

## ICMJE DISCLOSURE FORM

**Date:** 12/12/2023

**Your Name:** Annie Thach

**Manuscript Title:** The Abca7V1613M variant reduces A $\beta$  generation, plaque load, and neuronal damage.

**Manuscript Number (if known):** ADJ-D-23-01301

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)  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |  |  |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> <p style="font-size: small; color: gray; text-align: right;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |  |  |  |  |  |  |  |
| <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;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |

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

**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:** 12/12/2023

**Your Name:** Claire Butler

**Manuscript Title:** The Abca7V1613M variant reduces A $\beta$  generation, plaque load, and neuronal damage.

**Manuscript Number (if known):** ADJ-D-23-01301

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) |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |

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

**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:** 12/11/2023

**Your Name:** Caden M Henningfield

**Manuscript Title:** The Abca7V1613M variant reduces A $\beta$  generation, plaque load, and neuronal damage.

**Manuscript Number (if known):** ADJ-D-23-01301

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) |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><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> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><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>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><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>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |

|           |  | 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>4</b>  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><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> |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>5</b>  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>6</b>  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>7</b>  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>8</b>  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>9</b>  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |  |  |
| <b>10</b> | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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> </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) |  |  |  |  |  |  |
|-----------|--|--|---|--|--|--|--|--|--|
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><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> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><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> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 12/11/2023

**Your Name:** Celia Da Cunha

**Manuscript Title:** The Abca7V1613M variant reduces A $\beta$  generation, plaque load, and neuronal damage.

**Manuscript Number (if known):** ADJ-D-23-01301

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)  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |  |  |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> <p style="font-size: small; color: gray; text-align: right;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |  |  |  |  |  |  |  |
| <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;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |

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

**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:** 12/7/2023

**Your Name:** Giedre Milinkeviciute

**Manuscript Title:** The Abca7V1613M variant reduces A $\beta$  generation, plaque load, and neuronal damage.

**Manuscript Number (if known):** ADJ-D-23-01301

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)   |  |  |  |  |  |   |
|---|--|---|--|--|--|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |   |  |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table> |  |  |  |  |  | Click the tab key to add additional rows. |
|   |  |   |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |   |
|   | Click the tab key to add additional rows.  |   |  |  |  |  |  |   |
| <b>Time frame: past 36 months</b>                         |  |   |  |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |   |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |   |

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

**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:** 12/7/2022

**Your Name:** Heidi Yahan Liang

**Manuscript Title:** The Abca7V1613M variant reduces Abeta generation, plaque load, and neuronal damage

**Manuscript Number (if known):** ADJ-D-23-01301

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) |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |



|    |  | 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"/> <b>None</b><br><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> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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> </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) |  |  |  |  |  |  |
|-----------|--|--|---|--|--|--|--|--|--|
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 12/12/2023

**Your Name:** Kai-Xuan Shi

**Manuscript Title:** The Abca7V1613M variant reduces A $\beta$  generation, plaque load, and neuronal damage

**Manuscript Number (if known):** ADJ-D-23-01301

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) |  |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <div style="border: 1px solid black; padding: 2px; font-size: small; color: gray; text-align: center;">Click the tab key to add additional rows.</div> |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |

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

**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:** 12/13/2022

**Your Name:** Lindsay Hohsfield

**Manuscript Title:** The Abca7V1613M variant reduces Abeta generation, plaque load, and neuronal damage.

**Manuscript Number (if known):** ADJ-D-23-01301

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) |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><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> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><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>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><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>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |

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

**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:** 12.07.2023

**Your Name:** Narges Rezaie

**Manuscript Title:** The Abca7V1613M variant reduces Abeta generation, plaque load, and neuronal damage.

**Manuscript Number (if known):** ADJ-D-23-01301

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)  |  |  |  |  |  |   |
|---|--|--|--|--|--|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |  |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td style="font-size: small;">Click the tab key to add additional rows.</td></tr> </table> |  |  |  |  |  | Click the tab key to add additional rows. |
|   |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |   |
|   | Click the tab key to add additional rows.  |  |  |  |  |  |  |   |
| <b>Time frame: past 36 months</b>                         |  |  |  |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>   |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |   |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </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<br><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> |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None<br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None<br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> None<br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None<br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None<br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
|    |  |   |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None<br><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> </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) |  |  |  |  |  |  |
|----|--|--|---|--|--|--|--|--|--|
| 11 | Stock or stock options   | <input type="checkbox"/> None<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 150px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table> |   |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input type="checkbox"/> None<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 150px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table> |   |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |
| 13 | Other financial or non-financial interests                                       | <input type="checkbox"/> None<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 150px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table> |   |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |

