

ICMJE DISCLOSURE FORM

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.

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| 4 | Consulting fees | <input type="checkbox"/> None | |
| | | Cerecin | myself |
| | | BioClinica | myself |
| | | Nestle | myself |
| | | Roche/Genentech | myself |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None | |
| | | Buck Institute for research on aging | myself |
| | | China Association for Alzheimer's disease | myself |
| | | | |
| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| | | | |
| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
| | | University of Southern California | myself |
| | | NervGen | Myself |
| | | CTAD Congress | Myself |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input checked="" type="checkbox"/> None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None | |
| | | UCSF internal review board | unpaid |
| | | Roche advisory board | unpaid |
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| 11 | Stock or stock options | <input type="checkbox"/> None | |
| | | Anven | Myself |
| | | Alzecai | Myself |
| | | Alzheon | Myself |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None | |
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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: 7/16/2023

Your Name: Dallas Veitch

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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| 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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Date: 7/27/2023

Your Name: Melanie J. Miller, PhD

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- 230-0463-

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ICMJE DISCLOSURE FORM

Date: 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

Manuscript Number (if known): ADJ-D- 23-00463

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| NIH, Alzheimer's Association, FNIH, Eisai, Lilly, DoD | | | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> | | | | | | |
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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) |
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| 4 | Consulting fees | <input type="checkbox"/> None | |
| | | Biogen, Merck, Roche, Shionogi, Rainbow Medical, Immunobrain Checkpoint, Vigil Neuroscience | |
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| | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 7 | Support for attending meetings and/or travel | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
| | | Biogen Phase 3 Aducanumab Steering Committee | |
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| 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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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 11 | Stock or stock options | <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 | |
| | | Unpaid consulting for Biogen, Eisai, Lilly, Roche | |
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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: 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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| Time frame: Since the initial planning of the work | | | | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> </td> <td style="width: 50%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | | | | | | | |
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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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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <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> | | | | | | | |
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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: 7/27/2023

Your Name: Laurel Beckett

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.

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

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ICMJE DISCLOSURE FORM

Date: 7/27/2023

Your Name: Robert Green

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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| | | Atria | Juniper Genomics |
| | | Allelica | |
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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: 7/27/2023

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

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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ICMJE DISCLOSURE 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

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.

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ICMJE DISCLOSURE 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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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 11 | Stock or stock options | <input type="checkbox"/> 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 | <input checked="" type="checkbox"/> None | |
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| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 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

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. | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%; height: 15px;"></td><td style="width: 30%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td></tr> </table> | | | | | | Click the tab key to add additional rows. | |
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| | Click the tab key to add additional rows. | | | | | | | | |
| Time frame: past 36 months | | | | | | | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%;">R01 AG062689 (PI Landau)</td><td style="width: 30%;">institution</td></tr> <tr><td>U19 AG024904 (PI Weiner)</td><td>institution</td></tr> <tr><td>R01 AG061303 (PI Li) R01AG062542 (PI Jagust) U24 AG067418 (PI Jagust)</td><td>Institution</td></tr> </table> | R01 AG062689 (PI Landau) | institution | U19 AG024904 (PI Weiner) | institution | R01 AG061303 (PI Li) R01AG062542 (PI Jagust) U24 AG067418 (PI Jagust) | Institution | |
| R01 AG062689 (PI Landau) | institution | | | | | | | | |
| U19 AG024904 (PI Weiner) | institution | | | | | | | | |
| R01 AG061303 (PI Li) R01AG062542 (PI Jagust) U24 AG067418 (PI Jagust) | Institution | | | | | | | | |
| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%; height: 15px;"></td><td style="width: 30%;"></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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|--|--|--|--|--|--|--|--|--|--|
| 4 | Consulting fees | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 150px;"> </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 type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Honoraria for Hillblom Symposium keynote presentation at the Univ of Cal San Francisco</td> <td style="width: 30%;"> </td> </tr> <tr> <td>Honoraria for presentation at IMPACT-AD workshop</td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | Honoraria for Hillblom Symposium keynote presentation at the Univ of Cal San Francisco | | Honoraria for presentation at IMPACT-AD workshop | | | | |
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| Honoraria for presentation at IMPACT-AD workshop | | | | | | | | | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 150px;"> </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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| 7 | Support for attending meetings and/or travel | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Travel/conference registration support as part of Scientific Advisory Board for Alz Association Int Conference</td> <td style="width: 30%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | Travel/conference registration support as part of Scientific Advisory Board for Alz Association Int Conference | | | | | | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 150px;"> </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 type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">KeifeRX advisory board</td> <td style="width: 30%;"> </td> </tr> <tr> <td>NIH IPAT study</td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | KeifeRX advisory board | | NIH IPAT study | | | | |
| KeifeRX advisory board | | | | | | | | | |
| NIH IPAT study | | | | | | | | | |
| | | | | | | | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Editorial board for JAMA Neurology</td> <td style="width: 30%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | Editorial board for JAMA Neurology | | | | | | |
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| 11 | Stock or stock options | <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%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></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%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> </table> | | | | | | | |
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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: 7/27/2023

