Date:	7/16/2024
Your Name:	Randall Bateman
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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.

		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		
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	National Institute on Aging UFAG032438  Alzheimer's Association	PI: Randall Bateman DIAN - grant DIAN Grant — SG-20-690363	
	No time limit for			
	this item.			
		Time frame: past 36 months		
2	Grants or contracts from	□ None		
	any entity (if not indicated in item	Biogen	Tau SILK Consortium member NfL Consortium member	
	#1 above).	AbbVie	Tau SILK Consortium member NfL Consortium member	
		Bristol Meyer Squibbs	NfL Consortium member	
		Novartis	Tau SILK Consortium member	
		National Institute on Aging RF1AG061900, R56AG061900	PI: Randall Bateman, Blood AB - grant	
		National Institute on Aging R21AG067559	PI: Randall Bateman, NfL - grant	
		NINDS/NIA R01NS095773	PI: Randall Bateman, CNS Tau - grant	
		Centene Corporation	Investigator Initiated Research - grant	
		Rainwater Foundation	Investigator Initiated Research - grants	

		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)
		Assn for Frontotemporal Degeneration FTD Biomarkers Initiative	Investigator Initiated Research - grant
		Biogen	Investigator Initiated Research – grant
		BrightFocus Foundation	Investigator Initiated Research – grant
		Cure Alzheimer's Fund	Investigator Initiated Research – grant
		Coins for Alzheimer's Research Trust Fund	Investigator Initiated Research – grant
		Eisai	Investigator Initiated Research – grants
		The Foundation for Barnes-Jewish Hospital	Investigator Initiated Research – grant
		TargetALS	Investigator Initiated Research – grant
		Good Ventures Foundation	Investigator Initiated Research – grant
		National Institute on Aging	PI: Randall Bateman DIAN-TU Next Generation
		R01AG53627/R56AG53627	Prevention Trial - Research Grant
		DIAN-TU Pharma Consortium	Active: Eli Lilly and Company/Avid
			Radiopharmaceuticals, Hoffman-La
			Roche/Genentech, Biogen, Eisai, Janssen.
			Previous: Abbvie, Amgen, AstraZeneca,
			Forum, Mithridion, Novartis, Pfizer, United
			Neuroscience, Sanofi).
		Eli Lilly and Company	Tau SILK Consortium Member.
		Hoffman-La Roche	Receipt of drugs and services. NfL Consortium
		Homman-La Noche	Member.
		CogState	In-kind support
		Signant	In-kind support
		National Institute on Aging R01AG068319	PI: Randall Bateman
		Tradional motivate on Aging No. 17 (8000013	DIAN-TU Next Generation Tau Trial - grant
		Alzheimer's Association	
		DIAN-TU-OLE-21-725093	PI: Randall Bateman
		DIAN-TU-Tau-21-822987,	DIAN-TU Open Label Extension – grant
		DIAN-10-184-21-022507,	DIAN-TU Tau Next Generation - grant
3	Royalties or licenses	□ None	
		C2N Diagnostics	Equity ownership interest in C2N Diagnostics and receive royalty income based on technology (methods of diagnosing AD with phosphorylation changes, stable isotope labeling kinetics, and blood plasma assay) licensed by Washington University to C2N Diagnostics
4	Consulting fees	⊠ None	
5	Payment or honoraria for	□ None	
	lectures,	Korean Dementia Association	International Conference Lecture Honoraria
	presentations,	American Neurological Association	Fall Conference honoraria
	speakers	Fondazione Prada	Conference honoraria
<u> </u>			

		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)
	bureaus,	Weill Cornell Medical College	Conference honoraria
	manuscript	Harvard University	Conference honoraria
	writing or	University of Pennsylvania	Lecture honoraria
	educational events		
6	Payment for expert testimony		
7	Support for attending	□ None	
	meetings and/or	Hoffman La-Roche	Reimbursed for travel expenses
	travel	Alzheimer's Association Roundtable	Reimbursed for travel expenses
		Duke Margolis Alzheimer's Roundtable	Reimbursed for travel expenses
		BrightFocus Foundation	Reimbursed for travel expenses
		Tau Consortium Investigator's Meeting	Reimbursed for travel expenses
		Fondazione Prada	Reimbursed for travel expenses
		NAPA Advisory Council on Alzheimer's Research	Reimbursed for travel expenses
		CTAD – Lifetime Achievement Award Winner	Reimbursed for air and 3 nights of hotel
		FBRI Meeting	Reimbursed for travel expenses
		Beeson Meeting	Hotel room paid for
		Adler Symposium	Hotel and transfers reimbursed
		University of Pennsylvania	Reimbursed for travel expenses
		Yale University	Reimbursed for travel expenses
8	Patents planned, issued or	□ None	
	pending	Washington University w/ RJB as coinventor - Methods for Measuring the Metabolism of CNS   Derived Biomolecules In Vivo	US nonprovisional patent application 12/267,974
		Washington University w/ RJB as coinventor - Methods for Measuring the Metabolism of neurally Derived Biomolecules in vivo	US nonprovisional patent application 13/005,233
		Washington University w/ RJB as coinventor - Plasma based methods for detecting CNS Amyloid Disposition	US nonprovisional patent application 62/492,718
		Washington University w/ RJB as coinventor - Plasma based methods for determining A-Beta Amyloidosis	US nonprovisional patent application 16/610,428
		Washington University w/RJB as coinventor – Methods of Treating Based on site-specific tau phosphorylation	US nonprovisional patent application 17/015,985
		Washington University w/RJB as coinventor – Tau Kinetic Measurements	US nonprovisional patent application 15/515,909
9	Participation on a Data Safety	□ None	
	Monitoring	Hoffman La-Roche/Genentech	Unpaid - Gantenerumab Advisory Board
	Board or Advisory Board	Biogen – Combination therapy for Alzheimer's disease	Unpaid Scientific Advisory Board

