Date:			12/20/2023		
You	ır Name:		Paresh Malhotra		
Ma	nuscript Title:		Entorhinal-based path integration selectively predicts midlife risk of Alzheimer's disease		
Manuscript Number (if known):		known):	ADJ-D-23-00952		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activities		ript. "Relation of the mane in doubte in doubte ps/activities on the control of t	ated" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa	/interest, it is preferable that you do so.	
	em #1 below, report ne for disclosure is th			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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		ner's Society (UK)	Grant to 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).	National Demen UK Der British FIFA	one  al Institute of Health Research tia Platforms UK nentia Research Institute Heart Foundation only' grant from Shire/Takeda		
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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None     Non	
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     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None  Alzheimer' Society Research Strategy Council	

			e all entities with whom you have this onship 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	nse place an "X" next	t to th	e following statement to indicate your agreeme	nt:

Date:	12/22/2023
Your Name:	Karen Ritchie
Manuscript Title:	Entorhinal-based path integration selectively predicts midlife risk of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-00952

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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.

		e all entities with whom you have this onship 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	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	

			ications/Comments (e.g., if payments were 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 None	
7	Support for attending meetings and/or travel	None 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	

		e all entities with whom you have this ionship 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 ⊠	•	e following statement to indicate your agreeme	

Date:	12/18/2023
Your Name:	Maria-Eleni Dounavi
Manuscript Title:	Entorhinal-based path integration selectively predicts midlife risk of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-00952

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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.

		e all entities with whom you have this ionship 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	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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	□ <b>None</b> Guarantors of Brain travel grant	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		e all entities with whom you have this onship 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 ⊠		e following statement to indicate your agreeme	

Dat	:e:	12/18/2023			
Υοι	ur Name:	Matthias Stangl	Matthias Stangl		
Ma	nuscript Title:	Entorhinal-based path integration selec	Entorhinal-based path integration selectively predicts midlife risk of Alzheimer's disease		
Manuscript Number (if known):		wn): ADJ-D-23-00952			
content of your manuscript. "Rela affected by the content of the man		"Related" means any relation with for-profit one manuscript. Disclosure represents a commit	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.		
			or example, if your manuscript pertains to the nufacturers of antihypertensive medication, even if		
	tem #1 below, report all me for disclosure is the p		ot without time limit. For all other items, the time		
		me all entities with whom you have this ationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		<del>-</del>	d) made to you or to your institution)		
1	All support for the present manuscript (e.g.,	ationship or indicate none (add rows as neede	d) made to you or to your institution)		
1	All support for the present	ationship or indicate none (add rows as neede	d) made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision	ationship or indicate none (add rows as neede	made to you or to your institution) ing 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	ationship or indicate none (add rows as neede	ing of the work  Click the tab key to add additional rows.		
1 2	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.	ationship or indicate none (add rows as needed) Time frame: Since the initial plann None	ing of the work  Click the tab key to add additional rows.		

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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 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	UCLA Brain Research Institute Travel Award 2023 UCLA Brain Research Institute and Semel Institute Travel Award 2022
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

