

## ICMJE DISCLOSURE FORM

**Date:** 3/28/2024

**Your Name:** Daniel W. Sirkis

**Manuscript Title:** Expansion of highly interferon-responsive T cells in early-onset Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01733

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.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Rainwater Charitable Foundation	Support for attending FTD Center Without Walls meeting, UCLA, 10/2023
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input 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:** 3/18/2024

**Your Name:** Caroline Warly Solsberg

**Manuscript Title:** Expansion of highly interferon-responsive T cells in early-onset Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01733

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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>							
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 3/25/2024

**Your Name:** Taylor Patrick Johnson

**Manuscript Title:** Expansion of highly interferon-responsive T cells in early-onset Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01733

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## ICMJE DISCLOSURE FORM

**Date:** 3/22/2024

**Your Name:** Luke Bonham

**Manuscript Title:** Expansion of highly interferon-responsive T cells in early-onset Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01733

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## ICMJE DISCLOSURE FORM

**Date:** March 28, 2024

**Your Name:** Alexis Oddi

**Manuscript Title:** Expansion of highly interferon-responsive T cells in early-onset Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01733

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></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:** 3/22/2024

**Your Name:** Ethan Geier

**Manuscript Title:** Expansion of highly interferon-responsive T cells in early-onset Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01733.

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

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

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Time frame: Since the initial planning of the work								
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; 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> <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>						



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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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> <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>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <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> <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> <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 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:** 3/21/2024

**Your Name:** Bruce L. Miller

**Manuscript Title:** Expansion of highly interferon-responsive T cells in early onset Alzheimer’s disease

**Manuscript Number (if known):** ADJ-D-23-01733

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

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

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Time frame: Since the initial planning of the work																			
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td>NIH/NIA</td><td>P01 AG019724</td></tr> <tr><td>NIH/NIA</td><td>R01 AG057234</td></tr> <tr><td>Bluefield Project to Cure FTD</td><td>P0544014</td></tr> </table>	NIH/NIA	P01 AG019724	NIH/NIA	R01 AG057234	Bluefield Project to Cure FTD	P0544014											
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td>NIH/Univ. of Wisconsin, Madison</td><td>1R01AG070883</td></tr> <tr><td>NIH/NIA</td><td>R35AG072362</td></tr> <tr><td>Bluefield Project to Cure FTD, UCSF FTD Core</td><td>P0544014</td></tr> <tr><td>NIH/NIA</td><td>P30AG062422</td></tr> <tr><td>NIH/NIA</td><td>R01AG057234</td></tr> <tr><td>NIH/NIA</td><td>R01AG062562</td></tr> <tr><td>NIH/NIA</td><td>R01AG062588</td></tr> <tr><td>NIH CSR</td><td>R01AG052496</td></tr> </table>	NIH/Univ. of Wisconsin, Madison	1R01AG070883	NIH/NIA	R35AG072362	Bluefield Project to Cure FTD, UCSF FTD Core	P0544014	NIH/NIA	P30AG062422	NIH/NIA	R01AG057234	NIH/NIA	R01AG062562	NIH/NIA	R01AG062588	NIH CSR	R01AG052496	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	<input type="checkbox"/> None	
		Cambridge University Press	Payment made to me
		Elsevier, Inc.	Payment made to me
		Guilford Publications, Inc.	Payment made to me
		Johns Hopkins Press	Payment made to me
		Oxford University Press	Payment made to me
		Taylor & Francis Group	Payment made to me
4	Consulting fees	<input type="checkbox"/> None	
		Massachusetts General Hospital Alzheimer's Disease Research Center (ADRC) Scientific Advisory Board (SAB)	Payments made to me in 2021, 2022, and 2023
		Stanford University ADRC SAB	Payments made to me in 2021, 2022, and 2023
		University of Washington ADRC SAB	Payments made to me in 2021, 2022, and 2023
		Genworth Medical Advisory Board	Payment made to me in March 2023
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Fromm Institute for Lifelong Learning	May 2023, payment made to me
		Global Summit on Neurodegenerative Diseases	Jun 2021, payment made to me
		Korean Dementia Society	Jul 2022, payment made to me
		Massachusetts General Hospital, dementia course	Payments made to me in 2022 and 2023
		National MS Society, Don Paty Lectureship	Jun 2021, payment made to me
		Ochsner Neuroscience Institute	Nov 2021, payment made to me
		Providence Saint Joseph Medical Center	Sep 2021, payment made to me
		Taipei Medical University, Dementia Center	Mar 2022, payment made to me
		UC Irvine Institute for Memory Impairments and Neurological Disorders (UCI MIND)	Mar 2022, payment made to me
		University of California, Los Angeles (UCLA) Grand Rounds	Apr 2022, payment made to me
		University of Texas, Center for Brain Health	Jan 2021, payment made to me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		The Association for Frontotemporal Degeneration (AFTD) Education Symposium, St. Louis, MO	May 2023, travel and lodging support
		Milken Institute FTD Scientific Retreat, Los Angeles, CA	Mar 2023, travel and lodging support
		California Institute of the Arts, Los Angeles, CA	Apr 2022, travel and lodging support
	UCLA	Apr 2022, travel and lodging support	