		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)	
		UK Dementia Research Institute at University College London Stanford University, Next Generation	Unpaid Scientific Advisory Board Unpaid Scientific Advisory Board	
		Translational Proteomics for Alzheimer's and Related Dementias	Offpala Scientific Advisory Board	
10	Leadership or fiduciary role in	□ None		
	other board, society, committee or advocacy group, paid or unpaid	C2N Diagnostics	Receives income from C2N Diagnostics for serving on the scientific advisory board	
11	Stock or stock options	■ None		
12	Receipt of equipment,	□ None		
	materials, drugs, medical writing,	Eisai	Receipt of drugs and services, DIAN-TU Next Generation Trial	
	gifts or other services	Janssen	Receipt of drugs and services, DIAN-TU Next Generation Trial	
		Hoffman La Roche	Receipt of drugs and services, DIAN-TU Open Label Extension - Gantenerumab	
13	Other financial or non-financial interests	☑ None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
[oxtimes]	□ I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	7/25/2024
Your Name:	Jae-Hong Lee
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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.

		e all entities with whom you have this onship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:  \[ \text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$			

	ICMJE DISCLOSURE FO	KIVI		
Date:	8/15/2021			
Your Name:	Ricardo Francisco Allegri			
Manuscript Title:	Longitudinal associations between ex Dominant Alzheimer's Disease	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease		
Manuscript Number (if k	nown): ADJ-D-24-00685			
content of your manuscri affected by the content of indicate a bias. If you are The author's relationship epidemiology of hyperter that medication is not med In item #1 below, report a	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	of the work		
1 All support for the present	□ None			

		relationship or indicate none (add rows as needed)	made to you or to your institution)
		Time frame: Since the initial planning of	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.	None   Washington St Louis University (DIAN)   Alzheimer Association	DIAN AAgrant for Fleni DIAN Latam AAgrant for Fleni LatAmFINGERS AAgrant for Fleni.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	■ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ 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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea [🖂]	Please place an "X" next to the following statement to indicate your agreement:			

Dat	e:		7/22/2024		
Your Name:			Tammie Benzinger, MD, PhD		
Manuscript Title:			Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease		
Ma	nuscript Number (if kr	nown):	ADJ-D-24-00685		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activities			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the		
	t medication is not me	-	· · · · · · · · · · · · · · · · · · ·	acturers of antihypertensive medication, even if	
In item #1 below, report all support frame for disclosure is the past 36 r				ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	□ N	one		
	present				
	manuscript (e.g.,	NIH		Payments to institution	
	manuscript (e.g., funding, provision of study materials,	NIH		Payments to institution  Click the tab key to add additional rows.	
	manuscript (e.g., funding, provision	NIH			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH	Time frame: past 36 month	Click the tab key to add additional rows.	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Time frame: past 36 month	Click the tab key to add additional rows.	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not		one	Click the tab key to add additional rows.	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	□ N	one	Click the tab key to add additional rows.	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	□ N	one	Click the tab key to add additional rows.	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	□ <b>N</b> e	one	Click the tab key to add additional rows.	

		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	□ None	
		Biogen	Payments to me
		Eli Lilly	Payments to me
		Eisai	Payments to me
		Bristol, Myers, Squibb	Payments to me
		181	Payments to me
5	Payment or honoraria for	□ None	
	lectures, presentations,	Medscape	Payments to me
	speakers bureaus,	Peer View	Payments to me
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	□ None	
	pending	US Patent 16/097,457	DIFFUSION BASIS SPECTRUM IMAGING (DBSI), A NOVEL DIFFUSION MRI METHOD USED TO QUANTIFY NEUROINFLAMMATION AND PREDICT ALZHEIMER'S DISEASE (AD) PROGRESSION
9	Participation on a Data Safety	□ None	
	Monitoring  Board or	Eisai	Payments to me
	Advisory Board	Siemens  NIH sponsored/ External advisor on several grants	No payments made  No payments other than travel reimbursement

