Date:	6/18/2024
Your Name:	Xulin Liu
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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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		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	

			ecifications/Comments (e.g., if payments were de 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 □ □ □ □	
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:	6/5/2024
Your Name:	Peter Simon Jones
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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4	Consulting fees	☑ None □ □ □ □ □ □	
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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:	6/18/2024
Your Name:	Maurice Pasternak
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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Date:	6/25/2024
Your Name:	Mario Masellis
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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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	
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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:	6/25/2024
Your Name:	Arabella Bouzigues
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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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:	6/25/2024
Your Name:	Lucy L Russell
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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Date:	6/25/2024
Your Name:	Phoebe H. Foster
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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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:	6/25/2024
Your Name:	Eve Ferry-Bolder
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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Date:	6/25/2024
Your Name:	John van Swieten
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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Date:	6/25/2024	
Your Name:	Lize Jiskoot	
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion	
Manuscript Number (if known):	ADJ-D-24-00365	

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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:	7/1/2024
Your Name:	Harro Seelaar
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Bluefield to cure Frontotemporal Dementia ZonMW (project 733050513)	
3	Royalties or licenses	☑ None	

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Date:	6/25/2024	
Your Name:	Raquel Sanchez-Valle	
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion	
Manuscript Number (if known):	ADJ-D-24-00365	

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		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)
		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 thisSpecifications/Comments (e.g., if payrelationship or indicate none (add rows as needed)made to you or to your institution)	ments were
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	
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:	6/25/2024
Your Name:	Robert Laforce
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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3	Royalties or licenses	None	

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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	
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	

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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		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:	6/25/2024
Your Name:	Caroline Graff
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments relationship or indicate none (add rows as needed)relationship or indicate none (add rows as needed)made to you or to your institution)	were
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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☑ 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		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:	6/24/2024
Your Name:	Daniela Galimberti
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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3	Royalties or licenses	None	

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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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
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Date:	6/25/2024
Your Name:	Rik Vandenberghe
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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3	Royalties or licenses	None	

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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	
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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		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:	6/25/2024
Your Name:	Alexandre de Mendonça
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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3	Royalties or licenses	None	

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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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	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		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:	6/25/2024
Your Name:	Pietro Tiraboschi
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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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	
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:	6/25/2024
Your Name:	Isabel Santana
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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

Date:	6/25/2024
Your Name:	Alexander Gerhard
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	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		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:	6/24/2024
Your Name:	Johannes Levin
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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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.)	□ None (DFG, German Research Foundation) under Germany's Excellence Strategy within the framework of the Munich Cluster for Systems Neurology (EXC 2145 SyNergy – ID 390857198)	Institution
	No time limit for this item.		Click the tab key to add additional rows.
		Time frame: past 36 month	IS
2	Grants or contracts from	□ None	
	any entity (if not indicated in item #1 above).	German Ministry for Research and Education (BMBF) within the CLINSPECT-M Cluster Anton and Petra Ehrmann foundation	Institution Institution Institution
		Lüneburg Foundation	
		Innovationsfonds	Institution
		Michael J Fox Foundation for Parkinson's	Institution
		Research	Institution
		CurePSP	
		Jerome LeJeune Foundation	Institution
		Alzheimer Forschungs Initiative	Institution
		Deutsche Stiftung Down Syndrom	Institution
		Else Kröner Fresenius Stiftung	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)	
	Development	DZNE 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	Institution Institution Compensation for service as CMO Institution Institution 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	None Bayer Vital Biogen EISAI TEVA Roche Esteve Zambon	To meTo me	
6	Payment for expert testimony	None		
7	Support for attending meetings and/or travel	None Abbvie	To me	
8	Patents planned, issued or pending	 None 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	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if paymentsrelationship or indicate none (add rows as needed)made to you or to your institution)	were	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Axon Neuroscience To me Image: State S		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	NoneERN-RND Management boardUnpaidERN-RND Atypical Parkinson Disease CoordinatorunpaidDeutsches Netzwerk GedächtnisambulanzenUnpaid		
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:	6/25/2024
Your Name:	Sandro Sorbi
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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3	Royalties or licenses	None	

