Date:	8/9/2021
Your Name:	James Cole
Manuscript Title:	Personalising Progressive Changes to Brain Structure in Alzheimer's Disease using Normative Modelling
Manuscript Number (if known):	ADJ-D-24-00612

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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)
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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	

			fications/Comments (e.g., if payments were 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	
6	Payment for expert testimony	None □	
7	Support for attending meetings and/or travel	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{			

	ICIVIJE DISCLOSORE FORIVI
Date:	6/14/2024
Your Name:	Duygu Tosun
Manuscript Title:	Personalising Progressive Changes to Brain Structure in Alzheimer's Disease using Normative Modelling
Manuscript Number (if known):	ADJ-D-24-00612
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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., NIH 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 months Grants or None contracts from any entity (if not indicated in item #1 above). 3 Royalties or \boxtimes None licenses

			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{			

Date:	6/17/2024
Your Name:	Saige Rutherford
Manuscript Title:	Personalising Progressive Changes to Brain Structure in Alzheimer's Disease using Normative Modelling
Manuscript Number (if known):	ADJ-D-24-00612

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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 Time frame: past 36 month	Click the tab key to add additional rows.
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{			

Date:	6/14/2024
Your Name:	Andre Altmann
Manuscript Title:	Personalising Progressive Changes to Brain Structure in Alzheimer's Disease using Normative Modelling
Manuscript Number (if known):	ADJ-D-24-00612

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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	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Commen made to you or to your	ts (e.g., if payments were 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	
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 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: Certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:	6/17/2024
Your Name:	Serena Verdi
Manuscript Title:	Personalising Progressive Changes to Brain Structure in Alzheimer's Disease using Normative Modelling
Manuscript Number (if known):	ADJ-D-24-00612

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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)
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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/Commen made to you or to your	ts (e.g., if payments were 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	
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 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: Certify that I have answered every question and have not altered the wording of any of the questions on this form.				

15 12/13/2021 ICMJE Disclosure Form

Date:			6/14/2024			
Your Name:			Andre F Marquand			
Manuscript Title:			Personalising Progressive Changes to Br Normative Modelling	Personalising Progressive Changes to Brain Structure in Alzheimer's Disease using Normative Modelling		
Ma	nuscript Number (if l	(nown)	: ADJ-D-24-00612			
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. In item #1 below, report all suppo		ript. "R of the n e in dou os/activ nsion, entione all sup	nanuscript. Disclosure represents a commitment of the commitment o	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		
			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)		
		· Clatic	money or mandate none (add rotts as necaca)	made to you of to your institution;		
		relatio	Time frame: Since the initial planning	, , ,		
1	All support for the present		Time frame: Since the initial planning	, , ,		
1			Time frame: Since the initial planning	, , ,		
1	present manuscript (e.g., funding, provision of study materials,		Time frame: Since the initial planning	, , ,		
1	present manuscript (e.g., funding, provision of study materials, medical writing,		Time frame: Since the initial planning	of the work		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		Time frame: Since the initial planning	of the work		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: Since the initial planning	of the work		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		None pean Research Council	of the work 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 this item.	Euro	Time frame: Since the initial planning None pean Research Council Time frame: past 36 month	of the work Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		None pean Research Council	of the work 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 this item. Grants or contracts from any entity (if not	Euro	Time frame: Since the initial planning None pean Research Council Time frame: past 36 month	of the work 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 this item. Grants or contracts from	Euro	Time frame: Since the initial planning None pean Research Council Time frame: past 36 month	of the work 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 this item. Grants or contracts from any entity (if not indicated in item	Euro	Time frame: Since the initial planning None pean Research Council Time frame: past 36 month	of the work 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 this item. Grants or contracts from any entity (if not indicated in item	Euro	Time frame: Since the initial planning None pean Research Council Time frame: past 36 month	of the work 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	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None AFM has received honoraria for lecturing for Wiegerink BV and for serving on the editorial board for the journal eLife.	
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 AFM is a member of the Scientific Advisory Board for NeuroSpin (France)	
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:	6/16/2024
Your Name:	Charlotte Fraza
Manuscript Title:	Personalising Progressive Changes to Brain Structure in Alzheimer's Disease using Normative Modelling
Manuscript Number (if known):	ADJ-D-24-00612

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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	

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we made to you or to your institution)	ere
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 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:			

21 12/13/2021 ICMJE Disclosure Form

Date:	6/14/2024
Your Name:	Jonathan M Schott
Manuscript Title:	Personalising Progressive Changes to Brain Structure in Alzheimer's Disease using Normative Modelling
Manuscript Number (if known):	ADJ-D-24-00612

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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			
p r	All support for the present manuscript (e.g., funding, provision	□ None National Institute for Health Research UCL Hospitals Biomedical Research Centre	Institution		
	of study materials,	Alzheimer's Association	Institution		
	medical writing,	Alzheimer's Research UK	Institution		
	article processing charges, etc.)	Weston Brain Foundation	Institution		
	No time limit for	Medical Research Council	Institution		
	this item.				
		Time frame: past 36 month	ns		
2	Grants or contracts from any entity (if not indicated in item #1 above).	National Institute for Health Research LifeArc Foundation British Heart Foundation Institution			
3	Royalties or licenses	OUP Henry Stewart Talks	Self Self		

		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	
		JS has received tracer from Avid Radiopharmaceuticals (a wholly owned subsidiary of Eli Lilly) and Alliance Medical and has consulted for Roche Pharmaceuticals, Biogen, and Eli Lilly Eli Lilly	The funding bodies did not have any role in the study design or in the collection, analysis, and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. Consulting – to self
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	Alzheimer's Association American Academy of Neurology	Travel to present at meetings Travel to present at meetings
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	□ None Alzheimer's Research UK UK Dementia Research Institute	Chief Medical Officer Clinical Advisor

			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)
	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	
Plea	Please place an "X" next to the following statement to indicate your agreement: \[\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$			

24 12/13/2021 ICMJE Disclosure Form

ICMJE DISCLOSURE FORM			
Date:	7/9/2024		
Your Name:	lame: Lars Lau Raket		
Manuscript Title:	Personalising Progressive Changes to Brain Structure in Alzheimer's Disease using Normative Modelling		
Manuscript Number (if kr	nown): _ADJ-D-24-00612		
content of your manuscrip affected by the content of indicate a bias. If you are The author's relationships epidemiology of hyperten that medication is not me	ency, we ask you to disclose all relationships/activit ot. "Related" means any relation with for-profit or reference the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activities/activities/interests should be defined broadly. For sion, you should declare all relationships with manuntioned in the manuscript. Ill support for the work reported in this manuscript of past 36 months.	not-for-profit third parties whose interests may be ent to transparency and does not necessarily y/interest, it is preferable that you do so. example, if your manuscript pertains to the ifacturers of antihypertensive medication, even if	
	Name all entities with whom you have this	Specifications/Comments to g if navments were	

_		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.) No time limit for this item.		None Time frame: past 36 mont	Click the tab key to add additional rows.	
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Eli Lilly and Company	Employee	
3	Royalties or licenses	None		

			ons/Comments (e.g., if payments were ou 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	
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	

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