			e all entities with whom you have this onship 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:		12/19/2023	12/19/2023		
Your Name:		Marianna Pope	Marianna Pope		
Manuscript Title:		: Entorhinal-based patl	integration selectively predicts	midlife risk of Alzheimer's disease	
Ma	nuscript Number (if k	nown): ADJ-D-23-00952			
con affe indi	tent of your manuscri ected by the content of cate a bias. If you are	ot. "Related" means any relatior f the manuscript. Disclosure rep in doubt about whether to list a	ask you to disclose all relationships/activities/interests listed below that are related to the ted" means any relation with for-profit or not-for-profit third parties whose interests may be suscript. 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.		
epi	demiology of hyperter	s/activities/interests should be dision, you should declare all relating the manuscript.		our manuscript pertains to the antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th	• • •	in this manuscript without time	limit. For all other items, the time	
		Name all entities with whom yo relationship or indicate none (ac		cions/Comments (e.g., if payments were you or to your institution)	
		Time frame: Sinc	e the initial planning of the work		
1	All support for the	Time frame: Sinc  ☐ None	the initial planning of the work		
1	present manuscript (e.g., funding, provision of study materials,	□ None  Department of Old-age Psychia  University	ry, Cambridge Fixed-tern complete manuscrip	n contract with both entities to work for the research conducted in the ot (PREVENT and ENCRYPT studies)	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	□ None  Department of Old-age Psychia	ry, Cambridge Fixed-tern complete manuscrip dgeshire and Fixed-tern complete	work for the research conducted in the ot (PREVENT and ENCRYPT studies) on contract with both entities to work for the research conducted in the	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	□ None  Department of Old-age Psychia University  Windsor Research Unit, Cambri	ry, Cambridge Fixed-tern complete manuscrip dgeshire and Fixed-tern complete manuscrip	or contract with both entities to work for the research conducted in the out (PREVENT and ENCRYPT studies) or contract with both entities to	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	□ None  Department of Old-age Psychia University  Windsor Research Unit, Cambri	ry, Cambridge Fixed-tern complete manuscrip dgeshire and Fixed-tern complete manuscrip	n contract with both entities to work for the research conducted in the ot (PREVENT and ENCRYPT studies) n contract with both entities to work for the research conducted in the ot (PREVENT and ENCRYPT studies)	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	□ None  Department of Old-age Psychia University  Windsor Research Unit, Cambri Peterborough NHS Trust	ry, Cambridge Fixed-tern complete manuscrip dgeshire and Fixed-tern complete manuscrip	n contract with both entities to work for the research conducted in the ot (PREVENT and ENCRYPT studies) n contract with both entities to work for the research conducted in the ot (PREVENT and ENCRYPT studies)	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	□ None  Department of Old-age Psychia University  Windsor Research Unit, Cambri Peterborough NHS Trust	ry, Cambridge Fixed-tern complete manuscrip fixed-tern complete manuscrip complete manuscrip Click the tab	n contract with both entities to work for the research conducted in the ot (PREVENT and ENCRYPT studies) n contract with both entities to work for the research conducted in the ot (PREVENT and ENCRYPT studies)	
	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	□ None  Department of Old-age Psychia University  Windsor Research Unit, Cambri Peterborough NHS Trust	ry, Cambridge Fixed-tern complete manuscrip fixed-tern complete manuscrip complete manuscrip Click the tab	n contract with both entities to work for the research conducted in the ot (PREVENT and ENCRYPT studies) n contract with both entities to work for the research conducted in the ot (PREVENT and ENCRYPT studies)	
	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 indicated in item	□ None  Department of Old-age Psychia: University  Windsor Research Unit, Cambri Peterborough NHS Trust  Time f	ry, Cambridge Fixed-tern complete manuscrip fixed-tern complete manuscrip complete manuscrip Click the tab	n contract with both entities to work for the research conducted in the ot (PREVENT and ENCRYPT studies) n contract with both entities to work for the research conducted in the ot (PREVENT and ENCRYPT studies)	
	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	□ None  Department of Old-age Psychia: University  Windsor Research Unit, Cambri Peterborough NHS Trust  Time f	ry, Cambridge Fixed-tern complete manuscrip fixed-tern complete manuscrip complete manuscrip Click the tab	n contract with both entities to work for the research conducted in the ot (PREVENT and ENCRYPT studies) n contract with both entities to work for the research conducted in the ot (PREVENT and ENCRYPT studies)	

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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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None  Department of Old-age Psychiatry, Cambridge University	Financial support to attend conference
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	Department of Old-age Psychiatry, Cambridge University	Financial support to attend conference/symposium
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     ■	

		e all entities with whom you have this ionship 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	•	e following statement to indicate your agreeme	

Date:	12/19/2023
Your Name:	Catarina Rua
Manuscript Title:	Entorhinal-based path integration selectively predicts midlife risk of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-00952

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		e all entities with whom you have this onship 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	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	

		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 None	
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	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None     ■	

		e all entities with whom you have this onship 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	•	e following statement to indicate your agreeme	