		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)
10	Leadership or fiduciary role in other board,	ASNR Alzheimer's and ARIA Study Group, Co	Unpaid
	society, committee or advocacy group,	Leader  QIBA Amyloid PET Working Group, Co Leader	Unpaid
	paid or unpaid	Alzheimer's Assoc. Clinical Tau PET Work Group (member)	Unpaid
		American College of Radiology/AlzNet Work Group (member)	Unpaid
		RSNA QUIC Co Chair	Unpaid
		NIH CNN Study Section, Chair	Unpaid
11	Stock or stock options	None     ■	
12	Receipt of equipment,	□ None	
	materials, drugs, medical writing, gifts or other services	Avid Radiopharmaceuticals/Eli Lilly	Technology transfer and precursors for radiopharmaceuticals
		LMI	Technology transfer and precursors for radiopharmaceuticals
		Cerveau	Technology transfer and precursors for radiopharmaceuticals
		Hyperfine	Technology loan
13	Other financial or non-financial interests	None	
	merests		
Plea	se place an "X" nex	t to the following statement to indicate your agreeme	ent:
$\boxtimes$	I certify that I have	answered every question and have not altered the wo	ording of any of the questions on this form.

3 12/13/2021 ICMJE Disclosure Form

Date:	7/24/2024
Your Name:	Sarah B Berman
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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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ľ			e all entities with whom you have this onship 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
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None  Time frame: past 36 month  None	Click the tab key to add additional rows.
		NIH		Institutional, site for DIAN studies
3	Royalties or licenses		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	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ 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)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠  None		
13	Other financial or non-financial interests	None		
Plea	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.			

Date:	7/18/2024
Your Name:	Belinda Brown
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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		e all entities with whom you have this onship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	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.			

Date:	8/5/2024
Your Name:	Jasmeer Chhatwal
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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	□ None	
		ExpertConnect	Consulting Fee
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	None     Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None     Non	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	7/28/2024
Your Name:	Alisha J. Daniels
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal
	Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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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.

		e all entities with whom you have this onship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	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	None ————————————————————————————————————
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Executive Director of DIAN

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13 Other financial or None non-financial None		None		
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

	ICIVIJE DISCLUSURE FU	KIVI		
Date:	7/15/2024	7/15/2024		
Your Name:	Gregory S Day			
Manuscript Title:	Longitudinal associations between ex Dominant Alzheimer's Disease	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease		
Manuscript Number (if k	nown): _ADJ-D-24-00685			
content of your manuscr affected by the content of indicate a bias. If you are The author's relationship epidemiology of hyperter that medication is not me	rency, we ask you to disclose all relationships/activities ipt. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activity, s/activities/interests should be defined broadly. For ension, you should declare all relationships with manufactories in the manuscript.  all support for the work reported in this manuscript with the past 36 months.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	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		

		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	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.	None  ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None  NIH/NIA: K23AG064029, U01AG057195; U19AG032438 Alzheimer's Association (LDRFP-21-824473 Chan Zuckerberg Assoc	NIH/NINDS: U01NS120901
3	Royalties or licenses	None     Non	

		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	□ None	
		Parabon Nanolabs	Payments to me for work on NIH small business grant
		Arialys Pharmaceuticals	Consulting re clinical trial development specific to NMDAR encephalitis
5	Payment or honoraria for	☐ None	
	lectures,	PeerView Media	CME development + presentation (personal)
	presentations,	Continuing Education, Inc	CME development + presentation (personal)
	speakers bureaus,	Eli Lilly	Content development + presentation (payment to institution)
	manuscript writing or educational	Ionis Pharmaceuticals	Educational content development relevant to AD and CJD
	events	DynaMed	Topic editor (personal)
6	Payment for expert testimony	⊠ None	
7	7 Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or pending	⊠ None	
	pending		
9	Participation on a Data Safety	⊠ None	
	Monitoring		
	Board or		
	Advisory Board		
10	Leadership or fiduciary role in	□ None	
	other board,	Clinical Director, Anti-NMDA Receptor	Unpaid
	society,	Encephalitis Foundation	
	committee or		
	advocacy group, paid or unpaid		
	Para or ampara		

		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	□ None	
		ANI Pharmaceuticals	Personal
		Parabon Nanolabs	Stock options (personal)
12	Receipt of equipment,	□ None	
	materials, drugs,	Amgen Therapeutics	Material support of clinical trial
	medical writing,		(NCT04372615)
	gifts or other services		
	services		
13	Other financial or non-financial interests  None  None		
	IIIterests		
Plea	Please place an "X" next to the following statement to indicate your agreement:		
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	8/8/2024
Your Name:	On behalf of the DIAN working group
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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.

		e all entities with whom you have this onship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			ifications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None □	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	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.			

Date:	7/16/2024
Your Name:	James Doecke
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal
	Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were co you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None □	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	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.			

Date:	7/15/2024
Your Name:	Kirk I. Erickson
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were co you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None □	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:     Certify that   have answered every question and have not altered the wording of any of the questions on this form.			

Date	6/29/2029
Your Name:	Nick C Fox
Manuscript Title	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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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)		
		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.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		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	□ None  Eisai  F. Hoffmann-La Roche  Eli Lilly  Ionis  Biogen	Payments to my institution (UCL)
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None  F. Hoffmann-La Roche	Payments to my institution (UCL)
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None  Biogen	Payments to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None  Alzheimer's Society (UK)	Member of Research Strategy Council

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	7/16/2024
Your Name:	Samantha Gardener
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal
	Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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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.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:     Certify that   have answered every question and have not altered the wording of any of the questions on this form.			

