed by Northern California Institute of Research and Education (NCIRE) to work on the ADNI study.	Salaried employee at NCIRE 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).	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	
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	e:		7/27/2023		
Your Name:			Paul S. Aisen		
Manuscript Title:			The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022		
Mar	nuscript Number (if kr	nown):	ADJ-D- 23-00463		
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.		t-for-profit third parties whose interests may be to transparency and does not necessarily nterest, it is preferable that you do so.			
	ne for disclosure is the				
			Il 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.	N N	lone	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).		lzheimer's Association, FNIH, Eisai, Lilly,		
3	Royalties or licenses	⊠ N	lone		

		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	Biogen, Merck, Roche, Shionogi, Rainbow Medical, Immunobrain Checkpoint, Vigil Neuroscience	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	Image: square of the property o	
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	Biogen Phase 3 Aducanumab Steering Committee	
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	Unpaid consulting for Biogen, Eisai, Lilly, Roche		
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:	7/26/2023
Your Name:	Miriam Ashford
Manuscript Title:	The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022
Manuscript Number (if known):	ADJ-D-23-00463

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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		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 NIH F32AG072730 – 01	Institution Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None Non	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
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.			

ICMJE DISCLOSURE FORM				
Date:		-	7/27/2023	
Your Name:		-	Laurel Beckett	
Manuscript Title:		-	The Alzheimer's Disease Neuroimaging treatment: a review of ADNI studies from	Initiative in the era of Alzheimer's disease 2021 and 2022
Man	uscript Number (if k	nown):	ADJ-D- 23-00463	
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		pt. "Rela of the mar of in doubt of in doubt of in doubt of in sion, you	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.	
			rt for the work reported in this manuscript wi	thout 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	U01A0	G024904	Click the tab key to add additional rows.
	this item.		-	
2	Grants or contracts from any entity (if not indicated in item #1 above).		Time frame: past 36 monti	
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	External advisory boards for Alzheimer's Disease Centers for UCSF, Washington University, LEADS EOAD vs. LOAD study. DSMB for UCSF Care Ecosystem study, Semantic Dementia study, and UC Davis Senicapoc trial.	
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.			

7/27/2023

Robert Green

Date:

Your Name:

Manuscript Title:			The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022		
Manuscript Number (if known):		(nown):	ADJ-D-23-00463		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt			nuscript. Disclosure represents a commitmen t about whether to list a relationship/activity/es/interests should be defined broadly. For expensions of the commitment of the co	the transparency and does not necessarily interest, it is preferable that you do so.	
•	emiology of hyperte medication is not m		· · · · · · · · · · · · · · · · · · ·	cturers of antihypertensive medication, even if	
			rt for the work reported in this manuscript wit months.	chout time limit. For all other items, the time	
			Il 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.	NIH AC	One G24904 D090019 G009922	Institution institution institution	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH HL	143295 5008685 003201	institution institution	
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	
		Atria Allelica Fabric Genomic Life	Juniper Genomics
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	Cofounder, Genome Medical Inc.		
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.			

7/27/2023

Date:

Your Name:			Danielle J Harvey		
Manuscript Title:			The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022		
Mar	nuscript Number (if k	nown):	ADJ-D- 23-00463		
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epid	•	nsion, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report and the for disclosure is the			ithout time limit. For all other items, the time	
			Il 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.		rant: U19-AG024904)	Institution Click the tab key to add additional rows.	
			Time frame: past 36 mont	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] N	lone		
3	Royalties or	⊠ N	lone		

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			7/27/2023	
Your Name:			Clifford r Jack Jr	
Manuscript Title:			The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022	
Mai	nuscript Number (if k	nown):	ADJ-D- 23-00463	
content of your manuscript. "Rel affected by the content of the ma		pt. "Rela f the ma	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 unuscript. 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.	
epic		nsion, yo	es/interests should be defined broadly. For exushould declare all relationships with manufactin 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.			nout time limit. For all other items, the time	
			Il entities with whom you have this	Specifications/Comments (e.g., if payments were
		relation	ship or indicate none (add rows as needed)	made to you or to your institution)
		relation	ship or indicate none (add rows as needed) Time frame: Since the initial planning of	, , ,
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.	ſ 1	Time frame: Since the initial planning o	, , ,
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	ſ 1	Time frame: Since the initial planning o	of the work 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		Time frame: Since the initial planning of	of the work 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	
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	iDSM for Roche but not payments are involved	
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:	7/27/2023
Your Name:	William Jagust
Manuscript Title:	The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022
Manuscript Number (if known):	ADJ-D- 23-00463

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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
	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 None	Click the tab key to add additional rows.
	contracts from any entity (if not indicated in item #1 above).	National Institute on Aging, Alzheimer's	All payments to institution. Most of these funds are not relevant to the work.
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	Biogen, Clario, Prothena, Eisai, Lilly	Payments to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Data Safety Monitoring Board for Lilly	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	
		Optoceutics stock options	Stock options to me
		Molecular medicine stock options	Stock options to me
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None	
Plea	se place an "X" next	to the following statement to indicate your agreeme	nt:
[oxtimes]	I certify that I have	answered every question and have not altered the wo	rding of any of the questions on this form.

