Date:	5/3/2024
Your Name:	Dana Pourzinal
Manuscript Title:	Profiling people with Parkinson's disease at risk of cognitive decline: Insights from PPMI and ICICLE-PD data
Manuscript Number (if known):	DADM-D-24-00042

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.

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	Parkinson's Foundation visiting scholar award (May 2023)	Payment made to me while I was a PhD student to travel to USA
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None     ■	

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Please place an "X" next to the following statement to indicate your agreement:  \[ \textstyle  I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:		5/3/2024				
Your Name:		Rachael Lawson	Rachael Lawson			
Ma	nuscript Title:	Profiling people with Parkinson's disease a ICICLE-PD data	t risk of cognitive decline: Insights from PPMI and			
Ма	nuscript Number (if k	(nown): DADM-D-24-00042				
con affe	tent of your manuscr ected by the content o	rency, we ask you to disclose all relationships/activiti ipt. "Related" means any relation with for-profit or n of the manuscript. Disclosure represents a commitme e in doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily			
epi	demiology of hyperte	os/activities/interests should be defined broadly. For nsion, you should declare all relationships with manuentioned 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.			vithout time limit. For all other items, the time			
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)			
		Time frame: Since the initial planning	of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	ICICLE-PD was funded by Parkinson's UK (J-0802, G-1301, G-1507). The research was supported by the Lockhart Parkinson's Disease Research Fund, National Institute for Health Research (NIHR) Newcastle Biomedical Research Unit and Centre based at Newcastle upon Tyne Hospitals NHS Foundation Trust and Newcastle University and the NIHR Cambridge Biomedical Research Centre (NIHR203312).	Click the tab key to add additional rows.			
		Time frame: past 36 montl	ns			
2	Grants or	□ None				

			e all entities with whom you have this onship 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		None	
4	Consulting fees		None	
5	Payment or honoraria for lectures,		None	
	presentations, speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert testimony		None	
7	Support for attending		None	
	meetings and/or travel	Trav	el expenses paid by MJ Fox Foundation	
8	Patents planned, issued or pending	$\boxtimes$	None	
9	Participation on a Data Safety		None	
	Monitoring Board or Advisory Board			
10	Leadership or fiduciary role in other board,		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	Member of Parkinson's UK Grant review committee			
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	None			
Plea	Please place an "X" next to the following statement to indicate your agreement:				
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

3 12/13/2021 ICMJE Disclosure Form

Date:		5/3/2024			
Your Name:		Alison Yarnall	Alison Yarnall		
Manuscript Title:		~ ·	Profiling people with Parkinson's disease at risk of cognitive decline: Insights from PPMI and ICICLE-PD data		
Ma	nuscript Number (if kn	own): DADM-D-24-00042			
con affe ind	the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the ontent of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be feeted by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily edicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.				
epi	demiology of hypertens	/activities/interests should be defined broadly. For sion, you should declare all relationships with manulationed in the manuscript.			
	tem #1 below, report a me for disclosure is the	I support for the work reported in this manuscript past 36 months.	without time limit. For all other items, the time		
		lame all entities with whom you have this elationship or indicate none (add rows as needed	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial plannin	g of the work		
1	All support for the present	□ None			
	manuscript (e.g., funding, provision	ICICLE-PD was funded by Parkinson's UK (J-0802, G-1301, G-1507). The research was supported by			
	of study materials,	the Lockhart Parkinson's Disease Research Fund,			
	medical writing, article processing	National Institute for Health Research (NIHR) Newcastle Biomedical Research Unit and Centre			
	charges, etc.) No time limit for	based at Newcastle upon Tyne Hospitals NHS Foundation Trust and Newcastle University and			
	this item.	the NIHR Cambridge Biomedical Research Centre (NIHR203312).			
			Click the tab key to add additional rows.		
		Time frame: past 36 mon	hs		
2	Grants or	□ None			
_	contracts from				
	any entity (if not indicated in item	<ul> <li>Received grant funding from Dunhill Medical Trust, EU IMI, NIHR, Parkinson's</li> </ul>			
	#1 above).	UK, Michael J Fox Foundation, Weston			
		Brain Institute, Intercept pharmaceuticals, Lewy Body Society, Cure Parkinson's Trust			

		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	None	
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<ul> <li>None</li> <li>Received funding and/or honoraria from Britannia, UCB, Abbvie, GSK, Teva- Lundbeck, GE Healthcare and Genus for attending educational events</li> </ul>	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	<ul> <li>None</li> <li>Received funding and/or honoraria from Britannia, UCB, Abbvie, GSK, Teva- Lundbeck, GE Healthcare and Genus for attending educational events</li> </ul>	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	STEPS II Data Monitoring	

		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)	
		Committee/Trial Steering Committee		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None  Member of Parkinson's UK Grant review and Cure Parkinson's Trust grant committee		
11	Stock or stock options	None None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	□ None  Received medical devices from electrocore for an academic study free of charge		
13	Other financial or non-financial interests	None None		
	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have	answered every question and have not altered the wo	rding of any of the questions on this form.	

