

ICMJE DISCLOSURE FORM

Date: April 16, 2024

Your Name: Steven E. Arnold

Manuscript Title: Pathways to Personalized Medicine - Embracing Heterogeneity for Progress in Clinical Therapeutics Research in Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-00336

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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		Ionis Pharmaceuticals Novartis AG Seer Biosciences Superfluid Dx	all to institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Daewoong Pharmaceutical Co.	all personal consulting fees
		Risen Pharmaceutical Technology Co.	all personal consulting fees
		Allyx Therapeutics, Inc. BioVie, Inc. Cassava Sciences	all personal consulting fees
		Vandria Boyle Shaughnessy Law Foster & Eldredge	all personal consulting fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Eisai	personal honorarium
		Bob's Last Marathon	personal honorarium
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<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)
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	
		Quince Therapeutics/Cortexyme, Inc	personal honorarium
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 type="checkbox"/> None	
		Meso Scale Discovery	institutional receipt of reagents
		Chromadex, Inc	institutional receipt of dietary supplement for clinical trial
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 4/15/2024

Your Name: Bradley Hyman

Manuscript Title: Pathways to Personalized Medicine - Embracing Heterogeneity for Progress in Clinical Therapeutics Research in Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-00336

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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	
11	Stock or stock options	<input type="checkbox"/> None	
		Novartis	Wife's employer
		Dewpoint	On board
		Latus	On sci advisory board
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Boston Consulting Group	Direct payment to Medical writer for symposium summary
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

ICMJE DISCLOSURE FORM

Date: 4/15/2024

Your Name: Rebecca Betensky

Manuscript Title: Pathways to Personalized Medicine - Embracing Heterogeneity for Progress in Clinical Therapeutics Research in Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-00336

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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	

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Date: 4/15/2024

Your Name: Hiroko H. Dodge

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		Energy for Amyloid Transformation in AD, PI: Suzanne Craft) and Stomp-AD (Senolytic Therapy to Modulate the Progression of Alzheimer's Disease, PI: Miranda Orr).	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		ISTAART Advisory Committee member (2018-2021)	
		ISTAART Clinical Trials Method PIA founding chair (2017-2020)	
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	
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