Your Name: 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

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.

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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 checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> <div style="text-align: right; font-size: small; color: gray;">Click the tab key to add additional rows.</div> | | | | | | |
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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="height: 20px;">NIH support: P30 AG066444; P01AG003991;</td><td> </td></tr> <tr><td style="height: 20px;">P01AG026276</td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> | NIH support: P30 AG066444; P01AG003991; | | P01AG026276 | | | |
| NIH support: P30 AG066444; P01AG003991; | | | | | | | | |
| P01AG026276 | | | | | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <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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|--|--|--|---|--|---|--|--|--|--|--|--|
| 4 | Consulting fees | <input type="checkbox"/> None <table border="1"> <tr> <td>Barcelona Brain Research Center BBRC)</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td>Native Alzheimer Disease-Related Resource Center in Minority Aging Research, Ext Adv Board</td> <td></td> </tr> </table> | Barcelona Brain Research Center BBRC) | | | | | | Native Alzheimer Disease-Related Resource Center in Minority Aging Research, Ext Adv Board | | |
| Barcelona Brain Research Center BBRC) | | | | | | | | | | | |
| | | | | | | | | | | | |
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| Native Alzheimer Disease-Related Resource Center in Minority Aging Research, Ext Adv Board | | | | | | | | | | | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None <table border="1"> <tr> <td>Montefiore Grand Rounds, NY</td> <td></td> </tr> <tr> <td>Tetra-Inst ADRC seminar series, Grand Rds, NY</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | Montefiore Grand Rounds, NY | | Tetra-Inst ADRC seminar series, Grand Rds, NY | | | | | | |
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| Tetra-Inst ADRC seminar series, Grand Rds, NY | | | | | | | | | | | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None <table border="1"> <tr> <td>Cure Alzheimer's Fund, Research Strategy Council</td> <td></td> </tr> <tr> <td>Diverse VCID Observational Study Monitoring Board</td> <td></td> </tr> <tr> <td>LEADS Advisory Board, Indiana University</td> <td></td> </tr> </table> | Cure Alzheimer's Fund, Research Strategy Council | | Diverse VCID Observational Study Monitoring Board | | LEADS Advisory Board, Indiana University | | | | |
| Cure Alzheimer's Fund, Research Strategy Council | | | | | | | | | | | |
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| LEADS Advisory Board, Indiana University | | | | | | | | | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | | | | | | | | | |
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|-----------|--|--|---|--|--|--|--|--|--|
| 11 | Stock or stock options | <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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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: 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.

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| NIH U01 AG072177 | | | | | | | | | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">AIS Symposium</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> | AIS Symposium | | | | | | | | |
| AIS Symposium | | | | | | | | | | | |
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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: 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): 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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ICMJE DISCLOSURE FORM

Date: 7/27/2023

Your Name: Ozioma Okonkwo, PhD

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 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: 7/27/2023

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

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

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.