3 12/13/2021 ICMJE Disclosure Form

				••••	
Date:			5/3/2024		
Your Name:		-	Caroline Williams-Gray		
Ma	nuscript Title:		Profiling people with Parkinson's disease at ICICLE-PD data	t risk of cognitive decline: Insights from PPMI and	
Ma	nuscript Number (if k	nown):	DADM-D-24-00042		
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.					
epi	-	nsion, you		example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
	tem #1 below, report a me for disclosure is the			vithout time limit. For all other items, the time	
			entities with whom you have this thip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			· · · · · · · · · · · · · · · · · · ·	made to you or to your motitudion,	
			Time frame: Since the initial planning		
1	All support for the				
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1	All support for the present manuscript (e.g.,	□ <b>N</b> o	Time frame: Since the initial planning one ambridge Biomedical Research Centre	of the work  Salary support	
1	All support for the present manuscript (e.g., funding, provision	□ <b>N</b> o	Time frame: Since the initial planning	of the work  Salary support Salary support	
1	All support for the present manuscript (e.g.,	□ <b>N</b> o	Time frame: Since the initial planning one ambridge Biomedical Research Centre	of the work  Salary support	
1	All support for the present manuscript (e.g., funding, provision of study materials,	□ <b>N</b> o	Time frame: Since the initial planning one ambridge Biomedical Research Centre	of the work  Salary support Salary support	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	□ <b>N</b> o	Time frame: Since the initial planning one ambridge Biomedical Research Centre	of the work  Salary support Salary support	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	□ <b>N</b> o	Time frame: Since the initial planning one ambridge Biomedical Research Centre	of the work  Salary support Salary support	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	□ <b>N</b> o	Time frame: Since the initial planning one ambridge Biomedical Research Centre	of the work  Salary support Salary support	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	□ <b>N</b> o	Time frame: Since the initial planning one ambridge Biomedical Research Centre	Salary support Salary support tab key to add additional rows.	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	□ No	Time frame: Since the initial planning one ambridge Biomedical Research Centre I Research Council  Time frame: past 36 month	Salary support Salary support tab key to add additional rows.	
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	□ No	Time frame: Since the initial planning one ambridge Biomedical Research Centre I Research Council	Salary support Salary support tab key to add additional rows.	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	□ No	Time frame: Since the initial planning one ambridge Biomedical Research Centre I Research Council  Time frame: past 36 month	Salary support Salary support tab key to add additional rows.	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	□ No	Time frame: Since the initial planning one ambridge Biomedical Research Centre I Research Council  Time frame: past 36 month one	Salary support Salary support tab key to add additional rows.  Research grant	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not	□ No  NIHR Ca  Medica  □ No  Cure Pa  Rosetre	Time frame: Since the initial planning one  ambridge Biomedical Research Centre  I Research Council  Time frame: past 36 month one  arkinson's Trust tes Trust	Salary support Salary support tab key to add additional rows.  Research grant Research grant	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	NIHR Ca Medica  No  Cure Pa  Rosetre  Parkins	Time frame: Since the initial planning one  ambridge Biomedical Research Centre  I Research Council  Time frame: past 36 month one  arkinson's Trust tes Trust	Salary support Salary support tab key to add additional rows.  Research grant	
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).	NIHR Ca Medica  No  Cure Pa Rosetre Parkins Cambrid	Time frame: Since the initial planning one  ambridge Biomedical Research Centre I Research Council  Time frame: past 36 month one  arkinson's Trust ares Trust on's UK dge Centre for Parkinson Plus	Salary support Salary support tab key to add additional rows.  Research grant Research grant Research grant Research grant	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	NIHR Ca Medica  No  Cure Pa Rosetre Parkins Cambrid	Time frame: Since the initial planning one ambridge Biomedical Research Centre I Research Council  Time frame: past 36 month one arkinson's Trust sees Trust on's UK	Salary support Salary support tab key to add additional rows.  Research grant Research grant Research grant Research grant	