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:** 12/19/2023

**Your Name:** Jonathan Neumann

**Manuscript Title:** The Abca7V1613M variant reduces A $\beta$  generation, plaque load, and neuronal damage.

**Manuscript Number (if known):** ADJ-D-23-01301

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) |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><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> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><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>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><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>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |

|    |  | 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"/> <b>None</b><br><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> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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> </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) |  |  |  |  |  |  |
|-----------|--|--|---|--|--|--|--|--|--|
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 12/7/2023

**Your Name:** Shuling Wang

**Manuscript Title:** The Abca7V1613M variant reduces Abeta generation, plaque load, and neuronal damage

**Manuscript Number (if known):** ADJ-D-23-01301

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) |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |

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

**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:** 12/12/2023

**Your Name:** Shimako Kawauchi

**Manuscript Title:** The Abca7V1613M variant reduces A $\beta$  generation, plaque load, and neuronal damage.

**Manuscript Number (if known):** ADJ-D-23-01301

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)   |  |  |  |  |  |   |
|---|--|---|--|--|--|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |   |  |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table> |  |  |  |  |  | Click the tab key to add additional rows. |
|   |  |   |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |   |
|   | Click the tab key to add additional rows.  |   |  |  |  |  |  |   |
| <b>Time frame: past 36 months</b>                         |  |   |  |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |   |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>   |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |   |
|   |  |   |  |  |  |  |  |   |

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

**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:** 12/5/2023

**Your Name:** Dominic Ibarra Javonillo

**Manuscript Title:** The Abca7V1613M variant reduces Abeta generation, plaque load, and neuronal damage.

**Manuscript Number (if known):** ADJ-D-23-01301

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) |  |  |  |   |  |  |
|---|--|--|---|--|--|--|---|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |  |  |  |   |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">National Institute of Aging U54 AG054349</td> <td></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> | National Institute of Aging U54 AG054349  |  |  |  | Click the tab key to add additional rows. |  |  |
| National Institute of Aging U54 AG054349                  |  |  |   |  |  |  |   |  |  |
|   |  |  |   |  |  |  |   |  |  |
| Click the tab key to add additional rows.                 |  |  |   |  |  |  |   |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |   |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>   |   |  |  |  |   |  |  |
|   |  |  |   |  |  |  |   |  |  |
|   |  |  |   |  |  |  |   |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> </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"/> <b>None</b><br><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> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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> </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) |  |  |  |  |  |  |
|-----------|--|--|---|--|--|--|--|--|--|
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><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> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><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> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 12/7/2023

**Your Name:** Frank M. LaFerla

**Manuscript Title:** The Abca7V1613M variant reduces Abeta generation, plaque load, and neuronal damage.

**Manuscript Number (if known):** ADJ-D-23-01301

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) |  |  |  |  |  |  |
|---|--|---|---|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b>     |  |   |   |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">NIH NIA U54 AG054349 (MPI, A.J.Tenner, FM. LaFerla, K. Green)</td> <td style="width: 50%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> | NIH NIA U54 AG054349 (MPI, A.J.Tenner, FM. LaFerla, K. Green)                       |  |  |  |  |  | <small>Click the tab key to add additional rows.</small> |
| NIH NIA U54 AG054349 (MPI, A.J.Tenner, FM. LaFerla, K. Green) |  |   |   |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                             |  |   |   |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>   |   |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>   |   |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |
|   |  |   |   |  |  |  |  |  |  |



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

**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:** 12/6/2023

**Your Name:** Grant R MacGregor

**Manuscript Title:** The Abca7V1613M variant reduces Abeta generation, plaque load, and neuronal damage.

**Manuscript Number (if known):** ADJ-D-23-01301

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)  |   |              |  |  |   |  |
|---|--|--|--|---|--------------|--|--|---|--|
| <b>Time frame: Since the initial planning of the work</b>   |  |  |  |   |              |  |  |   |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">National Institute for Aging, National Institutes of Health</td> <td>U54 AG054349</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> | National Institute for Aging, National Institutes of Health | U54 AG054349 |  |  | Click the tab key to add additional rows. |  |
| National Institute for Aging, National Institutes of Health | U54 AG054349   |  |  |   |              |  |  |   |  |
|   |  |  |  |   |              |  |  |   |  |
| Click the tab key to add additional rows.                   |  |  |  |   |              |  |  |   |  |
| <b>Time frame: past 36 months</b>                           |  |  |  |   |              |  |  |   |  |
| <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;"> <tr><td> </td><td> </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;"> <tr><td> </td><td> </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"/> <b>None</b><br><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> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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> </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) |  |  |  |  |  |  |
|-----------|--|--|---|--|--|--|--|--|--|
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><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> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><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> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 12/6/2023