Date:			12/19/2023			
Your Name:			John O'Brien			
Manuscript Title:			Entorhinal-based path integration selectively predicts midlife risk of Alzheimer's disease			
Manuscript Number (if known):			ADJ-D-23-00952			
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 doubt."  The author's relationships/activities.			ited" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For e	/interest, it is preferable that you do so.		
-	t medication is not m	-	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,		
	tem #1 below, report me for disclosure is th		· · · · · · · · · · · · · · · · · · ·	rithout 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 manuscript (e.g., funding, provision		one from UK Alzheimer's Society and Merck	Grants paid to Institution		
of study materials, medical writing, article processing charges, etc.)  No time limit for this item.				Click the tab key to add additional rows.		
			Time frame: past 36 month	ns		
2	Grants or contracts from		one			
	any entity (if not indicated in item #1 above).	Researd Society,	unrelated to this work from UK Medical ch Council, Alzheimer's Society, Lewy body , Alzheimer's Research UK	Paid to Institution		
		Grant s	upport from Alliance Medical	In kind services provided		
3	3 Royalties or Iicenses		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  Acted as a consultant for Biogen, Roche, Lilly and GE Healthcare.	Paid to University company
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	GE Healthcare	Lecture fees
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	□ None  TauRx DSMB Chair  Novonordisk DSMB Member	Paid to University company Paid to University company
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chair of Research Strategy Council for UK Alzheimer's Society Member of Lewy body Society Scientific Advisory Council	Voluntary role  Voluntary Role

			e all entities with whom you have this onship 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:    Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

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Date:		-	12/20/2023			
You	r Name:	-	Neil Burgess			
Manuscript Title:			Entorhinal-based path integration selectively predicts midlife risk of Alzheimer's disease			
Mar	nuscript Number (if kı	nown):	ADJ-D-23-00952			
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/activitic epidemiology of hypertension, you that medication is not mentioned			e ask you to disclose all relationships/activities/interests listed below that are related to the sted" 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 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.			
fran	ne for disclosure is the	e past 36	months.			
			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		
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.	Wellcon	one  me Principal Research Fellowship to NB 7/Z/21/Z)	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).	⊠ No	one			
3	Royalties or licenses	⊠ No	one			

			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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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:     Certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:			12/19/2023		
You	ır Name:		Zilong Ji		
Manuscript Title:			Entorhinal-based path integration selective	ly predicts midlife risk of Alzheimer's disease	
Ma	nuscript Number (if kr	nown):	ADJ-D-23-00952		
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 The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned		pt. "Rela of the mar e in doubt s/activitie nsion, you entioned i all suppor	rt for the work reported in this manuscript without 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	· <del></del>	one ernational Postdoctoral Exchange Fellowship	Program (2021-2023 No. PC2021005)  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).	⊠ No	one		
3	Royalties or licenses	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Commen made to you or to your	ts (e.g., if payments were 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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship 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:	12/19/2023
Your Name:	Thomas Wolbers
Manuscript Title:	Entorhinal-based path integration selectively predicts midlife risk of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-00952

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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	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	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., made to you or to your institutions)	
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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship 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:    Certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	12/18/2023
Your Name:	Richard Henson
Manuscript Title:	Entorhinal-based path integration selectively predicts midlife risk of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-00952

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.

		e all entities with whom you have this ionship 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	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	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Commande to you or y	ments (e.g., if payments were our 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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship 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	
Please place an "X" next to the following statement to indicate your agreement:				
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

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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.

			e all entities with whom you have this onship 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	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).		None	
3	Royalties or licenses		None	

		e all entities with whom you have this onship 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	

			e all entities with whom you have this onship 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.

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Date:			12/29/2023		
Your Name:			Charlotte Coco Newton		
Ma	nuscript Title:		Entorhinal-based path integration selective	ly predicts midlife risk of Alzheimer's disease	
Ma	nuscript Number (if k	(nown):	ADJ-D-23-00952		
In the interest of transparency, w content of your manuscript. "Rel affected by the content of the ma indicate a bias. If you are in doub  The author's relationships/activiti			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf	/interest, it is preferable that you do so.	
	em #1 below, report ne for disclosure is th		·	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	□ N	one		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Alzheir	mer's Society	PhD Studentship, institution  Click the tab key to add additional rows.	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Alzheir	mer's Society  Time frame: past 36 month	Click the tab key to add additional rows.	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			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 p 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	Alzheimer's Association International Travel Fellowship	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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:			