Date:	7/26/2024
Your Name:	Brian Gordon
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal
	Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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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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		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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:  \[ \textsq    Certify that   have answered every question and have not altered the wording of any of the questions on this form.			

Date:	6/10/2024
Your Name:	Jason Hassenstab
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		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.	None NIH Grants for work listed in manuscript already	Institution
		Time frame: past	36 months
2		x None	

	Grants or contracts from		
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	x None	
4	Consulting fees	None	
		Prothena	Personal payments
_		AlzPath	Personal payments
5	Payment or honoraria for lectures, presentations,	x None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	x None	
	•		
7	Support for attending meetings and/or travel	x None	
	<b>3</b> ,		
8	Patents planned, issued or pending	x None	
9	Participation on a Data	None	Personal payments
	Safety Monitoring Board or	Caring Bridge: NIA	
	Advisory Board	sponsored	
		Wall-E: NIA sponsored	Personal payments
10	Leadership or fiduciary role in other board, society,	x None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	x None	

Please place an "X" next to the following statement to indicate your agreement:		
x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			7/25/2024		
Your Name:			Edward Huey		
Manuscript Title:			Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease		
Mar	nuscript Number (if k	nown):	ADJ-D-24-00685		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned		ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned all suppor	rt for the work reported in this manuscript without time limit. For all other items, the time		
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	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.	□ No		of the work  Click the tab key to add additional rows.	
			Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH/NI		R01AG062268 and U01AG79850 R01MH120794	
3	Royalties or licenses	⊠ No	one		

			ifications/Comments (e.g., if payments were e to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:     Certify that   have answered every question and have not altered the wording of any of the questions on this form.			

Date:	7/15/2024
Your Name:	Laura Ibanez
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:  \[ \textsq    Certify that   have answered every question and have not altered the wording of any of the questions on this form.			

Date:	7/16/2024		
Your Name:	Jorge Llibre Guerra		
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease		
Manuscript Number (if known):	ADJ-D-24-00685		
n the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the			

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		Time frame: past 36 month	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH-NIA (K01AG073526) Alzheimer's Association (AARFD-21-851415, SG-20-690363)		
3	Royalties or licenses	None     ■		

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this conship 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		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services		-	
13 Other financial or None non-financial				
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	7/12/2021
Your Name:	Mathias Jucker
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal
	Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments w made to you or to your institution)		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.			
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:     Certify that   have answered every question and have not altered the wording of any of the questions on this form.			

Date:	7/15/2024
Your Name:	Christoph Laske
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments w made to you or to your institution)		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.			
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comm made to you or to you	nents (e.g., if payments were our institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have	answe	ered every question and have not altered the wo	ording of any of the questions on this form.

Date:			7/18/2024		
Your Name:			Johannes Levin		
Manuscript Title:			Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease		
Ma	nuscript Number (if k	(nown):	ADJ-D-24-00685		
content of your manuscript. "Rela affected by the content of the ma		ipt. "Rela of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi	-	nsion, you		example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th			vithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments we made to you or to your institution)	re
			Time frame: Since the initial planning	of the work	
4	All support for the				
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.		German Center for Neurodegenerative	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	DZNE (	German Center for Neurodegenerative		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	DZNE ((	German Center for Neurodegenerative		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	DZNE (d Disease	German Center for Neurodegenerative es)  Time frame: past 36 mont one an Ministry for Research and Education	ns Institution	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	DZNE (  Disease  No  Germ.  (BMB	German Center for Neurodegenerative es)  Time frame: past 36 montl one an Ministry for Research and Education F) within the CLINSPECT-M Cluster	Institution Institution	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	DZNE (  Disease  Note: The second of the sec	German Center for Neurodegenerative es)  Time frame: past 36 montl one  an Ministry for Research and Education F) within the CLINSPECT-M Cluster and Petra Ehrmann foundation	ns Institution	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	DZNE (  Disease  No  Germ. (BMB  Anton  Lüneb	German Center for Neurodegenerative es)  Time frame: past 36 montl one an Ministry for Research and Education F) within the CLINSPECT-M Cluster	Institution Institution	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	DZNE (  Disease  No  Germ. (BMB  Anton  Lüneb. Innov	German Center for Neurodegenerative es)  Time frame: past 36 mont one an Ministry for Research and Education F) within the CLINSPECT-M Cluster and Petra Ehrmann foundation ourg Foundation	Institution Institution Institution	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	DZNE (  Disease  No  Germ. (BMB  Anton  Lüneb. Innov	Time frame: past 36 month one  an Ministry for Research and Education F) within the CLINSPECT-M Cluster and Petra Ehrmann foundation ourg Foundation ationsfonds ael J Fox Foundation for Parkinson's	Institution Institution Institution Institution	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	DZNE (  Disease  Germ (BMB Anton Lüneb Innov	Time frame: past 36 month one  an Ministry for Research and Education F) within the CLINSPECT-M Cluster and Petra Ehrmann foundation ourg Foundation ationsfonds alel J Fox Foundation for Parkinson's arch	Institution Institution Institution Institution Institution Institution	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	DZNE (( Disease    Disease	Time frame: past 36 month one  an Ministry for Research and Education F) within the CLINSPECT-M Cluster and Petra Ehrmann foundation ourg Foundation ationsfonds alel J Fox Foundation for Parkinson's arch	Institution Institution Institution Institution Institution Institution	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	DZNE (Control Disease)  Germa (BMB Anton Lüneb Innov Micha Resea Curep Jerom Alzhei	Time frame: past 36 montione  an Ministry for Research and Education F) within the CLINSPECT-M Cluster and Petra Ehrmann foundation ourg Foundation ationsfonds alel J Fox Foundation for Parkinson's arch esp	Institution Institution Institution Institution Institution Institution Institution	

