

ICMJE DISCLOSURE FORM

Date: 2/2/2024

Your Name: Tom Earnest

Manuscript Title: Data-driven decomposition and staging of flortaucipir uptake in Alzheimer’s Disease

Manuscript Number (if known): ADJ-D-23-01312

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

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

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: 1/13/2024

Your Name: Abdalla Bani

Manuscript Title: Data-driven decomposition and staging of flortaucipir uptake in Alzheimer’s Disease

Manuscript Number (if known): ADJ-D-23-01312

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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Date: 1/16/2024

Your Name: Sung Min Ha

Manuscript Title: Data-driven decomposition and staging of flortaucipir uptake in Alzheimer’s Disease

Manuscript Number (if known): ADJ-D-23-01312

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Date: 1/16/2024

Your Name: Diana Hobbs

Manuscript Title: Data-driven decomposition and staging of flortaucipir uptake in Alzheimer’s Disease

Manuscript Number (if known): ADJ-D-23-01312

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1/29/2023

Your Name: Deydeep Kothapalli

Manuscript Title: Data-driven decomposition and staging of flortaucipir uptake in Alzheimer’s Disease

Manuscript Number (if known): ADJ-D-23-01312

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

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

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: 1/16/2024

Your Name: Braden Yang

Manuscript Title: Data-driven decomposition and staging of flortaucipir uptake in Alzheimer’s Disease

Manuscript Number (if known): ADJ-D-23-01312

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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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: 1/15/2024

Your Name: John J. Lee

Manuscript Title: Data-driven decomposition and staging of flortaucipir uptake in Alzheimer's Disease

Manuscript Number (if known): ADJ-D-23-01312

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input 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: 1/26/2024

Your Name: Tammie Benzinger

Manuscript Title: Data-driven decomposition and staging of flortaucipir uptake in Alzheimer’s Disease

Manuscript Number (if known): ADJ-D-23-01312

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="378 529 1511 627"> <tr> <td>Biogen</td> <td>Payments to me</td> </tr> <tr> <td>Eisai</td> <td>Payments to me</td> </tr> </table>	Biogen	Payments to me	Eisai	Payments to me							
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="378 873 1511 972"> <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 checked="" type="checkbox"/> None <table border="1" data-bbox="378 1092 1511 1190"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="378 1308 1511 1407"> <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 type="checkbox"/> None <table border="1" data-bbox="378 1524 1511 1686"> <tr> <td>Eisai</td> <td>Payments to me</td> </tr> <tr> <td>Siemens</td> <td>No payments made</td> </tr> <tr> <td>NIH sponsored/ External advisor on several grants</td> <td>No payments other than travel reimbursement</td> </tr> <tr> <td>Eli Lilly</td> <td>Payments to me</td> </tr> <tr> <td>Bristol Myers Squibb</td> <td>Payments to me</td> </tr> </table>	Eisai	Payments to me	Siemens	No payments made	NIH sponsored/ External advisor on several grants	No payments other than travel reimbursement	Eli Lilly	Payments to me	Bristol Myers Squibb	Payments to me	
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Bristol Myers Squibb	Payments to me												
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" data-bbox="378 1774 1511 1961"> <tr> <td>ASNR Alzheimer's and ARIA Study Group</td> <td>Unpaid</td> </tr> <tr> <td>QIBA Amyloid PET Working Group</td> <td>Unpaid</td> </tr> <tr> <td>Alzheimer's Assoc. Clinical Tau PET Work Group</td> <td>Unpaid</td> </tr> <tr> <td>American College of Radiology/AlzNet Work Group</td> <td>Unpaid</td> </tr> </table>	ASNR Alzheimer's and ARIA Study Group	Unpaid	QIBA Amyloid PET Working Group	Unpaid	Alzheimer's Assoc. Clinical Tau PET Work Group	Unpaid	American College of Radiology/AlzNet Work Group	Unpaid			
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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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Avid Radiopharmaceuticals/Eli Lilly	Technology transfer and precursors for radiopharmaceuticals (18F-Florbetapir, 18F-Flortaucipir)
		LMI	Technology transfer and precursors for radiopharmaceuticals (18F-PI-2620)
		Cerveau / Lantheus	Technology transfer and precursors for radiopharmaceuticals (18F-MK-6240)
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: 1/16/2024

Your Name: Brian Gordon

Manuscript Title: Data-driven decomposition and staging of flortaucipir uptake in Alzheimer’s Disease

Manuscript Number (if known): ADJ-D-23-01312

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)												
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 2/1/2024

Your Name: Aristeidis Sotiras

Manuscript Title: Data-driven decomposition and staging of flortaucipir uptake in Alzheimer’s Disease

Manuscript Number (if known): ADJ-D-23-01312

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">NIH R01AG067103</td> <td style="width: 40%;">All payments are made to the institution.</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	NIH R01AG067103	All payments are made to the institution.			Click the tab key to add additional rows.	
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11	Stock or stock options	<input type="checkbox"/> None	
		Equity in TheraPanacea	Participated in the friends and family funding for the TherePanacea start-up. Amount of shares is 23. Work done in TheraPanacea is not related to this project.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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