

ICMJE DISCLOSURE FORM

Date: 6/12/2023

Your Name: Adam M. Brickman

Manuscript Title: White matter hyperintensities and Alzheimer's disease: An alternative view of an alternative hypothesis

Manuscript Number (if known): ADJ-D-23-00576

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									
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.	<input checked="" type="checkbox"/> None <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 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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">NIH grants AG079519, AG066462, AG072474, AG054070, AG068054, AG054520, AG058067, AG051556, AG034189</td><td></td></tr> <tr><td>Alzheimer's Association grant 10-173589</td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table>	NIH grants AG079519, AG066462, AG072474, AG054070, AG068054, AG054520, AG058067, AG051556, AG034189		Alzheimer's Association grant 10-173589				
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4	Consulting fees	<input type="checkbox"/> None	
		Consultation, Cognition Therapeutics	Self
		Consultation, Regeneron	Self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Yale University	
		Celdara Medical	
		International Neuropsychological Society	
		Pennington Biomedical Research Center	
		International Society for Neurovascular Disease	
		American College of Neuropsychopharmacology	
American Association of Neuropathologists			
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		International Neuropsychological Society	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		US9867566B2	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Albert Einstein College of Medicine	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Section Editor, <i>Alzheimer's & Dementia</i>	
		Scientific Advisory Board, CogState	

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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.

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