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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 payme made to you or to your institution)	
		MODAG GmbH  (DFG, German Research Foundation) under Germany's Excellence Strategy within the framework of the Munich Cluster for Systems Neurology (EXC 2145 SyNergy – ID 390857198)  DZNE	Compensation for service as CMO Institution  Compensation for deputy lead of clinical trial unit
3	Royalties or licenses	None	
4	Consulting fees	□ None  EISAI  Biogen	To me To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Bayer Vital Biogen EISAI TEVA Roche Esteve Zambon	To me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Abbvie	To me
8	Patents planned, issued or pending	Oral Phenylbutyrate for Treatment of Human 4-Repeat Tauopathies" (EP 23 156 122.6) Pharmaceutical Composition and Methods of Use" (EP 22 159 408.8)	filed by LMU Munich filed by MODAG GmbH

			Comments (e.g., if payments were to your institution)	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Axon Neuroscience To me		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	ERN-RND Management board Unpaid ERN-RND Atypical Parkinson Disease Coordinator unpaid Deutsches Netzwerk Gedächtnisambulanzen Unpaid		
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None □		
13	Other financial or non-financial interests	None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

3 12/13/2021 ICMJE Disclosure Form

Date:			7/23/2024		
Your Name:			Francisco Lopera Restrepo		
Manuscript Title:			Longitudinal associations between ex Dominant Alzheimer's Disease	xercise and biomarkers in Autosomal	
Ma	nuscript Number (if k	nown):	ADJ-D-24-00685		
cor affe ind The epi tha	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.			ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.  xample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
			ll entities with whom you have this ship 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.	⊠ N	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from	□ N	one		

1 12/13/2021 ICMJE Disclosure Form

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any entity (if not

indicated in item

#1 above).

Royalties or

licenses

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**⊠** None

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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	□ None	
		BIOGEN, TECNOQUIMICAS	PAYMENTS TO MYSELF
			Conference
5	Payment or honoraria for	□ None	
	lectures,	TECNOFARMA	PAYMENT TO MYSELF
	presentations,		conference
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
7	Support for attending		
	meetings and/or		
	travel		
8	Patents planned, issued or	□ None	
	pending	Antibodies for AD Prevention	MGH
9	Participation on a Data Safety	⊠ None	
	Monitoring		
	Board or		
	Advisory Board		
10	Leadership or fiduciary role in	None	
	other board,		
	society, committee or		
	advocacy group,		
	paid or unpaid		

			e all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relati	ionship or indicate none (add rows as needed)	made to you or to your institution)
11	Stock or stock options		None	
12	Receipt of equipment,	$\boxtimes$	None	
	materials, drugs,			
	medical writing, gifts or other			
	services			
13 Other financial or non-financial None				
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	7/31/2024
Your Name:	Ralph Martins
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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			e all entities with whom you have this onship 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.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

			cations/Comments (e.g., if payments were co you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None □	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:  \[ \textstyle  I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	7/16/2024
Your Name:	Colin Masters
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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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.

		e all entities with whom you have this onship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:  \[ \textstyle  I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

		CONFLICT OF INTEREST DISC	LOSURE FORM			
Da	te:	7/25/2024	7/25/2024			
Yo	ur Name:	Eric McDade				
Ma	anuscript Title:	Longitudinal associations between exer Disease	cise and biomarkers in Autosomal Dominant Alzheimer's			
Ma	nuscript Number (if k	<b>(nown):</b> ADJ-D-24-00685				
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		ipt. "Related" means any relation with for-profit of the manuscript. Disclosure represents a comming in doubt about whether to list a relationship/act os/activities/interests should be defined broadly. In sion, you should declare all relationships with material in the manuscript.  all support for the work reported in this manuscri	rt for the work reported in this manuscript without time limit. For all other items, the time			
		Name all entities with whom you have this relationship or indicate none (add rows as need	Specifications/Comments (e.g., if payments were made to you or to your institution)			
		Time frame: Since the initial plan	ning of the work			
1	All support for the	□ None				
	present manuscript (e.g., funding, provision	NIA	Grants to Institution			
	of study materials, medical writing, article processing charges, etc.) No time limit for this item.	GHR Alzheimer Association	Click the tab key to add additional rows.			
		Time frame: past 36 m	onths			
2	Grants or contracts from	□ None				
	any entity (if not	Eli Lilly	Payment to Institution			
		-·· -··· <b>/</b>				
	indicated in item #1 above).	Hoffman La Roche	Payment to Institution			

