

ICMJE DISCLOSURE FORM

Date: 6/4/2024

Your Name: Eleonora F. Spinazzi

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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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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: 6/4/2024

Your Name: Jayanta K. Chakrabarty

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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: 6/4/2024

Your Name: Anu Jain

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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Date: 6/4/2024

Your Name: Elliot H. H. Youth

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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Date: 6/4/2024

Your Name: Anne Marie W. Bartosch

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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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: 6/5/2024

Your Name: Andrew Teich

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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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11	Stock or stock options	<input type="checkbox"/> None	
		Ionis Pharmaceuticals	
		Biogen Pharmaceuticals	
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: 6/4/2024

Your Name: Tiffany Lam

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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: 6/4/2024

Your Name: Gary Miller

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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ICMJE DISCLOSURE FORM

Date: 6/4/2024

Your Name: Vrinda Kalia

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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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: 6/4/2024

Your Name: Harrison Xiao

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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: 6/4/2024

Your Name: Gail Iodice

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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: 6/4/2024

Your Name: Deborah Boyett

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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ICMJE DISCLOSURE FORM

Date: 6/4/2024

Your Name: Min Suk Kang

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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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: 6/4/2024

Your Name: Ali Ropri

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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: 6/4/2024

Your Name: Heather Buchanan

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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ICMJE DISCLOSURE FORM

Date: 6/4/2024

Your Name: Sophie Ross

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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ICMJE DISCLOSURE FORM

Date: 6/4/2024

Your Name: Guy M McKhann

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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)
4	Consulting fees	<input type="checkbox"/> None	
		Koh Young Inc	
		NeuroOne Technologies	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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	
		Medronic SLATE trial Publication Committee	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		President elect Neurosurgical Society of America	
		Scientific Program co-Chair elect, AANS	
		Board of Directors, ASSFN	

		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 <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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
13	Other financial or non-financial interests	<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: 6/4/2024

Your Name: Lewis M. Brown

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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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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 type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">NIH</td><td></td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p>	NIH					
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;"> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;"> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>									
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: 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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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>									
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: 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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11	Stock or stock options	<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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
13	Other financial or non-financial interests	<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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ICMJE DISCLOSURE FORM

Date: 6/4/2024

Your Name: Robert McGovern

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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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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; margin-top: 5px;"> <tr><td style="height: 20px;">NIH</td><td> </td></tr> <tr><td style="height: 20px;">Minnesota Partnership for Biotechnology and Genomics</td><td> </td></tr> <tr><td style="height: 20px;">Minnesota Robotics Institute</td><td> </td></tr> <tr><td style="height: 20px;">MnDRIVE Data Science Initiative</td><td> </td></tr> </table>	NIH		Minnesota Partnership for Biotechnology and Genomics		Minnesota Robotics Institute		MnDRIVE Data Science Initiative		
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ICMJE DISCLOSURE FORM

Date: 6/6/2024

Your Name: Lawrence S. Honig

Manuscript Title: Alzheimer's disease CSF biomarkers correlate with early pathology and alterations in neuronal and glial gene expression

Manuscript Number (if known): ADJ-D-24-00274

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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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: 60%; padding: 2px;">[Alector, Biogen, Cognition, EIP, Eisai, Genentech]</td> <td style="padding: 2px;">To institution</td> </tr> <tr> <td style="padding: 2px;">[Janssen/Johnson&Johnson, Roche, Transposon,]</td> <td style="padding: 2px;">To institution</td> </tr> <tr> <td style="padding: 2px;">[USB, Vaccinex]</td> <td style="padding: 2px;">To institution</td> </tr> </table>	[Alector, Biogen, Cognition, EIP, Eisai, Genentech]	To institution	[Janssen/Johnson&Johnson, Roche, Transposon,]	To institution	[USB, Vaccinex]	To institution
[Alector, Biogen, Cognition, EIP, Eisai, Genentech]	To institution								
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4	Consulting fees	<input type="checkbox"/> None	
		Biogen, Corium, Eisai, New Amsterdam, Roche]	To coauthor
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Medscape]	To coauthor
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Eisai]	To coauthor
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	
		Prevail/Lilly]	To coauthor
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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