		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>8</b>	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	
		Arizona Alzheimer's Consortium	External Advisor
		Association for Frontotemporal Degeneration	Scientific Advisor
		The Buck Institute for Research on Aging	Scientific Advisor
		Cure ALS	Scientific Advisor
		The John Douglas French Alzheimer's Foundation	Medical Advisor
		Fundación Centro de Investigación Enfermedades Neurológicas, Madrid, Spain	Scientific Advisor
		Genworth	Scientific Advisor
		Kissick Family Foundation	Scientific Advisor
		The Larry L. Hillblom Foundation	Scientific Advisor
		Massachusetts General Hospital ADRC	Scientific Advisor
		National Institute for Health Research Cambridge Biomedical Research Center and its subunit, the Biomedical Research Unit in Dementia	Scientific Advisor
		Stanford University ADRC	Scientific Advisor
		University of Southern California P01 Urban Air Pollution and Alzheimer's Disease: Risk, Heterogeneity, and Mechanisms	External Advisory Committee
		University of Washington ADRC	Scientific Advisor
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		The Bluefield Project to Cure FTD	Director and Internal Advisor
		Global Brain Health Institute	Founding Director
		Institute for Neurodegenerative Diseases	Affiliated Faculty
		Tau Consortium of the Rainwater Charitable Fdtn.	Co-Director and Scientific Advisor
<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>	

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

## ICMJE DISCLOSURE FORM

**Date:** 3/21/2024

**Your Name:** Gil D Rabinovici

**Manuscript Title:** Expansion of highly interferon-responsive T cells in early-onset Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01733

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Johnson & Johnson	Paid to me										
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> </table>									



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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 3/21/2024

**Your Name:** Jennifer S. Yokoyama, PhD

**Manuscript Title:** Expansion of highly interferon-responsive T cells in early-onset Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-23-01733

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Time frame: Since the initial planning of the work												
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">NIH</td> <td style="padding: 2px;">Institution (NIH-NIA R01 AG062588, R01 AG057234, P30 AG062422; NIH-NINDS U54 NS123985, NIH-NIDA 75N95022C00031, NIH-NIA U19AG079774)</td> </tr> <tr> <td style="padding: 2px;">Rainwater Charitable Foundation</td> <td style="padding: 2px;">Institution</td> </tr> <tr> <td style="padding: 2px;">Alzheimer's Association</td> <td style="padding: 2px;">Institution</td> </tr> <tr> <td style="padding: 2px;">Global Brain Health Institute</td> <td style="padding: 2px;">Institution</td> </tr> <tr> <td style="padding: 2px;">Mary Oakley Foundation</td> <td style="padding: 2px;">Institution</td> </tr> </table>	NIH	Institution (NIH-NIA R01 AG062588, R01 AG057234, P30 AG062422; NIH-NINDS U54 NS123985, NIH-NIDA 75N95022C00031, NIH-NIA U19AG079774)	Rainwater Charitable Foundation	Institution	Alzheimer's Association	Institution	Global Brain Health Institute	Institution	Mary Oakley Foundation	Institution
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Time frame: past 36 months												
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td> </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> </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"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Lecture: "Immune Contributions to Frontotemporal Dementia," Knight Initiative Symposium: Frontotemporal Dementia, Knight Initiative for Brain Resilience, Wu Tsai Neurosciences Institute, Stanford University, November 28, 2023	Payment to JSY directly
		Grand Rounds: "Genetic Contributions to Neurodegenerative Disease," Department of Neurology, University of California Los Angeles, October 25, 2023	Payment to JSY directly
		Lecture: "Immune Contributors to Neurodegenerative Disease," Washington University in St. Louis School of Medicine NeuroGenomics and Informatics Center, August 18, 2022	Payment to JSY directly
		Lecture: Immune Contributors to Neurodegeneration," North Central Florida Society for Neuroscience Chapter Conference, January 28, 2022	Payment to JSY directly
		Lecture: "Genetic Characterization of Neurodegenerative Diseases," The Ohio State University Inaugural Neurogenetics Symposium, September 24, 2021.	Payment to JSY directly
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 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)
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Epstein Family Alzheimer's Collaboration, University of California San Diego	Scientific Advisory Board member— payment made to institution
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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.