Date:	7/27/2023
Your Name:	Susan Landau
Manuscript Title:	The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022
Manuscript Number (if known):	ADJ-D- 23-00463

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning o	of the work
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None □	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	U19 AG024904 (PI Weiner)	institution institution Institution
3	Royalties or licenses	None ■	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Honoraria for HIIIblom Symposium keynote presentation at the Univ of Cal San Francisco Honoraria for presentation at IMPACT-AD workshop	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None Travel/conference registration support as part of Scientific Advisory Board for Alz Association Int Conference	
8	Patents planned, issued or pending	None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None KeifeRX advisory board NIH IPAT study	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None Editorial board for JAMA Neurology	

		relat	ionship or indicate none (add rows as needed)	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:				

Specifications/Comments (e.g., if payments were

Name all entities with whom you have this

Date:		7/27/2023	7/27/2023		
Your Name:		John C Morris	John C Morris		
Manuscript Title:			The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022		
Ma	nuscript Number (if k	nown): ADJ-D- 23-00463	ADJ-D- 23-00463		
cor affi ind The epi tha	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.	None None	Click the tab key to add additional rows.		
		Time frame: past 36 month	s		
2	Grants or	□ None			

34 12/13/2021 ICMJE Disclosure Form

NIH support: P30 AG066444; P01AG003991;

P01AG026276

⊠ None

contracts from

#1 above).

Royalties or

licenses

3

any entity (if not indicated in item

		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		
		Barcelona Brain Research Center BBRC)		
		Native Alzheimer Disease-Related Resource Center in Minority Aging Research, Ext Adv Board		
5	Payment or	□ None		
	honoraria for lectures,	Montefiore Grand Rounds, NY		
	presentations,	Tetra-Inst ADRC seminar series, Grand Rds, NY		
	speakers bureaus,			
	manuscript			
	writing or educational			
	events			
6	Payment for expert testimony	None		
	,			
7	Support for	⊠ None		
	attending meetings and/or travel			
8	Patents planned, issued or pending	None ■ No		
	issued of periding			
9	Participation on a Data Safety	□ None		
	Monitoring Board	Cure Alzheimer's Fund, Research Strategy Council		
	or Advisory Board	Diverse VCID Observational Study Monitoring Board		
		LEADS Advisory Board, Indiana University		
10	Leadership or	None		
fiduciary role in				
	other board, society,			
	committee or advocacy group,			
	paid or unpaid			

		relat	ionship or indicate none (add rows as needed)	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:			

Specifications/Comments (e.g., if payments were

Name all entities with whom you have this

Date:	7/17/2023	
Your Name:	Kwangsik Nho	
Manuscript Title:	The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022	
Manuscript Number (if known):	ADJ-D-23-00463	

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.	Nih R01 LM012535 Nih U01 AG072177 Nih U19 AG0748790	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).	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	AIS Symposium	
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:	7/27/2023		
Your Name:	Rachel L Nosheny		
Manuscript Title:	The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022.		
Manuscript Number (if known):	Manuscript Number (if known): _ ADJ-D- 23-00463		
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.			
• •	ies/interests should be defined broadly. For example, if your manuscript pertains to the bushould declare all relationships with manufacturers of antihypertensive medication, even if		

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.

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
	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.	NIA NONE	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).	Genentech Health Equity Innovations Func Alzheimer's Association	Institution Institution Institution Institution
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	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 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:	7/27/2023 Ozioma Okonkwo, PhD	
Your Name:		
Manuscript Title:	The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022.	
23	ADJ-D—23-00463	

In the interest of transrency, 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.	U19AG024904 R01AG062167	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).	U19AG024904 R01AG062167	Institution
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	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	INS Treasurer	Self

		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:	7/27/2023	
Your Name:	Richard J. Perrin	
Manuscript Title:	The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022.	
Manuscript Number (if known):	ADJ-D- 23-00463	
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.		