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Date:			12/29/2023		
Your Name:			Dennis Chan		
Manuscript Title:			Entorhinal-based path integration selectively predicts midlife risk of Alzheimer's disease		
Maı	nuscript Number (if k	nown):	ADJ-D-23-00952		
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/activitic epidemiology of hypertension, you that medication is not mentioned			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript.	/interest, it is preferable that you do so.	
			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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		nvestigator Studies Programme	To University of Cambridge  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).	⊠ No	one		
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  Eli Lilly	Scientific Advisory Board November 2023
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 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     ■	

			e all entities with whom you have this onship 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: Your Name: Manuscript Title:			1/2/2024	
			Li Su	
			Entorhinal-based path integration selectively predicts midlife risk of Alzheimer's disease	
Maı	nuscript Number (if k	(nown):	ADJ-D-23-00952	
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.			ated" means any relation with for-profit or no nuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For e u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.
			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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Alzheim SRF201	ner's Research UK Senior Fellowship (ARUK-7B-1) wy body society, UK (LS002/2019)	To University of Cambridge  To University of Cambridge  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).	⊠ No	one	
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 we made to you or to your institution)	ere
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 None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship 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:			1/3/2024  Craig William Ritchie		
Your Name:  Manuscript Title:					
			Entorhinal-based path integration selectively predicts midlife risk of Alzheimer's disease		
Mar	nuscript Number (if kı	nown):	ADJ-D-23-00952		
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		pt. "Rela of the mar e in doubt s/activitiension, you entioned	rt for the work reported in this manuscript without 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Alzheim	ner's Society ner's Association	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).		n Brain Sciences	Founder and CEO	
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	
		Biogen	
		Eisai MSD	
		Actinogen	
		Roche	
		Eli Lilly	
5	Payment or honoraria for	□ None	
	lectures, presentations,	Roche	
	speakers	Eisai	
	bureaus,		
	manuscript writing or educational		
	events		
6	Payment for expert testimony	None	
7	Support for attending	⊠ None	
	meetings and/or travel		
	travei		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety	⊠ None	
	Monitoring Board or		
	Advisory Board		
	•		
10	Leadership or	⊠ None	
	fiduciary role in other board,		
	society,		
	committee or		
	advocacy group,	· · · · · · · · · · · · · · · · · · ·	
	paid or unpaid		

			e all entities with whom you have this onship 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:			

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Date:		•	1/3/2024		
Your Name:			Andrea Castegnaro		
Manuscript Title:			Entorhinal-based path integration selectively predicts midlife risk of Alzheimer's disease		
Manuscript Number (if known):		(nown):	ADJ-D-23-00952		
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."  The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.		ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	PhD stu	identship from the UCL's Institute for unications and Connected Systems]	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).	⊠ Ne	one		
3	Royalties or licenses	⊠ No	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Commade to you or yo	ments (e.g., if payments were our 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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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:  \[ \text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$			

Date:	12/19/2023
Your Name:	Ivan Koychev
Manuscript Title:	Entorhinal-based path integration selectively predicts midlife risk of Alzheimer's disease
Manuscript Number (if known):	ADJ-D-23-00952
content of your manuscript. "Rela affected by the content of the man	e ask you to disclose all relationships/activities/interests listed below that are related to the sted" 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 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  National Institute Health Research	Personal award	
		Medical Research Council	Dementias Platform UK grant (MR/T033371/1)  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).	Novo Nordisk Innovate UK	Investigator initiated study grant (ISAP trial) Grant to develop digital intervention to curb dementia risk in ageing adults	
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  Five Lives Ltd  Mantrah Ltd	Medical advisor to digital health company (payment to consultancy company that I am a director of) Medical advisor to digital health company
		Cognetivity Ltd	(payment to consultancy company that I am a director of)  Medical advisor to digital health company (payment to consultancy company that I am a director of)
5	Payment or honoraria for lectures, presentations, speakers	Novo Nordisk Oxford Global	Speaker fees (payment made to me) Speaker fee (payment made to me)
	bureaus, manuscript writing or educational events		
6	Payment for expert testimony	Medicolegal legal cases	Brain injury expert witness reports (payment to consultancy company that I am a director of)
7	Support for attending meetings and/or travel	Medical Research Council	Dementias Platform UK grant (MR/T033371/1)
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or	National Institute for Health and Care Excellence Technology Appraisal Committee member	No payments made

		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)	
	advocacy group, paid or unpaid	National Institute of Health Research Efficacy and Mechanism Evaluation programme committee member	No payments made	
11	Stock or stock options			
		Five Lives Ltd	Stock options	
		Mantrah Ltd	Stock options	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None		
13 Other financial or None non-financial		□ None		
	interests	Director of Brain Health Consultancy Ltd	Director of company	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
[oxtimes]	□ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			