		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	□ None	
		Evidera	Consulting fees
5	Payment or honoraria for	□ None	
	lectures,	GSK	Speaker fee
	presentations,	World Parkinson Congress	Speaker stipend
	speakers bureaus,		
	manuscript		
	writing or		
	educational events		
6	Payment for	⊠ None	
Ū	expert testimony	Z None	
7	Support for	□ None	
,	attending		
	meetings and/or	Parkinson's UK	Travel expenses
	travel	World Parkinson Congress	Travel expenses
		COST action - IMMUPARKNET	Travel and subsistence expenses
•	Data ata alaun ad	No.	
8	Patents planned, issued or	None	
	pending		
•	D		
9	Participation on a Data Safety	□ None	
	Monitoring	Parkinson's UK College of Experts	No payment
	Board or	Trial Steering Committee, Exenatide PD3	No payment
	Advisory Board		
10	Leadership or	None	
	fiduciary role in other board,		
	otner board, society,		
	committee or		
	advocacy group,		
	paid or unpaid		

		e all entities with whom you have this ionship 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	-	e following statement to indicate your agreeme	

Date:		5/6/2024	5/6/2024			
Your Name:		Roger A Barker	Roger A Barker			
Ma	nuscript Title:	Profiling people with Parkinson's from PPMI and ICICLE-PD data	disease at risk of cognitive decline: Insights			
Ma	nuscript Number (if kno	own): DADM-D-24-00042				
con affe indi The epic tha	etent of your manuscript ected by the content of the icate a bias. If you are in e author's relationships/ demiology of hypertens t medication is not men	t. "Related" means any relation with for-profit of the manuscript. Disclosure represents a commit in doubt about whether to list a relationship/action activities/interests should be defined broadly. For ion, you should declare all relationships with manuscript.	vity/interest, it is preferable that you do so.			
frar	The for disclosure is the	past 30 months.				
frar	THE TOT disclosure is the	past 30 months.				
frar	N	lame all entities with whom you have this elationship or indicate none (add rows as needs	Specifications/Comments (e.g., if payments were made to you or to your institution)			
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fran	All support for the	lame all entities with whom you have this elationship or indicate none (add rows as neede	d) made to you or to your institution)			
	All support for the present manuscript (e.g.,	lame all entities with whom you have this elationship or indicate none (add rows as needed)  Time frame: Since the initial plant  None  NIHR Biomedical research centre	d) made to you or to your institution)			
	All support for the present manuscript (e.g., funding, provision	lame all entities with whom you have this elationship or indicate none (add rows as neede  Time frame: Since the initial plann  None	made to you or to your institution) ing of the work  Institution Institution			
	All support for the present manuscript (e.g.,	lame all entities with whom you have this elationship or indicate none (add rows as needed)  Time frame: Since the initial plant  None  NIHR Biomedical research centre	made to you or to your institution) ing of the work  Institution			
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	lame all entities with whom you have this elationship or indicate none (add rows as needed)  Time frame: Since the initial plant  None  NIHR Biomedical research centre	made to you or to your institution) ing of the work  Institution Institution Click the tab key to add additional rows.			

Royalties or

licenses

 $\boxtimes$ 

None

			pecifications/Comments (e.g., if payments were nade to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None     ■	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:			

Date:	5/3/2024
Your Name:	Jihyun Yang
Manuscript Title:	Profiling people with Parkinson's disease at risk of cognitive decline: Insights from PPMI and ICICLE-PD data
Manuscript Number (if known):	DADM-D-24-00042

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.

		e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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)	е
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	se place an "X" nex	t to th	e following statement to indicate your agreeme	ent:
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			5/7/2024		
Your Name: Manuscript Title:			Prof Katie McMahon		
			Profiling people with Parkinson's disease at risk of cognitive decline: Insights from PPMI and ICICLE-PD data		
Mai	nuscript Number (if k	known):	DADM-D-24-00042		
content of your manuscript. "Rela affected by the content of the ma					
epic	· · · · · · · · · · · · · · · · · · ·	nsion, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
In item #1 below, report all suppor frame for disclosure is the past 36				ithout time limit. For all other items, the time	
		Namaal	I entities with whom you have this	Specifications/Comments (e.g., if payments were	
			ship or indicate none (add rows as needed)	made to you or to your institution)	
			•	made to you or to your institution)	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	relations	ship or indicate none (add rows as needed)	made to you or to your institution)	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relations	ship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)  of the work  Click the tab key to add additional rows.	