		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 □ 19AG024904 (Weiner) 08/01/16-07/31/22 NCE	Institution
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	R01AG054567 (Benzinger)09/15/17-06/30/22 P01 AG003991 (Morris) 05/01/19-04/30/24 P30 AG066444 (Morris) 05/01/20-04/30/25 U19 AG032438 (Bateman) 09/15/19-06/30/24 R01 AG052550 (Benzinger)04/15/18-01/31/23 R01 AG070883 (Kind, Raji)03/01/21-02/28/26 R01NS092865 (Xu) 02/01/16-11/30/21 R01AG054513(Yablonskiy)07/01/17-04/30/22 R01 NS075321(Perlmutter)05/01/11-04/30/22 NCE APDA (extended 2019)(Perlmutter) 01/01/99-08/31/21 R01NS097799 (Kotzbauer)08/01/16-04/30/22 NCE R01AG068319 (Bateman) 09/15/20-05/31/25 R01 AG053267 (Bateman) 09/01/17-05/31/22	Institution Institution Institution

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date: 7/27/2		7/27/2023		
Your Name:		Ronald Petersen		
Manuscript Title:			The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022.	
Mai	nuscript Number (if kr	own): ADJ-D- 23-00463		
con affe	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.			
epio	demiology of hyperten	/activities/interests should be defined broadly. For ex sion, you should declare all relationships with manufact ntioned in the manuscript.		
	em #1 below, report ane for disclosure is the	Il support for the work reported in this manuscript wit past 36 months.	hout 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.	None Time frame: past 36 months	s	
2	Grants or	□ None		
	contracts from any entity (if not indicated in item #1 above).	National Institute on Aging NIH grant U19-AG024904	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	Roche, Inc Merck, Inc. Biogen, Inc. Eisai, inc. Genentech, Inc. Nestle, Inc.	self self self Self Self self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Genentech, Inc.	self
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	-	to the following statement to indicate your agreement to answered every question and have not altered the wor	

ICMJE DISCLOSURE FORM		
Date:	7/27/2023	
Your Name:	Monica Rivera Mindt	
Manuscript Title:	The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022.	
Manuscript Number (if known):	ADJ-D- 23-00463	
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 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.	NIH	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	University of Rochester University of Texas Rio Grand Valley	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None NIH	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	NCRAD Executive Committee University of Texas Rio Grand Valley Resource Center for Minority Aging Research Advisory Board University of Washington Alzheimer's Disease Research Center (ADRC) Advisory Board	ALL-FTD External Advisory Board Brown University Center for Alzheimer's Disease Research CDC) BOLD Public Health Center of Excellence on Dementia Risk Reduction Expert Panel

		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 Harlem Community and Academic Partnership Alzheimer's Association – NYC Board	
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.		
	r certify that i have	answered every question and have not aftered the wor	ung of any of the questions on this form.

DISCLOSURE FORM

Date:	7/27/2023
Your Name:	Andrew J Saykin, PsyD
Manuscript Title:	The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022.
Manuscript Number (if known):	ADJ-D- 23-00463

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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
	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	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	Dr. Saykin receives support from multiple NIH grants (P30 AG010133, P30 AG072976, R01 AG019771, R01 AG057739, U19 AG024904, R01 LM013463, R01 AG068193, T32 AG071444, and U01 AG068057 and U01 AG072177).	To Indiana University

		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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Springer-Nature Publishing	Editorial Office Support as Editor-in- Chief, Brain Imaging and Behavior.
6	Payment for expert testimony	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	Dr. Saykin has served or serves on several advisory boards: Bayer Oncology (Scientific Advisory Board); Eisai (Scientific Advisory Board); Siemens Medical Solutions USA, Inc. (Dementia Advisory Board); NIH NHLBI (MESA Observational Study Monitoring Board).	

		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	Support from Avid Radiopharmaceuticals, a subsidiary of Eli Lilly (in kind contribution of PET tracer precursor)	Indiana Univerity		
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:	7/27/2023
Your Name:	Leslie Shaw
Manuscript Title:	The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022.
Manuscript Number (if known):	ADJ-D- 23-00463

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.	None i institution Click the tab key to add additional rows.		
		Time frame: past 36 months	3	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Dr Shaw receives support from multiple NIH and a DoD grants: NIH grants U19-AG024904 P30-AG072979 R01-AG067505 R44-AG078051 DOD grant: W81XWH2211081		ins

		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	Royalties or licenses	None □	
4	Consulting fees	□ None Biogen; Roche	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events		myself myself
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	Alzheimer's Association	myself
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	

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)
	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	In kind immunoassay reagents/instrumentation in support of the ADNI3 study from Roche	
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:	7/27/2023	7/27/2023		
Your Name:	Arthur Toga			
Manuscript Title:		The Alzheimer's Disease Neuroimaging Initiative in the era of Alzheimer's disease treatment: a review of ADNI studies from 2021 and 2022.		
Manuscript Number (if k	nown): _ADJ-D- 23-00463			
content of your manuscriaffected by the content of indicate a bias. If you are The author's relationship epidemiology of hypertenthat medication is not medicated.	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 is/activities/interests should be defined broadly. For ension, you should declare all relationships with manufactioned in the manuscript. all support for the work reported in this manuscript we past 36 months.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payment made to you or to your institution)				
	Time frame: Since the initial planning	g of the work		
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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	

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