

# ICMJE DISCLOSURE FORM

**Date:** 3/15/2024

**Your Name:** Marc D. Rudolph

**Manuscript Title:** Associations among plasma, MRI and amyloid PET biomarkers of Alzheimer’s disease and related dementias and the impact of health-related comorbidities in a community-dwelling cohort

**Manuscript Number (if known):** ADJ-D-23-01466

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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	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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		T32AG033534	Institution
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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

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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.

# ICMJJE DISCLOSURE FORM

**Date:** 3/15/2024

**Your Name:** Courtney L. Sutphen

**Manuscript Title:** Associations among plasma, MRI and amyloid PET biomarkers of Alzheimer’s disease and related dementias and the impact of health-related comorbidities in a community-dwelling cohort

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3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 281 1516 380"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 525 1516 653"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 743 1516 842"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 1087 1516 1186"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 1304 1516 1402"> <tr> <td data-bbox="383 1304 954 1339">T32AG033534</td> <td data-bbox="954 1304 1516 1339">Institution</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	T32AG033534	Institution				
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 1522 1516 1621"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 1740 1516 1839"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 1921 1516 1955"> <tr><td></td><td></td></tr> </table>						

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

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# ICMJE DISCLOSURE FORM

**Date:** 3/15/2024

**Your Name:** Thomas C. Register

**Manuscript Title:** Associations among plasma, MRI and amyloid PET biomarkers of Alzheimer’s disease and related dementias and the impact of health-related comorbidities in a community-dwelling cohort

**Manuscript Number (if known):** ADJ-D-23-01466

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		P30AG072947	Institution
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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# ICMJE DISCLOSURE FORM

**Date:** 3/15/2024

**Your Name:** Christopher T. Whitlow

**Manuscript Title:** Associations among plasma, MRI and amyloid PET biomarkers of Alzheimer’s disease and related dementias and the impact of health-related comorbidities in a community-dwelling cohort

**Manuscript Number (if known):** ADJ-D-23-01466

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# ICMJE DISCLOSURE FORM

**Date:** 3/15/2024

**Your Name:** Kiran K. Solingapuram Sai

**Manuscript Title:** Associations among plasma, MRI and amyloid PET biomarkers of Alzheimer’s disease and related dementias and the impact of health-related comorbidities in a community-dwelling cohort

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# ICMJE DISCLOSURE FORM

**Date:** 3/15/2024

**Your Name:** Timothy M. Hughes

**Manuscript Title:** Associations among plasma, MRI and amyloid PET biomarkers of Alzheimer’s disease and related dementias and the impact of health-related comorbidities in a community-dwelling cohort

**Manuscript Number (if known):** ADJ-D-23-01466

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">P30AG072947</td> <td style="width: 50%;">R01HL153191</td> </tr> <tr> <td>R01AG058969</td> <td>R01AG070867</td> </tr> <tr> <td>U01HL096812</td> <td>R01AG071032</td> </tr> <tr> <td>R01AG072634</td> <td>R01AG068629</td> </tr> <tr> <td>R01HL158622</td> <td>R01AG070881</td> </tr> <tr> <td>R01AG067557</td> <td>R21AG075291</td> </tr> <tr> <td>R01AG080821</td> <td>R01AG074971</td> </tr> <tr> <td>U24AG082930</td> <td> </td> </tr> </table>	P30AG072947	R01HL153191	R01AG058969	R01AG070867	U01HL096812	R01AG071032	R01AG072634	R01AG068629	R01HL158622	R01AG070881	R01AG067557	R21AG075291	R01AG080821	R01AG074971	U24AG082930		
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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)
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b>	
		P30AG072947	Institution
<b>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<b>10</b>	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b>	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 3/15/2024

**Your Name:** James R. Bateman

**Manuscript Title:** Associations among plasma, MRI and amyloid PET biomarkers of Alzheimer’s disease and related dementias and the impact of health-related comorbidities in a community-dwelling cohort

**Manuscript Number (if known):** ADJ-D-23-01466

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">P30AG072947</td> <td style="width: 40%;">Institution</td> </tr> <tr> <td>ASPECT 20-AVP-786-306</td> <td>Institution</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	P30AG072947	Institution	ASPECT 20-AVP-786-306	Institution	Click the tab key to add additional rows.	
P30AG072947	Institution							
ASPECT 20-AVP-786-306	Institution							
Click the tab key to add additional rows.								
Time frame: past 36 months								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

		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	<input type="checkbox"/> None	
		NovoNordisk	Payments made to be, less than \$2,000, for participation in a roundtable discussion of Alzheimer's disease
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		North Carolina Area Health Education Centers	Payments made to me for CME lectures
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		P30AG072947	Institution
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		<i>Cannabidiol for Individuals at Risk for Alzheimer's Disease: A Randomized Placebo Controlled Trial</i>	DSMB member for this study being conducted by Dr. Kent Hutchinson at UC Denver
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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)
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**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:** 3/15/2024

**Your Name:** Jeffrey L. Dage

**Manuscript Title:** Associations among plasma, MRI and amyloid PET biomarkers of Alzheimer’s disease and related dementias and the impact of health-related comorbidities in a community-dwelling cohort

