

## ICMJE DISCLOSURE FORM

**Date:** 6/18/2024

**Your Name:** David Blum

**Manuscript Title:** Association of caffeine consumption with cerebrospinal fluid biomarkers in Mild Cognitive Impairment and Alzheimer’s Disease: a BALTAZAR cohort study

**Manuscript Number (if known):** ADJ-S-24 -00364

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="height: 20px;"> </td><td style="width: 20%;"></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								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;">ANR JANUS</td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;">PHRC-I CAFCA</td><td></td></tr> <tr><td style="height: 20px;">LabEx DISTALZ</td><td></td></tr> </table>	ANR JANUS		PHRC-I CAFCA		LabEx DISTALZ	
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4	Consulting fees	<input checked="" type="checkbox"/> None	
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 type="checkbox"/> None	
		EP23306352	WO2020193520A1
		EP22305262.2	WO2018178078
		EP22305261.4	
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	

		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)
<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 type="checkbox"/> <b>None</b>	
		Non-appointed member of the scientific advisory board of Marvel Biosciences Corp	

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. X

## ICMJE DISCLOSURE FORM

**Date:** 5/13/2024

**Your Name:** Emeline CAILLIAU

**Manuscript Title:** Association of caffeine consumption with memory deficits and cerebrospinal fluidbiomarkers in Mild Cognitive Impairment and Alzheimer’s Disease: a BALTAZARcohort study

**Manuscript Number (if known):** ADJ-S-24 -00364

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**Your Name:** BEHAL H  l  ne

**Manuscript Title:** Association of caffeine consumption with memory deficits and cerebrospinal fluidbiomarkers in Mild Cognitive Impairment and Alzheimer’s Disease: a BALTAZARcohort study

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**Date:** 5/6/2024

**Your Name:** Jean-Sébastien VIDAL

**Manuscript Title:** Association of caffeine consumption with cerebrospinal fluid biomarkers in Mild Cognitive Impairment and Alzheimer’s Disease: a BALTAZAR cohort study

**Manuscript Number (if known):** ADJ-S-24 -00364

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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <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>							

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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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. X

## ICMJE DISCLOSURE FORM

**Date:** 6/18/2024

**Your Name:** Luc Buée

**Manuscript Title:** Association of caffeine consumption with cerebrospinal fluid biomarkers in Mild Cognitive Impairment and Alzheimer’s Disease: a BALTAZAR cohort study

**Manuscript Number (if known):** ADJ-S-24 -00364

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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8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"> <tr> <td>EP22306999.8 Buée L, Lefebvre B, Rico T. Methods for decreasing therapeutic acquired resistance to chemotherapy and/or radiotherapy. Dec. 2022</td> <td></td> </tr> <tr> <td>EP 21306903.2 Buée L, Lefebvre B, Rico T. Methods for improving the efficacy of HDAC inhibitor therapy and predicting the response to treatment with HDAC inhibitor. December 2021.</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	EP22306999.8 Buée L, Lefebvre B, Rico T. Methods for decreasing therapeutic acquired resistance to chemotherapy and/or radiotherapy. Dec. 2022		EP 21306903.2 Buée L, Lefebvre B, Rico T. Methods for improving the efficacy of HDAC inhibitor therapy and predicting the response to treatment with HDAC inhibitor. December 2021.						
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		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)
	Board or Advisory Board		
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <input type="checkbox"/> Chair, Eurotau meetings <input type="checkbox"/> <input type="checkbox"/>	
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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. X

## ICMJE DISCLOSURE FORM

**Date:** 5/6/2024

**Your Name:** Bernadette Allinquant

**Manuscript Title:** Association of caffeine consumption with cerebrospinal fluid biomarkers in Mild Cognitive Impairment and Alzheimer’s Disease: a BALTAZAR cohort study

**Manuscript Number (if known):** ADJ-D-24-00324

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 type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%;">ADJ-D-24-00324</td><td></td></tr> <tr><td>PHRC-13- 0404</td><td></td></tr> <tr><td> </td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>	ADJ-D-24-00324		PHRC-13- 0404			Click the tab key to add additional rows.
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PHRC-13- 0404								
	Click the tab key to add additional rows.							
Time frame: past 36 months								
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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; 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)
<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
<b>5</b>	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
<b>6</b>	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
<b>7</b>	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
<b>8</b>	Patents planned, issued or pending	<input type="checkbox"/> <b>None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b>	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b>	

		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)
<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.

## ICMJE DISCLOSURE FORM

**Date:** 6/18/2024

**Your Name:** Audrey Gabelle

**Manuscript Title:** Association of caffeine consumption with cerebrospinal fluid biomarkers in Mild Cognitive Impairment and Alzheimer’s Disease: a BALTAZAR cohort study

**Manuscript Number (if known):** ADJ-S-24 -00364

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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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>									
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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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I certify that I have answered every question and have not altered the wording of any of the questions on this form. X

## ICMJE DISCLOSURE FORM

**Date:** 6/18/2024

**Your Name:** Stéphanie Bombois

**Manuscript Title:** Association of caffeine consumption with cerebrospinal fluid biomarkers in Mild Cognitive Impairment and Alzheimer’s Disease: a BALTAZAR cohort study

**Manuscript Number (if known):** ADJ-S-24 -00364

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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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		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	
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. X

## ICMJE DISCLOSURE FORM

**Date:** 5/6/2024

**Your Name:** Lehmann Sylvain

**Manuscript Title:** Association of caffeine consumption with cerebrospinal fluid biomarkers in Mild Cognitive Impairment and Alzheimer’s Disease: a BALTAZAR cohort study

**Manuscript Number (if known):** ADJ-S-24 -00364

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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		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)						
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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: 50%;">Fondation pour la recherche médicale (FRM)</td> <td>Equipe Protéinopathies</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; color: #ccc; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Fondation pour la recherche médicale (FRM)	Equipe Protéinopathies			Click the tab key to add additional rows.	
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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## ICMJE DISCLOSURE FORM

**Date:** 5/6/2024

**Your Name:** Schraen-Maschke

**Manuscript Title:** Association of caffeine consumption with cerebrospinal fluid biomarkers in Mild Cognitive Impairment and Alzheimer’s Disease: a BALTAZAR cohort study

**Manuscript Number (if known):** ADJ-S-24 -00364

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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<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: 70%;">PHRC2009/01-04</td><td></td></tr> <tr><td>PHRC-13- 0404</td><td></td></tr> <tr><td>Foundation Plan Alzheimer</td><td style="font-size: small;">Click the tab key to add additional rows.</td></tr> </table>	PHRC2009/01-04		PHRC-13- 0404		Foundation Plan Alzheimer	Click the tab key to add additional rows.	
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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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## ICMJE DISCLOSURE FORM

**Date:** 5/13/2024

**Your Name:** HANON olivier

**Manuscript Title:** Association of caffeine consumption with cerebrospinal fluid biomarkers in Mild Cognitive Impairment and Alzheimer’s Disease: a BALTAZAR cohort study

**Manuscript Number (if known):** ADJ-S-24 -00364

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4	Consulting fees	<input type="checkbox"/> None	
		Lilly (board)	Payments to me
		Roche (board)	Payments to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Eisai (lecture)	Payments to me
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 checked="" type="checkbox"/> None	
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