Payment to Institution

Janssen

**⊠** None

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licenses

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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	□ None	
		Astra Zeneca	Paid to me
		Roche	Paid to me
		Sanofi	Paid to me
		Merck	Paid to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Alzheimer Association Projects in Knowledge (Kaplan)- CME Neurology Live- CME American Academy of Neurology (AAN) University of Maryland	Manuscript preparation Paid to me Paid to me Lecture honoraria Lecture honoraria
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Alzheimer Association Fondation Alzheimer McGill University University of Maryland American Academy of Neurology University of Massachusetts Australian and New Zealand Association of Neurologists (ANZAN)	
8	Patents planned, issued or pending	☐ None   T-018562	Royalties paid to me
9	Participation on a Data Safety Monitoring Board or Advisory Board	Alector Alnylum	Payments to me Payments to me
10	Leadership or fiduciary role in other board, society, committee or	None   Alzamend	Payments to me

		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)	
	advocacy group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	Avid Radiopharmaceuticals Cerveau LMI	Radiopharmaceuticals and technology transfer Radiopharmaceuticals and technology transfer Radiopharmaceuticals and technology transfer	
13	Other financial or non-financial interests	Image: square of the square o		
Plea [⊠]	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.			

Signature and date:

Wet signature or Part 11 Compliant electronic signature (Acrobat Certification or Docusign are acceptable alternatives)

Date:			7/15/2024		
Your Name:			John C Morris		
Mar	nuscript Title:		Longitudinal associations between ex Dominant Alzheimer's Disease	xercise and biomarkers in Autosomal	
Mar	nuscript Number (if k	(nown):	ADJ-D-24-00685		
content of your manuscript. "Rela affected by the content of the ma		ipt. "Rela of the ma			
epid	· · · · · · · · · · · · · · · · · · ·	nsion, yo		xample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
In item #1 below, report all suppo frame for disclosure is the past 36				ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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	⊠ N	one		
	manuscript (e.g.,				
	funding, provision of study materials,			Click the tab key to add additional rows.	
	medical writing, article processing charges, etc.) No time limit for				
	this item.				
			Time frame: past 36 month	S	
2	Grants or contracts from	□ No	ne		
	any entity (if not indicated in item #1 above).	NIH sup P01AG	oport: P30 AG066444; P01AG003991; 026276		

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licenses

**⊠** 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	□ None  Barcelona Brain Research Center BBRC)  Native Alzheimer Disease-Related Resource Center in Minority Aging Research, Ext Adv Board	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	AAIM meeting Longer Life Foundation (October 2022); Int'l Brain Health Symposium (January 2024)	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	AAIM meeting, Longer Life Foundation; AD/PD meeting, Sweden 2023; ATRI/ADNI Investigators meeting (March 2023); ADRC spring meeting 2023; DIAN symposium 2023; ADC meeting 2023; Int'l conference on Health Aging & Biomarkers, Taiwan 2023; Int'l Brain Health Symposium	
8	Patents planned, issued or pending	None     Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Cure Alzheimer's Fund, Research Strategy Council  LEADS Advisory Board, Indiana University	
10	Leadership or fiduciary role in other board,	None     ■	

			e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Please place an "X" next to the following statement to indicate your agreement:				
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

ICIVIJE DISCLOSURE FORIVI			
Date:	8/1/2024		
Your Name:	James M Noble MD		
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease		
Manuscript Number (if known):	ADJ-D-24-00685		
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 Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the None present manuscript (e.g., UL1TR000040 Columbia Clinical and Translational Science funding, provision Award of study materials, UF1AG032438 DIAN-Obs medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Grants or None contracts from any entity (if not indicated in item #1 above). 3 Royalties or  $\boxtimes$ None licenses

		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)	e
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:	7/21/2021
Your Name:	Jeremiah Peiffer
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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.

		e all entities with whom you have this onship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	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.			

Date:		7/15/2024			
Your Name:		Richard J. Perrin			
		Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease			
Ma	nuscript Number (if known):	ADJ-D-24-00685			
con affe ind	tent of your manuscript. "Rela ected by the content of the mar icate a bias. If you are in doubt	ask you to disclose all relationships/activities/intered" means any relation with for-profit or not-for-prosection. Disclosure represents a commitment to traabout whether to list a relationship/activity/interes	ofit third parties whose interests may be nsparency and does not necessarily t, it is preferable that you do so.		
epi	<del>-</del>	s/interests should be defined broadly. For example should declare all relationships with manufacturers n the manuscript.			
	tem #1 below, report all suppor me for disclosure is the past 36	t for the work reported in this manuscript without t months.	ime limit. For all other items, the time		
		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 w	vork		
1	All support for the present manuscript (e.g., funding, prov				
	of study materials, medical wri article processing charges, etc No time limit for this item.	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	5/2024 25		
		Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item	□ None			
above).		P01 AG003991 (Morris) 05/01/19-04/30, P30 AG066444 (Morris) 05/01/20-04/30, R01AG054567 (Benzinger)09/15/17-06/30/R01 AG070883 (Kind, Raji)03/01/21-02/28/R01NS092865 (Xu) 02/01/16-11/30, R01AG054513(Yablonskiy)07/01/17-04/30/R01 NS075321(Perlmutter)05/01/11-04/30, APDA (Perlmutter) 01/01/99-08/2023 R01NS097799 (Kotzbauer)07/2022-06/2027	/25 22 /23 26 /21 22 /22 NCE		
		U19AG069701 (Bu) 06/2021-05/2026 U19NS110456 (Perlmutter) 09/2019-06/20			

