

ICMJE DISCLOSURE FORM

Date: 10/24/2024

Your Name: Jakub Hlávka, PhD

Manuscript Title: Emerging Alzheimer's disease treatment paradigms: A late-stage clinical trial review

Manuscript Number (if known): TRCI-D-24-00128

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">National Institute of Health</td> <td style="width: 50%; padding: 2px;">Grant to institution (University of Southern California)</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	National Institute of Health	Grant to institution (University of Southern California)			Click the tab key to add additional rows.	
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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Czech Agency for Healthcare Research</td> <td style="width: 50%; padding: 2px;">Grant to institution (Masaryk University)</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Czech Agency for Healthcare Research	Grant to institution (Masaryk University)				
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		Swiss Memory Clinics	Invited lecture (honorarium and travel support)
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 11/3/2024

Your Name: Andrew Takahiro Kinoshita

Manuscript Title: Emerging Alzheimer's disease treatment paradigms: A late-stage clinical trial review

Manuscript Number (if known): TRCI-D-24-00128

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4	Consulting fees	<input checked="" type="checkbox"/> None	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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

Please place an "X" next to the following statement to indicate your agreement:

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

ICMJE DISCLOSURE FORM

Date: 10/21/2024

Your Name: Divya Jeyasingh

Manuscript Title: Emerging Alzheimer’s disease treatment paradigms: A late-stage clinical trial review

Manuscript Number (if known): TRCI-D-24-00128

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Time frame: past 36 months								
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ICMJE DISCLOSURE FORM

Date: 10/23/2024

Your Name: Cheng Huang

Manuscript Title: Emerging Alzheimer’s disease treatment paradigms: A late-stage clinical trial review

Manuscript Number (if known): TRCI-D-24-00128

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Date: 11/2/2024

Your Name: Leila Mirsafian

Manuscript Title: Emerging Alzheimer’s disease treatment paradigms: A late-stage clinical trial review

Manuscript Number (if known): TRCI-D-24-00128

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 10/21/2024

Your Name: Mireille Jacobson

Manuscript Title: Emerging Alzheimer’s disease treatment paradigms: A late-stage clinical trial review

Manuscript Number (if known): TRCI-D-24-00128

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 525 1516 653"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 743 1516 842"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
6	Payment for expert testimony	<input type="checkbox"/> None <table border="1" data-bbox="383 1087 1516 1215"> <tr> <td data-bbox="383 1087 954 1215">Expert witness for various hospitals in ongoing litigation against opioid manufacturers.</td> <td data-bbox="954 1087 1516 1215">Paid to me.</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Expert witness for various hospitals in ongoing litigation against opioid manufacturers.	Paid to me.				
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10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None						

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	society, committee or advocacy group, paid or unpaid	[Agency for Healthcare Research and Quality, National Advisory Council (NAC)]	Paid as a federal employee when participating in board activities.
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