2021; grant for research not related to

2021; grant for research not related to

2021-2022; grant for research not related to

2021-2024; grant for research not related to

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Mater Research Betty McGrath Award

Perpetual IMPACT Philanthropy

RBWH Foundation Philanthropy

Wesley Research Institute

			e all entities with whom you have this onship 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		None	
4	Consulting fees	$\boxtimes$	None	
5	Payment or honoraria for		None	
	lectures, presentations,			
	speakers			
	bureaus, manuscript writing or educational events			
6	Payment for	$\boxtimes$	None	
	expert testimony			
7	Support for		None	
	attending meetings and/or	N4-4	ori Dagagush fayyadati an	Traval to Calcutific auron asium 2022
	travel	iviat	ai Research foundation	Travel to Scientific symposium 2023.
8	Patents planned,	$\boxtimes$	None	
8	issued or		None	
	pending			
9	Participation on a Data Safety Monitoring		None	
	Board or			
	Advisory Board			
10	Leadership or fiduciary role in		None	
	other board,	Nati	ional Imaging Facility	Scientific Advisory Board (unpaid)

		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	Matai National Imaging Facility Annual General Meeting	Scientific advisory group (unpaid) Co-Chair (unpaid)			
11	Stock or stock options	□ None  Various personal investments in Australian Companies and ETFs unrelated to this research.				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None				
13	Other financial or non-financial interests	None     ■				
Plea	Please place an "X" next to the following statement to indicate your agreement:					
$\boxtimes$	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.			

3 12/13/2021 ICMJE Disclosure Form

Date:	5/4/2024
Your Name:	John O'Sullivan
Manuscript Title:	Profiling people with Parkinson's disease at risk of cognitive decline: Insights from PPMI and ICICLE-PD data
Manuscript Number (if known):	DADM-D-24-00042
	e ask you to disclose all relationships/activities/interests listed below that are related to the

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.

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1 All support for the present manuscript (e.g., funding, provision of study materials, medical writing,			None	of the work  Click the tab key to add additional rows.
	article processing charges, etc.) No time limit for this item.			
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	S
3	Royalties or licenses		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)	e
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	5/3/2024
Your Name:	Gerard Byrne
Manuscript Title:	Profiling people with Parkinson's disease at risk of cognitive decline: Insights from PPMI and ICICLE-PD data
Manuscript Number (if known):	DADM-D-24-00042

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	Grant from NHMRC MRFF Dementia, Ageing and Aged Care Mission Grant from Royal Australian & New Zealand College Psychiatrists Contracts with Biogen, Janssen, Lundbeck, TauRx related to sponsored clinical trials in Alzheimer's disease	Payments to employer  Payments to employer  Payments to employer; no personal income

		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were
3	Royalties or	relationship or indicate none (add rows as needed)     None	made to you or to your institution)
	licenses	Royalties from a published book (< \$1000 last year): Byrne and Neville (2009) Community Mental Health for Older People. Elsevier Australia. ISBN 9780729538992  Royalties from a published rating scale (<\$1000 last year): Geriatric Anxiety Inventory	To employer  To employer
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ None  Regular expert testimony in the Supreme Court of Queensland in relation to cases involving a mental health defense for serious crimes (rape, pedophilia, murder) and cases involving disputed wills and decisional capacity more generally	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety	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)		
	Monitoring Board or Advisory Board			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	On the following advisory boards: Clem Jones Centre for Aging Dementia Research, Queensland Brain Institute, University of Queensland (honorary position)		
11	Stock or stock options	CSL (vaccines and blood products; annual dividends <\$1000 last 2 years)  YM Biosciences (experimental hematology and cancer products; no dividends to date)		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	5/3/2024
Your Name:	Nadeeka Dissanayaka
Manuscript Title:	Profiling people with Parkinson's disease at risk of cognitive decline: Insights from PPMI and ICICLE-PD data
Manuscript Number (if known):	DADM-D-24-00042

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payment made to you or to your institution)			
	Time frame: Since the initial planning of the work				
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None None	Click the tab key to add additional rows.		
		Time frame: past 36 month	s		
2	Grants or contracts from	□ None			
	any entity (if not indicated in item	NHMRC MRFF Dementia, Ageing and Aged Care Mission	To institution		
	#1 above).	NHMRC Boosting Dementia Research Leadership Fellowship	To institution		
		The Prince Charles Hospital Foundation Innovation Grant	To institution		
		Dementia Australia Research Foundation	To institution		
Research Donatio		Research Donation Generic	To institution		
		Metro North Hospital and Health Service	To institution		

			e all entities with whom you have this onship 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		None	
4	Consulting fees		None	
		NHI	MRC	Paid to me
5	Payment or honoraria for		None	
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert testimony		None	
7	Support for attending		None	
	meetings and/or travel			
8	Patents planned, issued or		None	
	pending			
9	Participation on a Data Safety	$\boxtimes$	None	
	Monitoring Board or Advisory Board			
10	Leadership or		None	
	fiduciary role in other board,			
	other board,			

			e all entities with whom you have this ionship 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			
11	Stock or stock options		None	
		<u> </u>		
12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			