Date:	7/30/2023			
Your Name:	Viswanath Devanarayan			
Manuscript Title:	Predicting clinical progression trajectories of 1 early Alzheimer's disease patients			
Manuscript Number (if known):	ADJ-D-23-00481			
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 suppo	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 Specifications/Comments (e.g., if payments were made to you or to your institution) relationship or indicate none (add rows as needed) Time frame: Since the initial planning of the work All support for the □ None present manuscript (e.g., Eisai Inc. Medical Writing funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or None contracts from any entity (if not indicated in item #1 above). Royalties or \boxtimes None licenses

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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	

		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 Eisai	Employee	
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:			7/30/2023		
Your Name:			Arnaud Charil		
Manuscript Title:			Predicting clinical progression trajectories of 1 early Alzheimer's disease patients		
Maı	nuscript Number (if k	(nown):	ADJ-D-23-00481		
con affe indi The	In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if			ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.	
that	medication is not m	entioned	d in the manuscript.		
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1	All support for the present		None		
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	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not	Eisai II	Time frame: past 36 month	Click the tab key to add additional rows.	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	□ None Eisai	Employee	
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:			7/30/2023		
Your Name:			Erica Andreozzi		
Manuscript Title:			Predicting clinical progression trajectories of 1 early Alzheimer's disease patients		
Manuscript Number (if known): ADJ-D-23-00481					
contaffe indicate The epidethat	tent of your manuscr cted by the content of cate a bias. If you are author's relationship lemiology of hyperte medication is not mo	ipt. "For the le in do le in d	we ask you to disclose all relationships/activities/interests listed below that are related to the elated" means any relation with for-profit or not-for-profit third parties whose interests may be nanuscript. Disclosure represents a commitment to transparency and does not necessarily ubt about whether to list a relationship/activity/interest, it is preferable that you do so. wities/interests should be defined broadly. For example, if your manuscript pertains to the you should declare all relationships with manufacturers of antihypertensive medication, even if ed in the manuscript. port for the work reported in this manuscript without time limit. For all other items, the time		
			all entities with whom you have this inship 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,	[□]	None Inc.	Medical Writing Click the tab key to add additional rows.	
	article processing charges, etc.) No time limit for this item.				
			Time frame: past 36 mont	hs	
2	Grants or contracts from any entity (if not indicated in item #1 above).		None		
3	Royalties or licenses		None		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
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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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 Eisai	Employee	
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:		7/30/2023	7/30/2023		
Your Name:		Pallavi Sachdev	Pallavi Sachdev		
Manuscript Title:		Predicting clinical progression trajectories	Predicting clinical progression trajectories of 1 early Alzheimer's disease patients		
Ma	nuscript Number (if kno	own): ADJ-D-23-00481			
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.			ot-for-profit third parties whose interests may be nt to transparency and does not necessarily		
epi	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 elationship 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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		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 Eisai	Employee	
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:			7/30/2023		
Your Name:			Liang Zhu		
Manuscript Title:			Predicting clinical progression trajectories of 1 early Alzheimer's disease patients		
Mar	nuscript Number (if I	known):	ADJ-D-23-00481		
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1	All support for the present		one		
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			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 Eisai	Employee	
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:			7/30/2023		
Your Name:					
Manuscript Title:			Predicting clinical progression trajectories of 1 early Alzheimer's disease patients		
Mar	nuscript Number (if k	nown):	ADJ-D-23-00481		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.		ipt. "Rela of the man e in doubt s/activition entioned all suppor	ort for the work reported in this manuscript without time limit. For all other items, the time		
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			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	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:		7/30/2023	7/30/2023		
Your Name:		Harald Hampel	Harald Hampel		
Manuscript Title:		Predicting clinical progression trajector	Predicting clinical progression trajectories of 1 early Alzheimer's disease patients		
Ma	nuscript Number (if k	nown): _ADJ-D-23-00481			
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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not	Eisai Inc. Time frame: past 36 mor	Medical Writing Click the tab key to add additional rows.		
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			Specifications/Comments (e.g., if payments were made to you or to your institution)
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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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	□ None Eisai	Employee	
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:		_	7/30/2023		
Your Name:		_	Lynn Kramer		
Manuscript Title:		_	Predicting clinical progression trajectories of 1 early Alzheimer's disease patients		
Ma	nuscript Number (if k	nown):	ADJ-D-23-00481		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma			ted" means any relation with for-profit or no	es/interests listed below that are related to the ot-for-profit third parties whose interests may be nt to transparency and does not necessarily interest, it is preferable that you do so.	
epi		nsion, you		example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
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			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
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1	All support for the	□ No	'	of the work	
1	present manuscript (e.g.,	[□] No	ne	Medical Writing	
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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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
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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:		7/30/2023			
Your Name:		Shobha Dhadda	Shobha Dhadda		
Ma	nuscript Title:	Predicting clinical progression trajector	ies of 1 early Alzheimer's disease patients		
Ma	nuscript Number (if kn	own): ADJ-D-23-00481			
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		Time frame: past 36 mon	ths		
2	Grants or	None			

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⊠ None

			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 we 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 Eisai	Employee	
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:			7/30/2023		
Your Name:			Michael Irizarry		
Manuscript Title:			Predicting clinical progression trajectories	of 1 early Alzheimer's disease patients	
Mar	nuscript Number (if k	(nown):	ADJ-D-23-00481		
content of your manuscript. "Rela affected by the content of the ma		ipt. "Rela of 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 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.		
epic		nsion, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
In item #1 below, report all suppo frame for disclosure is the past 36			· · · · · · · · · · · · · · · · · · ·	ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
1	All support for the present	[□] N	one		
	manuscript (e.g., funding, provision	Eisai In	C.	Medical Writing	
	of study materials, medical writing, article processing			Click the tab key to add additional rows.	
	charges, etc.) No time limit for				
	this item.				
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] N•	one		

Royalties or

licenses

None

			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 we 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 Eisai	Employee	
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:	7/28/2023
Your Name:	Daniel Llano
Manuscript Title:	Predicting clinical progression trajectories of early Alzheimer's disease patients
Manuscript Number (if known):	ADJ-D-23-00481

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.	[⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None [University of Pittsburgh, 2023 University of Oregon, 2023	Payments to me Payments to me
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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 [X	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			7/28/2023		
You	Your Name:		Yuanqing Ye		
Manuscript Title:			Predicting clinical progression trajector	ies of early Alzheimer's disease patients	
Mar	nuscript Number (if k	nown):	ADJ-D-23-00481		
In the interest of transparency, w content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.		ipt. "Rela of the ma e in doub os/activiti- nsion, you entioned all suppo	ort for the work reported in this manuscript without time limit. For all other items, the time		
			I 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.	Eisai In	c.	Medical writing Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or licenses	× Ne	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
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	Employee
Please place an "X" next to the following statement to indicate your agreement: \[\subseteq \] I certify that I have answered every question and have not altered the wording of any of the questions on this form.			