**Your Name:** Kim Green

**Manuscript Title:** The Abca7V1613M variant reduces Abeta generation, plaque load, and neuronal damage.

**Manuscript Number (if known):** ADJ-D-23-01301

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)  |   |              |              |     |   |  |
|---|--|--|--|---|--------------|--------------|-----|---|--|
| <b>Time frame: Since the initial planning of the work</b>   |  |  |  |   |              |              |     |   |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">National Institute for Aging, National Institutes of Health</td> <td>U54 AG054349</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> | National Institute for Aging, National Institutes of Health | U54 AG054349 |              |     | Click the tab key to add additional rows. |  |
| National Institute for Aging, National Institutes of Health | U54 AG054349   |  |  |   |              |              |     |   |  |
|   |  |  |  |   |              |              |     |   |  |
| Click the tab key to add additional rows.                   |  |  |  |   |              |              |     |   |  |
| <b>Time frame: past 36 months</b>                           |  |  |  |   |              |              |     |   |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1U01AG076791</td> <td>NIA</td> </tr> <tr> <td>T32-NS121727</td> <td>NIA</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>   | 1U01AG076791  | NIA          | T32-NS121727 | NIA |   |  |
| 1U01AG076791  | NIA  |  |  |   |              |              |     |   |  |
| T32-NS121727  | NIA  |  |  |   |              |              |     |   |  |
|   |  |  |  |   |              |              |     |   |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> </td> <td> </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"/> <b>None</b><br><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> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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> </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) |
|----|--|--|---|
| 11 | Stock or stock options   | <input type="checkbox"/> None  |   |
|    |  | Ashvattha Therapeutics   | Stock options   |
|    |  |  |   |
|    |  |  |   |
| 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:** 12/6/2023

**Your Name:** Mark Mapstone

**Manuscript Title:** The Abca7V1613M variant reduces Abeta generation, plaque load, and neuronal damage.

**Manuscript Number (if known):** ADJ-D-23-01301

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) |                                  |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |
|---|--|---|---|----------------------------------|--------------|--|--------------|---|--------------|--|--|--|--|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |   |   |                                  |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%;">U54 AG054349</td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table> | U54 AG054349  |                                  |              |  |              | Click the tab key to add additional rows. |              |  |  |  |  |  |  |  |  |  |  |
| U54 AG054349  |  |   |   |                                  |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |                                  |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |
|   | Click the tab key to add additional rows.  |   |   |                                  |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |                                  |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |                                  |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |                                  |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |                                  |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |                                  |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |   |   |                                  |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%;">U19 AG078109</td><td></td></tr> <tr><td>U19 AG068054</td><td></td></tr> <tr><td>R01 AG056726</td><td></td></tr> <tr><td>R01 AG058644</td><td></td></tr> </table>   | U19 AG078109  |                                  | U19 AG068054 |  | R01 AG056726 |   | R01 AG058644 |  |  |  |  |  |  |  |  |  |  |
| U19 AG078109  |  |   |   |                                  |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |
| U19 AG068054  |  |   |   |                                  |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |
| R01 AG056726  |  |   |   |                                  |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |
| R01 AG058644  |  |   |   |                                  |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%;">University of Rochester</td><td>Royalty payments to Dr. Mapstone</td></tr> <tr><td> </td><td></td></tr> <tr><td> </td><td></td></tr> </table>  | University of Rochester   | Royalty payments to Dr. Mapstone |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |
| University of Rochester                                   | Royalty payments to Dr. Mapstone   |   |   |                                  |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |                                  |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |
|   |  |   |   |                                  |              |  |              |   |              |  |  |  |  |  |  |  |  |  |  |

|    |  | 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 checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None  |   |
|    |  | US Patent #7,645,140   |   |
|    |  | US Patent #10,578,629  |   |
|    |  | US Patent #10,718,021  |   |
|    |  | US Patent #10,890,589  |   |
|    |  | US Patent #10,900,977  |   |
|    |  | US Patent #10,900,980  |   |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input type="checkbox"/> None  |   |
|    |  | Scientific Advisory Board  | Brain Neurotherapy Bio, Inc   |
|    |  | Scientific Advisory Board  | Davis Phinney Foundation for Parkinson's  |
|    |  | Scientific Advisory Board  | Alzheon, Inc  |
|    |  | Chair, NIH/NIA Data and Safety Monitoring Board.   | Efficacy and Mechanisms of Combined Aerobic Exercise and Cognitive Training (ACT) in Mild Cognitive Impairment (MCI): The ACT Trial |
| 10 | Leadership or fiduciary role in other board,   | <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) |
|-----------|--|--|---|
|           | 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:** 12/13/2023

