

## ICMJE DISCLOSURE FORM

**Date:** 6/22/2024

**Your Name:** Gregory A. Jicha

**Manuscript Title:** Perspectives on the Clinical Use of Anti-Amyloid Therapy for the Treatment of Alzheimer's Disease: Insights from the Fields of Cancer, Rheumatology, and Neurology

**Manuscript Number (if known):** TRCI-D-24-00035

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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<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.

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**Your Name:** Elif Pinar Coskun

**Manuscript Title:** Perspectives on the Clinical Use of Anti-Amyloid Therapy for the Treatment of Alzheimer's Disease: Insights from the Fields of Cancer, Rheumatology, and Neurology

**Manuscript Number (if known):** TRCI-D-24-00035

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**Your Name:** Thomas C. Tucker

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**Your Name:** Peter T Nelson

**Manuscript Title:** Perspectives on the Clinical Use of Anti-Amyloid Therapy for the Treatment of Alzheimer's Disease: Insights from the Fields of Cancer, Rheumatology, and Neurology

**Manuscript Number (if known):** TRCI-D-24-00035

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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:** 6/22/2024

**Your Name:** Mark J. Huffmyer

**Manuscript Title:** Perspectives on the Clinical Use of Anti-Amyloid Therapy for the Treatment of Alzheimer's Disease: Insights from the Fields of Cancer, Rheumatology, and Neurology

**Manuscript Number (if known):** TRCI-D-24-00035

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)						
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 checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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 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.
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Time frame: past 36 months								
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## ICMJE DISCLOSURE FORM

**Date:** 6/22/2024

**Your Name:** Erin Abner

**Manuscript Title:** Perspectives on the Clinical Use of Anti-Amyloid Therapy for the Treatment of Alzheimer's Disease: Insights from the Fields of Cancer, Rheumatology, and Neurology

**Manuscript Number (if known):** TRCI-D-24-00035

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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<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: 60%;">Grant from the NIA P30 AG072946</td> <td style="width: 40%;">Institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Grant from the NIA P30 AG072946	Institution			Click the tab key to add additional rows.	
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<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 style="width: 40%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						



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