R01AG058676 (Masters) 09/2018-05/2024 NCE R01AG074909 (Q Wang) 04/2022-01/2027 U19AG024904 (Weiner) 09/2022-07/2027 U19AG07879 (Ertekin-Taner) 03/2023-02/2027

		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)
3	Royalties or licenses	None     Non	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None     Non	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None     Non	

		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	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or	⊠ None		
	other services			
13	Other financial or non-financial interests	None     ■		
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

3 12/13/2021 ICMJE Disclosure Form

Date:	7/25/2024	
Your Name:	Stephanie RAINEY-SMITH	
Manuscript Title:  Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease		
Manuscript Number (if known):	ADJ-D-24-00685	
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t 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.		

Specifications/Comments (e.g., if payments were Name all entities with whom you have this relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the  $\boxtimes$ None present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months Grants or 2 None contracts from any entity (if not National Health and Medical Research Council 1197315; 1191535; 1161706; 2018668; indicated in item 2022203 #1 above). Alzheimer's Association (USA) Research Grant AARG-21-852101; AARG-NTF-21-849066; AARG-19-618532 Alzheimer's Drug Discovery Foundation RDADB-202004-2020197 **BrightFocus Foundation** A2018402F Royalties or 3  $\times$ None licenses

		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	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None  Mature Adults Learning Association Inc.	Honorarium for lectures
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	CogSleep CRE Travel Award Alzheimer's Association International Conference Travel Fellowship AIBL Study	2022; 2023 X2 2024
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     ■	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Australian Imaging, Biomarker and Lifestyle (AIBL) Flagship Study of Ageing Scientific Management Committee Centre of Healthy Ageing, Steering Committee, Murdoch University Dementia Australia Research Foundation Scientific Panel	

		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)
		Neuroscience Council of the Australasian Sleep Association National Health and Medical Research Council Grant Assessment Panel Medical Research Future Fund (MRFF) Grant Assessment Committee	Paid (received by SRRS)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None     ■	
Please place an "X" next to the following statement to indicate your agreement:			
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			7/15/2024		
Your Name:			Jee Hoon Roh		
Manuscript Title:			Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease		
Maı	nuscript Number (if k	(nown):	ADJ-D-24-00685		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		ipt. "Related for the made in doub os/activitinsion, yo entioned all suppo	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity es/interests should be defined broadly. For each of the u should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			ll entities with whom you have this ship 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.	Korea [ Korea [ by the	Dementia Research Project through the Dementia Research Center (KDRC) funded Ministry of Health & Welfare and Ministry nce and ICT (RS-2024-00344521).	Click the tab key to add additional rows.	
•	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Korea [ Korea [ by the	Dementia Research Project through the Dementia Research Center (KDRC) funded Ministry of Health & Welfare and Ministry		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Korea [ Korea [ by the of Sciel	Dementia Research Project through the Dementia Research Center (KDRC) funded Ministry of Health & Welfare and Ministry nce and ICT (RS-2024-00344521).		

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form.			

Date:			7/16/2024		
Your Name:			Peter R Schofield		
Manuscript Title:			Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease		
Mai	nuscript Number (if k	nown):	ADJ-D-24-00685		
content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.		
epic		nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report and for disclosure is the			ithout time limit. For all other items, the time	
			l entities with whom you have this ship 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		one		
1	present manuscript (e.g.,	NIH (NI	one A)	Paid through Wash U to institution	
1	present	NIH (NI Anonyn	one		
1	present manuscript (e.g., funding, provision	NIH (NI Anonyn	A) nous Foundation	Paid through Wash U to institution Paid through Wash U to institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH (NI Anonyn	A) nous Foundation	Paid through Wash U to institution Paid through Wash U to institution Paid to institution	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	NIH (NI Anonym Roth Ch	A) nous Foundation naritable Foundation  Time frame: past 36 month	Paid through Wash U to institution Paid through Wash U to institution Paid to institution	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	NIH (NI Anonym Roth Ch	A) nous Foundation naritable Foundation  Time frame: past 36 month one  C (Australia)	Paid through Wash U to institution Paid through Wash U to institution Paid to institution  S  Paid to institution	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	NIH (NI Anonym Roth Ch	A) nous Foundation naritable Foundation  Time frame: past 36 month	Paid through Wash U to institution Paid through Wash U to institution Paid to institution	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	NIH (NI Anonyn Roth Ch	A) nous Foundation naritable Foundation  Time frame: past 36 month one  C (Australia)	Paid through Wash U to institution Paid through Wash U to institution Paid to institution  S  Paid to institution	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or	NIH (NI Anonyn Roth Ch	A) nous Foundation naritable Foundation  Time frame: past 36 month  one  C (Australia)  Australia)	Paid through Wash U to institution Paid through Wash U to institution Paid to institution  S  Paid to institution	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or	NIH (NI Anonyn Roth Ch	A) nous Foundation naritable Foundation  Time frame: past 36 month  one  C (Australia)  Australia)	Paid through Wash U to institution Paid through Wash U to institution Paid to institution  S  Paid to institution	

