

ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Michael Adeyosoye

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </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: 5/28/2024

Your Name: Malek Adjouadi

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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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: 5/28/2024

Your Name: Franchesca Arias

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Melissa J. Armstrong

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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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	
		Medscape Decision Point: Clinical Guidelines, Expert Perspectives series on Dementia/AD	Speaker (payment to me)
		Vindico CME Parkinson disease podcast ("Current and Emerging Therapeutic Options for Nonmotor Symptoms")	Interviewee (payment to me)
		PRIME CME "Ask the expert: individualizing treatment plans and providing patient-centered care in advance stage Parkinson disease"	Speaker (payment to me)
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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		ACTC/ATRI	DSMB member
		ADCS	DSMB member
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None	
		Lewy Body Dementia Association	Scientific Advisory Council (unpaid)

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Breton Asken

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None [[[
7	Support for attending meetings and/or travel	<input type="checkbox"/> None [Travel Fellowship – Alzheimer’s Association International Conference (2023)	Data from this manuscript were presented at the conference [[
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: 5/28/2024

Your Name: Warren Barker

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Elizabeth Crocco

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
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Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Rosie Curriel Cid

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <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>							
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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: 5/28/2024

Your Name: Steven DeKosky

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Jesse DeSimone

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Ranjan Duara

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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

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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: 5/28/2024

Your Name: Jacob Fiala

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Christian Freytes

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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Date: 5/28/2024

Your Name: Shellie-Anne Levy

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

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Date: 5/28/2024

Your Name: David Loewenstein

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

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

ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Michael Marsiske

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Robin Mayrand

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Karen McFarland

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Monica Rosselli

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Luana Okino Sawada

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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

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

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

ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Glenn Smith

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: David Vaillancourt

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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

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		Co-Founder, Automated Imaging Diagnostics	
		Co-Founder, Neuroimaging Solutions	

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: 5/28/2024

Your Name: Idaly Velez Uribe

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: Wei-en Wang

Manuscript Title: Plasma p-tau217 concordance with amyloid PET among ethnically diverse older adults

Manuscript Number (if known): DADM-D-24-00125

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <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>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <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>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <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)
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.