**Your Name:** Sherilyn Collins

**Manuscript Title:** The Abca7V1613M variant reduces Abeta generation, plaque load, and neuronal damage.

**Manuscript Number (if known):** ADJ-D-23-01301

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)   |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |   |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |   |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |

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

**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:** 12/09/2023.

**Your Name:** Adrian Mendoza-Arvilla

**Manuscript Title:** The Abca7V1613M variant reduces AB generation, plaque load, and neuronal damage

**Manuscript Number (if known):** \_\_\_\_\_

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) |  |  |  |  |  |   |
|---|--|--|---|--|--|--|--|--|---|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |  |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <div style="border: 1px solid black; padding: 2px; font-size: small;">Click the tab key to add additional rows.</div> |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |
|   |  |  |   |  |  |  |  |  |   |

|    |  | 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<br><table border="1" data-bbox="386 298 1520 436"> <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"/> None<br><table border="1" data-bbox="386 592 1520 697"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None<br><table border="1" data-bbox="386 940 1520 1045"> <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<br><table border="1" data-bbox="386 1201 1520 1306"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                           |   |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None<br><table border="1" data-bbox="386 1465 1520 1570"> <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"/> None<br><table border="1" data-bbox="386 1726 1520 1831"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                           |   |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in  | <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) |
|----|--|--|---|
|    | other board, society, committee or advocacy group, paid or unpaid                |  |   |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None   |   |
| 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:** 12/4/2023

**Your Name:** Andrea J. Tenner

**Manuscript Title:** "The Abca7V1613M variant reduces A $\beta$  generation, plaque load, and neuronal damage."

**Manuscript Number (if known):** ADJ-D-23-01301

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)  |  |  |   |  |                                       |   |   |  |                            |  |
|---|--|--|--|--|--|---|--|---------------------------------------|---|---|--|----------------------------|--|
| <b>Time frame: Since the initial planning of the work</b>     |  |  |  |  |  |   |  |                                       |   |   |  |                            |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 20px;"></td> <td style="width: 20%;"></td> </tr> <tr> <td style="height: 20px;">NIH NIA U54 AG054349 (MPI, A.J.Tenner, FM. LaFerla, K. Green)</td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td style="font-size: small; text-align: center;">Click the tab key to add additional rows.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>  |  |  | NIH NIA U54 AG054349 (MPI, A.J.Tenner, FM. LaFerla, K. Green) |  |                                       | Click the tab key to add additional rows. |   |  |                            |  |
|   |  |  |  |  |  |   |  |                                       |   |   |  |                            |  |
| NIH NIA U54 AG054349 (MPI, A.J.Tenner, FM. LaFerla, K. Green) |  |  |  |  |  |   |  |                                       |   |   |  |                            |  |
|   | Click the tab key to add additional rows.  |  |  |  |  |   |  |                                       |   |   |  |                            |  |
|   |  |  |  |  |  |   |  |                                       |   |   |  |                            |  |
| <b>Time frame: past 36 months</b>                             |  |  |  |  |  |   |  |                                       |   |   |  |                            |  |
| <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;"> <tr> <td style="width: 80%; height: 20px;"></td> <td style="width: 20%;"></td> </tr> <tr> <td style="height: 20px;">NIH NIA R21 AG068573 (MPI R. Spitale, A.J. Tenner MPI)</td> <td></td> </tr> <tr> <td style="height: 20px;">Edythe M. Laudati Memorial Fund (AJT)</td> <td></td> </tr> <tr> <td style="height: 20px;">NIH NIA R01 AG060148 (MPI, A.J. Tenner, A. Mortazavi)</td> <td></td> </tr> <tr> <td style="height: 20px; background-color: yellow;">NIH NIA R21 AG061746 (AJT)</td> <td></td> </tr> </table> |  |  | NIH NIA R21 AG068573 (MPI R. Spitale, A.J. Tenner MPI)        |  | Edythe M. Laudati Memorial Fund (AJT) |   | NIH NIA R01 AG060148 (MPI, A.J. Tenner, A. Mortazavi) |  | NIH NIA R21 AG061746 (AJT) |  |
|   |  |  |  |  |  |   |  |                                       |   |   |  |                            |  |
| NIH NIA R21 AG068573 (MPI R. Spitale, A.J. Tenner MPI)        |  |  |  |  |  |   |  |                                       |   |   |  |                            |  |
| Edythe M. Laudati Memorial Fund (AJT)                         |  |  |  |  |  |   |  |                                       |   |   |  |                            |  |
| NIH NIA R01 AG060148 (MPI, A.J. Tenner, A. Mortazavi)         |  |  |  |  |  |   |  |                                       |   |   |  |                            |  |
| NIH NIA R21 AG061746 (AJT)                                    |  |  |  |  |  |   |  |                                       |   |   |  |                            |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 20px;"></td> <td style="width: 20%;"></td> </tr> <tr> <td style="height: 20px;">UC Case No. 1999-408 -royalty</td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>  |  |  | UC Case No. 1999-408 -royalty                                 |  |                                       |   |   |  |                            |  |
|   |  |  |  |  |  |   |  |                                       |   |   |  |                            |  |
| UC Case No. 1999-408 -royalty                                 |  |  |  |  |  |   |  |                                       |   |   |  |                            |  |
|   |  |  |  |  |  |   |  |                                       |   |   |  |                            |  |

