

ICMJE DISCLOSURE FORM

Date: 5/10/2022

Your Name: Claire Erickson

Manuscript Title: Implications of preclinical Alzheimer's biomarker disclosure for U.S. policy and society

Manuscript Number (if known): DADM-D-22-00049

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

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

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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	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		University of Wisconsin-Madison	
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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 5/10/2022

Your Name: Lindsay Clark

Manuscript Title: Implications of preclinical Alzheimer's biomarker disclosure for U.S. policy and society

Manuscript Number (if known): DADM-D-22-00049

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		UW Health Professional Development Funds	
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 type="checkbox"/> None	
		Co-Chair, Symptomatic subcommittee of the Advisory Group on Risk Evidence Education for Dementia (AGREED)	
		Committee Member, APA Div 40 Scientific Advisory Committee	

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ICMJE DISCLOSURE FORM

Date: 5/10/2022

Your Name: Fred Ketchum

Manuscript Title: Implications of preclinical Alzheimer's biomarker disclosure for U.S. policy and society

Manuscript Number (if known): DADM-D-22-00049

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

Date: 5/10/2022

Your Name: Nathaniel Chin

Manuscript Title: Implications of preclinical Alzheimer's biomarker disclosure for U.S. policy and society

Manuscript Number (if known): DADM-D-22-00049

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ICMJE DISCLOSURE FORM

Date: 5/10/2022

Your Name: Carey E. Gleason, PhD, MS

Manuscript Title: Implications of preclinical Alzheimer's biomarker disclosure for U.S. policy and society

Manuscript Number (if known): DADM-D-22-00049

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Alzheimer's Association 2021	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 5/10/2022

Your Name: Emily Largent

Manuscript Title: Implications of preclinical Alzheimer's biomarker disclosure for U.S. policy and society

Manuscript Number (if known): DADM-D-22-00049

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">University of Washington – Honoraria for lecture</td> <td style="width: 50%;">Payment to me</td> </tr> <tr> <td>National Society Genetic Counselors – Honoraria for lecture</td> <td>Payment to me</td> </tr> <tr> <td>Cedars-Sinai – Honoraria for lectures</td> <td>Payment to me</td> </tr> <tr> <td>University of Michigan – Honoraria for lecture</td> <td>Payment to me</td> </tr> </table>	University of Washington – Honoraria for lecture	Payment to me	National Society Genetic Counselors – Honoraria for lecture	Payment to me	Cedars-Sinai – Honoraria for lectures	Payment to me	University of Michigan – Honoraria for lecture	Payment to me	
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Cedars-Sinai – Honoraria for lectures	Payment to me										
University of Michigan – Honoraria for lecture	Payment to me										
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">SCD-CARRE DSMB</td> <td style="width: 50%;">Payment to me</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	SCD-CARRE DSMB	Payment to me							
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									

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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.