**Manuscript Number (if known):** ADJ-D-23-01466

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Time frame: Since the initial planning of the work																																
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%;">U24AG021886</td><td style="width: 50%;">Institution</td></tr> <tr><td>U01AG057195</td><td>Institution</td></tr> <tr><td>P30AG072976</td><td>Institution</td></tr> <tr><td>RD005665</td><td>Institution</td></tr> <tr><td>RD006263</td><td>Institution</td></tr> <tr><td>U54AG054345</td><td>Institution</td></tr> <tr><td>U19AG074879</td><td>Institution</td></tr> <tr><td>R01AG072474</td><td>Institution</td></tr> <tr><td>U54AG065181</td><td>Institution</td></tr> <tr><td>R01AG068193</td><td>Institution</td></tr> <tr><td>U24AG082930</td><td>Institution</td></tr> <tr><td>R01AG077202</td><td>Institution</td></tr> <tr><td>MJFF-023365</td><td>Institution</td></tr> <tr><td>U01AG082350</td><td>Institution</td></tr> <tr><td> </td><td> </td></tr> </table>	U24AG021886	Institution	U01AG057195	Institution	P30AG072976	Institution	RD005665	Institution	RD006263	Institution	U54AG054345	Institution	U19AG074879	Institution	R01AG072474	Institution	U54AG065181	Institution	R01AG068193	Institution	U24AG082930	Institution	R01AG077202	Institution	MJFF-023365	Institution	U01AG082350	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)
		Eli Lilly and Company Genotix Biosciences	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Eisai	Self
		Abbvie	Self
		Genotix Biotechnologies Inc.	Self
		Gates Ventures	Self
		Karuna Therapeutics	Self
		AlzPath Inc.	Self
		Cognito Therapeutics, Inc.	Self
		Monument Biosciences	Self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Eli Lilly and Company	Self
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Indiana University School of Medicine	Self
		Alzheimer's Association	Self

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
8	Patents planned, issued or pending	<input type="checkbox"/> None Eli Lilly and Company	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None Monument Bioscience AA-ISTAART PIA Vice Chair/Acting Chair NACC – Biomarker Steering Committee	
11	Stock or stock options	<input type="checkbox"/> None Eli Lilly and Company Genotix Biotechnologies AlzPath Inc. Monument Biosciences	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None AlzPATH ADx Neuroscience	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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:** 3/15/2024

**Your Name:** Kristen A. Russ

**Manuscript Title:** Associations among plasma, MRI and amyloid PET biomarkers of Alzheimer’s disease and related dementias and the impact of health-related comorbidities in a community-dwelling cohort

**Manuscript Number (if known):** ADJ-D-23-01466

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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)						
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 281 1516 380"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 525 1516 653"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 743 1516 842"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 1087 1516 1186"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 1304 1516 1402"> <tr> <td data-bbox="383 1304 954 1339">U24AG021886</td> <td data-bbox="954 1304 1516 1339">Institution</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	U24AG021886	Institution				
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 1522 1516 1621"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 1738 1516 1837"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="383 1919 1516 1955"> <tr><td></td><td></td></tr> </table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <b>None</b>	
		MesoScale Discovery	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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# ICMJJE DISCLOSURE FORM

**Date:** 3/15/2024

**Your Name:** Michelle M. Mielke

**Manuscript Title:** Associations among plasma, MRI and amyloid PET biomarkers of Alzheimer’s disease and related dementias and the impact of health-related comorbidities in a community-dwelling cohort

**Manuscript Number (if known):** ADJ-D-23-01466

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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">P30AGO72947</td> <td style="width: 40%;">Institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	P30AGO72947	Institution			Click the tab key to add additional rows.	
P30AGO72947	Institution							
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"> </td> <td style="width: 40%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"> </td> <td style="width: 40%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						

		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	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		P30AG072947	Institution
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Biogen	
		Eisai	
		Lilly	
		Merck	
		Roche	
		Siemens Healthineers	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> 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)
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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# ICMJE DISCLOSURE FORM

**Date:** 3/15/2024

**Your Name:** Suzanne Craft

**Manuscript Title:** Associations among plasma, MRI and amyloid PET biomarkers of Alzheimer’s disease and related dementias and the impact of health-related comorbidities in a community-dwelling cohort

**Manuscript Number (if known):** ADJ-D-23-01466

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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;">P30AG072947</td> <td style="width: 50%; padding: 2px;">Institution</td> </tr> <tr> <td style="height: 15px;"></td> <td></td> </tr> <tr> <td style="height: 15px;"></td> <td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	P30AG072947	Institution				Click the tab key to add additional rows.	
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Time frame: past 36 months									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%; height: 15px;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="height: 15px;"></td> <td></td> </tr> <tr> <td style="height: 15px;"></td> <td></td> </tr> </table>							
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4	Consulting fees	<input type="checkbox"/> None	
		vTv Therapeutics	
		T3D Therapeutics	
		Cyclerion Inc	
		Cognito Inc	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		P30AG072947	Institution
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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

**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:** 3/15/2024

**Your Name:** Samuel N. Lockhart

**Manuscript Title:** Associations among plasma, MRI and amyloid PET biomarkers of Alzheimer’s disease and related dementias and the impact of health-related comorbidities in a community-dwelling cohort

**Manuscript Number (if known):** ADJ-D-23-01466

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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		DSMB for WALL-e study (NCT04908358)	
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