		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	□ None	
		Outside Opinion Pty Ltd	Conjor Associate noid norsenally
		Moira Clay Consulting Pty Ltd	Senior Associate – paid personally  Consultant – paid personally
		Neuroscience Research Australia	Consultant – paid personally
		Trear oscience Nescardin Adstraina	consultant para personany
5	Payment or honoraria for lectures,	None     ■	
	presentations, speakers		
	bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or	None	
	travel		
	traver		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data Safety	⊠ None	
	Monitoring		
	Board or		
	Advisory Board		
10	Leadership or fiduciary role in	□ None	
	other board, society,	Australian Dementia Network Ltd	Not for Profit Company, Company Director (current)
	committee or advocacy group,	Neuroscience Research Australia	Not for Profit Company, Company Director (until end 2022)
	paid or unpaid	Neuroscience Research Australia Foundation	Not for Profit Company, Company Director
		Treal oscience research / lastraila / oandation	(until end 2022)
		The Health-Science Alliance	Not for Profit Company, Company Director
			(until end 2022)
		Schizophrenia Research Institute	Not for Profit Company, Company Director

	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)
	StandingTall Pty Ltd  Australian Association of Medical Research Institutes	(until end 2022)  For Profit Company, Company Director (until end 2022)  Not for Profit Company, Company Director (until November 2022)
	Australasian Neuroscience Society	Incorporated Society, President (until December 2022)
Stock or stock options	None     ■	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
Other financial or non-financial interests	None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial	relationship or indicate none (add rows as needed)  StandingTall Pty Ltd  Australian Association of Medical Research Institutes  Australasian Neuroscience Society  None  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial

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

Date:	7/15/2024	
Your Name:	Kelsey R. Sewell	
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease	
Manuscript Number (if known):	ADJ-D-24-00685	

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.

		e all entities with whom you have this onship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			cations/Comments (e.g., if payments were o you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	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.			

Date:	7/15/2024
Your Name:	Hamid Sohrabi
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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.

		Name all entities with whom you have this relationship or indicate none (add rows as neede	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			ng 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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 mo	nths
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None  CAA Consortium; Biogen and Alnylam  Alector	An international collaboration to study Dutch CAA supported by Pharma companies; payment made to my institution Working as one of the directors of a private company (SMarT Minds WA) which is a site for a clinical trial by Alector

		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)
3	Royalties or licenses	None     ■	
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	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)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	□ None  SMarT Minds WA, Australia	I am one of the 3 directors of this private company conducting Pharma supported clinical trials
Plea ⊠	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.		

3 12/13/2021 ICMJE Disclosure Form

Date:	7/15/2024
Your Name:	Charlene Supnet-Bell
Manuscript Title:	Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease
Manuscript Number (if known):	ADJ-D-24-00685

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.

ľ			e all entities with whom you have this onship 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.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	IS .
2	Grants or contracts from any entity (if not indicated in item #1 above).		None	
3	Royalties or licenses		None	

			cations/Comments (e.g., if payments were co you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None □	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None □	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	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.			

Date:			8/26/2021		
Your Name:			Chengjie Xiong		
Manuscript Title:			Longitudinal associations between exercise and biomarkers in Autosomal Dominant Alzheimer's Disease		
Ма	nuscript Number (if k	nown):	ADJ-D-24-00685		
content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt		ipt. "Re of the m e in dou	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the		
epi	· ·	nsion, y	ou should declare all relationships with manuf	acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		port for the work reported in this manuscript w 36 months.	ithout time limit. For all other items, the time	
			all entities with whom you have this nship 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		None		
1	present manuscript (e.g., funding, provision			Or. Chengjie Xiong	
1	present manuscript (e.g., funding, provision of study materials,		None		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing		None	Dr. Chengjie Xiong	
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4	Consulting fees	□ <b>None</b> Diadem	Payment to Chengjie Xiong
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None     Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None  FDA Advisory Committee on Imaging Medical Products	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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11	Stock or stock options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests	C2N	None  Diagnostics	If work cites NIH grant #AG067505 it requires an institutional disclosure. Washington University School of Medicine in St. Louis has a financial interest in C2N Diagnostics and may financially benefit if the company is successful in marketing its product(s) that are related to this research. The current study is not directly concerned by this statement as it does not utilize data from this project.
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