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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 □ □ □ □	
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:	6/25/2024
Your Name:	Markus Otto
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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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 thisSpecifications/Comments (e.g., if payrelationship or indicate none (add rows as needed)made to you or to your institution)	ments were
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	
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:	6/25/2024
Your Name:	Florence Pasquier
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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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	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments relationship or indicate none (add rows as needed)relationship or indicate none (add rows as needed)made to you or to your institution)	were
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	
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:	6/25/2024
Your Name:	Simon Ducharme
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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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	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payrelationship or indicate none (add rows as needed)made to you or to your institution)	ments were
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	
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:	6/25/2024
Your Name:	Chris Butler
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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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	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payments relationship or indicate none (add rows as needed)relationship or indicate none (add rows as needed)made to you or to your institution)	were
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	
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:	6/25/2024
Your Name:	Isabelle Le Ber
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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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	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payrelationship or indicate none (add rows as needed)made to you or to your institution)	ments were
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	
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:	6/25/2024
Your Name:	Elizabeth Finger
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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		Time frame: Since the initial planning	of the work
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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	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payrelationship or indicate none (add rows as needed)made to you or to your institution)	ments were
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	
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:	6/25/2024
Your Name:	Maria Carmela Tartaglia
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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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	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payrelationship or indicate none (add rows as needed)made to you or to your institution)	ments were
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	
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:	6/25/2024
Your Name:	Matthis Synofzik
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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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	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payrelationship or indicate none (add rows as needed)made to you or to your institution)	ments were
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	
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:	6/23/2024
Your Name:	Fermin Moreno
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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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	2 Grants or contracts from		None	
	any entity (if not	Carl	os III Health Institute	Grant PI19/01637
	indicated in item #1 above).	Tau	Consortium	Grant Project #A1133749
3	Royalties or licenses		None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payrelationship or indicate none (add rows as needed)made to you or to your institution)	ments were
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	
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:	7/2/2024	
Your Name:	Barbara Borroni	
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion	
Manuscript Number (if known):	ADJ-D-24-00365	

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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	

		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	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	 None Patents on neurophysiological diagnosis and non- invasive brain stimulation treatment of Alzheimer Disease Pending patent on treatment approach to frontotemporal dementia 	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Advisory Board for AviadoBio, UCB, Wave, Lilly/Prevail, Denali, Alector, Alexion	To me
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:	6/21/2024
Your Name:	Jonathan Rohrer
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion
Manuscript Number (if known):	ADJ-D-24-00365

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month None	s
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	
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	Arkuda Therapeutics Prevail Therapeutics Denali Wave Life Sciences	Scientific Advisory Board Scientific Advisory Board Medical Advisory Board Medical Advisory Board Medical Advisory Board and Clinical Advisory Committee
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:	6/3/2024	
Your Name:	Kamen Tsvetanov	
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion	
Manuscript Number (if known):	ADJ-D-24-00365	

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
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 Guarantors of Brain (G101149) Alzheimer's Society (Grant Nr. 602)	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Guarantors of Brain (G101149) Alzheimer's Society (Grant Nr. 602)	
3	Royalties or licenses	None	

		Name all entities with whom you have thisSpecifications/Comments (e.g., if payrelationship or indicate none (add rows as needed)made to you or to your institution)	ments were
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	
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:			

Date:	5/28/2024	
Your Name:	James B Rowe	
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion	
Manuscript Number (if known):	ADJ-D-24-00365	

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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 NIHR Cambridge Biomedical Research Centre (NIHR203312) Medical Research Council (MC_UU_00030/14; MR/T033371/1; MR/M023664/1) Cambridge Centre for Parkinson-plus; 	The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Wellcome Alzheimer Research UK	

		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 Astronautx CurASEN Astex CumulusNeuro Eisai	
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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Asceneuron	
10	Leadership or fiduciary role in	□ 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)
	other board, society, committee or advocacy group, paid or unpaid	Dementia Mission SAB	
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:	7/2/2024	
Your Name:	The GENFI Consortium	
Manuscript Title:	Frontoparietal network integrity supports cognitive function despite atrophy and hypoperfusion in pre-symptomatic frontotemporal dementia: multimodal analysis of brain function, structure and perfusion	
Manuscript Number (if known):	ADJ-D-24-00365	

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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 thisSpecifications/Comments (e.g., if payments wrelationship or indicate none (add rows as needed)made to you or to your institution)	ere
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	
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	

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13	Other financial or non-financial interests		None	
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