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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 checked="" type="checkbox"/> None | | | | | | |
| 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: 60%;">National Institute on Aging NIH grant U19-AG024904</td> <td style="width: 40%;">institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | National Institute on Aging NIH grant U19-AG024904 | institution | | | | |
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| 3 | Royalties or licenses | <input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | | | | | | |
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| 4 | Consulting fees | <input type="checkbox"/> None | |
| | | Roche, Inc | self |
| | | Merck, Inc. | self |
| | | Biogen, Inc. | self |
| | | Eisai, inc. Genentech, Inc. Nestle, Inc. | Self Self self |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None | |
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| 6 | Payment for expert testimony | <input checked="" type="checkbox"/> None | |
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| 8 | Patents planned, issued or pending | <input checked="" type="checkbox"/> None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None | |
| | | Genentech, Inc. | self |
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| 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: 7/27/2023

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.

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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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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">University of Rochester</td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;">University of Texas Rio Grand Valley</td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | University of Rochester | | University of Texas Rio Grand Valley | | | | | | |
| University of Rochester | | | | | | | | | | | |
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| NIH | | | | | | | | | | | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | <input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;">NCRAD Executive Committee</td> <td style="width: 50%;">ALL-FTD External Advisory Board</td> </tr> <tr> <td style="height: 20px;">University of Texas Rio Grand Valley Resource Center for Minority Aging Research Advisory Board</td> <td style="height: 20px;">Brown University Center for Alzheimer's Disease Research</td> </tr> <tr> <td style="height: 20px;">University of Washington Alzheimer's Disease Research Center (ADRC) Advisory Board</td> <td style="height: 20px;">CDC) BOLD Public Health Center of Excellence on Dementia Risk Reduction Expert Panel</td> </tr> </table> | NCRAD Executive Committee | ALL-FTD External Advisory Board | University of Texas Rio Grand Valley Resource Center for Minority Aging Research Advisory Board | Brown University Center for Alzheimer's Disease Research | University of Washington Alzheimer's Disease Research Center (ADRC) Advisory Board | CDC) BOLD Public Health Center of Excellence on Dementia Risk Reduction Expert Panel | | | |
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|---|---|--|---|--|-------------------------------------|--|--|--|--|
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | <input type="checkbox"/> None <table border="1"> <tr> <td>Harlem Community and Academic Partnership</td> <td></td> </tr> <tr> <td>Alzheimer's Association – NYC Board</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> | Harlem Community and Academic Partnership | | Alzheimer's Association – NYC Board | | | | |
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Please place an "X" next to the following statement to indicate your agreement:

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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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| 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: 60%; padding: 5px;"> 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). </td> <td style="width: 40%; padding: 5px;"> To Indiana University </td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> | 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 | | | | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | |
| | | Support from Avid Radiopharmaceuticals, a subsidiary of Eli Lilly (in kind contribution of PET tracer precursor) | Indiana University |
| | | | |
| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 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

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| 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: 60%;">Dr Shaw receives support from multiple NIH and a DoD grants:</td> <td style="width: 40%;"></td> </tr> <tr> <td>NIH grants U19-AG024904</td> <td rowspan="3" style="vertical-align: middle; text-align: center;">ins</td> </tr> <tr> <td>P30-AG072979</td> </tr> <tr> <td>R01-AG067505 R44-AG078051</td> </tr> <tr> <td>DOD grant: W81XWH2211081</td> <td></td> </tr> </table> | Dr Shaw receives support from multiple NIH and a DoD grants: | | NIH grants U19-AG024904 | ins | P30-AG072979 | R01-AG067505 R44-AG078051 | DOD grant: W81XWH2211081 | |
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| 11 | Stock or stock options | <input checked="" type="checkbox"/> None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None | |
| | | In kind immunoassay reagents/instrumentation in support of the ADNI3 study from Roche | |
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| 13 | Other financial or non-financial interests | <input checked="" type="checkbox"/> None | |
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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: 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 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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ICMJE DISCLOSURE FORM

Date: 7/27/2023

Your Name: Duygu Tosun

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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