

ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: Alejandra O. Morcillo-Nieto

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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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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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Date: 5/22/2024

Your Name: Sara E. Zsadanyi

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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Date: 5/22/2024

Your Name: Jose E. Arriola-Infante

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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Date: 5/22/2024

Your Name: María Carmona-Iragui

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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		Neuraxpharm	Curso Residentes Cognición y Conducta SEN 2021, 2023
		Roche	Educational event on ARIA (May 2022)
		Esteve	Newsletter Alzheimer & Dementia today (2023, 2024)
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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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	

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: 5/22/2024

Your Name: Jordi Pegueroles

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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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ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: Mateus Rozalem Aranha

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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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4	Consulting fees	<input type="checkbox"/> None	
		consultancy for Veranex	(payed to me)
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 type="checkbox"/> None	
		Travel award - T21 Research Society Meeting 2024s	
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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		Partner and product director at Masima Soluções em Imagens Médicas - LTDA	

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ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: Lidia Vaqué-Alcázar

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: CONCEPCION PADILLA

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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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: 5/22/2024

Your Name: Bessy Benejam

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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: 5/22/2024

Your Name: Laura Videla

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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: 5/22/2024

Your Name: Isabel Barroeta

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: Susana Fernandez

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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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: 5/22/2024

Your Name: Miren Altuna

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: Sandra Giménez

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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: 5/22/2024

Your Name: Sofía González-Ortiz

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: Núria Bargalló

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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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: 5/22/2024

Your Name: Laia Ribas

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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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ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: Javier Arranz

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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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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 type="checkbox"/> None	
		Fujirebio-Europe	
		Esteve Pharmaceuticals S.A.	
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	

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ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: Soraya Torres

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: Maria Florencia Iulita

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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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>									

		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>							

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: 5/22/2024

Your Name: Olivia Belbin

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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 type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Institute of Health Carlos III (ISCIII)</td> <td>Payments made to Institution</td> </tr> <tr> <td>Department of Health Generalitat de Catalunya</td> <td>Payments made to Institution</td> </tr> <tr> <td>Alzheimers Association</td> <td>Payments made to Institution <small>e tab key to add additional rows.</small></td> </tr> </table>	Institute of Health Carlos III (ISCIII)	Payments made to Institution	Department of Health Generalitat de Catalunya	Payments made to Institution	Alzheimers Association	Payments made to Institution <small>e tab key to add additional rows.</small>	
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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Eisai Co., Ltd.</td> <td>Payments made to Institution</td> </tr> <tr> <td>ADmit Therapeutics, S.L</td> <td>Payments made to Institution</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Eisai Co., Ltd.	Payments made to Institution	ADmit Therapeutics, S.L	Payments made to Institution			
Eisai Co., Ltd.	Payments made to Institution								
ADmit Therapeutics, S.L	Payments made to Institution								
3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">ADx NeuroSciences</td> <td>Payments made to Institution and to me</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	ADx NeuroSciences	Payments made to Institution and to me					
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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)						
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"><tr><td>Quanterix</td><td>Travel costs for presentation at SIMOA workshop reimbursed</td></tr><tr><td></td><td></td></tr></table>	Quanterix	Travel costs for presentation at SIMOA workshop reimbursed					
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8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"><tr><td>European Patent Office</td><td>Filed patent application WO2019175379 A1 Markers of synaptopathy in neurodegenerative disease</td></tr><tr><td></td><td></td></tr></table>	European Patent Office	Filed patent application WO2019175379 A1 Markers of synaptopathy in neurodegenerative disease					
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"><tr><td>NIH Foundation Biomarkers Consortium Steering Committee</td><td>No payments received</td></tr><tr><td></td><td></td></tr></table>	NIH Foundation Biomarkers Consortium Steering Committee	No payments received					
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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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; 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></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: Valle Camacho

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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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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%; 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></td></tr> </table>						

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ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: Daniel Alcolea

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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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3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 55%;">Filed patent application</td><td style="width: 45%;">WO2019175379 A1 Markers of synaptopathy in neurodegenerative disease</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Filed patent application	WO2019175379 A1 Markers of synaptopathy in neurodegenerative disease				
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4	Consulting fees	<input type="checkbox"/> None	
		Fujirebio-Europe	
		Roche Diagnostics	
		Grifols S.A.	
		Lilly	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Fujirebio-Europe	
		Roche Diagnostics	
		Nutricia	
		Krka Farmacéutica S.L	
		Zambon S.A.U.	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Fujirebio-Europe	
		Lilly	
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ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: Alberto Lleó Bisa

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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4	Consulting fees	<input type="checkbox"/> None	
		Almirall, Grifols, Eisai, Lilly, Novartis, Biogen.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Grifols, Eisai, Lilly, Novonordisk, Biogen,	
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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: 5/22/2024

Your Name: Juan Fortea

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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 type="checkbox"/> None	
		Fondo de Investigaciones Sanitario (FIS), Instituto de Salud Carlos III. Spain.	To my institution.
		National Institutes of Health (NIH). USA.	To my institution.
		Generalitat de Catalunya. Spain.	To my institution.
		Fundació Tatiana Pérez de Guzmán el Bueno. Spain.	To my institution.
		Alzheimer's Association. USA.	To my institution.
		Brightfocus. USA.	To my institution.
		Horizon 2020 (European Commission).	To my institution.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<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)
4	Consulting fees	<input checked="" type="checkbox"/> None	
		Lundbeck	To me.
		Roche	To me.
		AC Immune	To me.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Roche	To me.
		Esteve	To me.
		Biogen	To me.
		Laboratorios Carnot	To me.
		Adamed	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 type="checkbox"/> None	
		WO2019175379 A1 Markers of synaptopathy in neurodegenerative disease issued.	To my institution and to me.
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		AC Immune	To me.
		Alzheon	To me.
		Zambon	To me.
		Lilly	To me.
		Ionis	To me.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Spanish Neurological Society.	No payments.
		T21 Research Society.	No payments.
		Lumind foundation	No payments.
		Jérôme-Lejeune Foundation.	No payments.
Alzheimer's Association.	No payments.		

		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)						
		National Institutes of Health. USA.	Payments for the participation in Study Sections.						
		Instituto de Salud Carlos III. Spain.	Payments for the participation in Study Sections.						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: Alexandre BEJANIN

Manuscript Title: Characterization of White Matter Hyperintensities in Down Syndrome

Manuscript Number (if known): ADJ-D-24-00369

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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Time frame: past 36 months									
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="width: 60%;">Fondo de Investigaciones Sanitario, Carlos III Health Institute</td> <td style="width: 40%;">Research grant</td> </tr> <tr> <td>Alzheimer's Association</td> <td>Research grant</td> </tr> <tr> <td>Ajuntament de Barcelona, en colaboracion con la Fundació La Caixa.</td> <td>Research grant</td> </tr> </table>	Fondo de Investigaciones Sanitario, Carlos III Health Institute	Research grant	Alzheimer's Association	Research grant	Ajuntament de Barcelona, en colaboracion con la Fundació La Caixa.	Research grant	
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