|    |  | 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  |   |
|    |  | Apellis  | Payment to me   |
|    |  | Forbion  | Payment to me   |
|    |  | Montis   | Payment to me   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> None  |   |
|    |  | Seminar: Med Univ of South Carolina  | Honorarium to self  |
|    |  | Seminar: Michigan State University   | Honorarium to self  |
|    |  | Seminar: Alnylam   | Honorarium to self  |
|    |  | Award Presentation: Society of Leukocyte Biology   | Donated to Soc. Leuk, Biol.   |
|    |  | Seminar: Un. Of Colorado Med Campus, Denver  | Donated to Un of Colo., Denver  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None  |   |
|    |  | Society for Leukocyte Biology  | Covered Travel and Meeting expenses only  |
|    |  | Aegean Conferences   | Covered Travel and Meeting expenses only  |
|    |  | Hanson Wade: Complement Based Drug Dev.  | Covered Travel and Meeting expenses only  |
| 8  | Patents planned, issued or pending   | <input type="checkbox"/> None  |   |
|    |  | U.S. Patent # 5,965,439.   | issued October 12, 1999.  |
|    |  |  |   |
| 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   |   |
|    |  |  |   |
|    |  |  |   |

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

**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:** 12/12/2023

**Your Name:** Amber Walker

**Manuscript Title:** The Abca7V1613M variant reduces A $\beta$  generation, plaque load, and neuronal damage.

**Manuscript Number (if known):** ADJ-D-23-01301

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)  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |  |  |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table> <p style="font-size: small; color: gray; text-align: right;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |  |  |  |  |  |  |  |
| <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;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |

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

**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:** 12/21/2023

**Your Name:** Ali Mortazavi

**Manuscript Title:** The Abca7V1613M variant reduces A $\beta$  generation, plaque load, and neuronal damage.

**Manuscript Number (if known):** ADJ-D-23-01301

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) |  |  |  |  |   |  |
|---|--|---|---|--|--|--|--|---|--|
| <b>Time frame: Since the initial planning of the work</b> |  |   |   |  |  |  |  |   |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">NIA U54 AG054349</td> <td style="width: 40%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | NIA U54 AG054349  |  |  |  |  | Click the tab key to add additional rows. |  |
| NIA U54 AG054349  |  |   |   |  |  |  |  |   |  |
|   |  |   |   |  |  |  |  |   |  |
|   | Click the tab key to add additional rows.  |   |   |  |  |  |  |   |  |
| <b>Time frame: past 36 months</b>                         |  |   |   |  |  |  |  |   |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <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><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <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 checked="" type="checkbox"/> <b>None</b><br><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> |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><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> </table>   |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
|    |  |  |   |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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> </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) |  |  |  |  |  |  |
|-----------|--|--|---|--|--|--|--|--|--|
| <b>11</b> | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br><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> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><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> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><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> </table> |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |
|           |  |  |   |  |  |  |  |  |  |

**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:** 12/11/2023

**Your Name:** Angela Gomez-Arboledas

**Manuscript Title:** The Abca7V1613M variant reduces A $\beta$  generation, plaque load, and neuronal damage.

**Manuscript Number (if known):** ADJ-D-23-01301

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) |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Time frame: Since the initial planning of the work</b> |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Time frame: past 36 months</b>                         |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  | <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |

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

**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.