

ICMJE DISCLOSURE FORM

Date: 8/30/2022

Your Name: Guoqiao Wang

Manuscript Title: Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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%;">NIH grant for DIAN TU</td> <td style="width: 50%;">Grants to institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table>	NIH grant for DIAN TU	Grants to institution			Click the tab key to add additional rows.	
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Click the tab key to add additional rows.									
Time frame: past 36 months									
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> </td> <td style="width: 50%;"> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Alector</td> <td>Payment to me</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Alector	Payment to me					
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <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 checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>Eli Lilly</td> <td>Payments to me</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Eli Lilly	Payments to me					
Eli Lilly	Payments to me								
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							

		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: 8/25/2022

Your Name: Yan Li

Manuscript Title: **Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer’s Disease**

Manuscript Number (if known): [Click or tap here to enter text.]

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

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> </table>							

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	society, committee or advocacy group, paid or unpaid		
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: 8/31/2022

Your Name: Chengjie Xiong

Manuscript Title: **Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer’s Disease**

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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)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Diadem	Payment to me
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 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 type="checkbox"/> None	
		FDA Advisory Committee on Imaging Medical Products	
10	Leadership or fiduciary role in	<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)
	other board, society, committee or advocacy group, paid or unpaid	<input type="text"/>	<input type="text"/>
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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ICMJE DISCLOSURE FORM

Date: 8/23/2022

Your Name: Eric McDade

Manuscript Title: Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer's Diseases

Manuscript Number (if known): [Click or tap here to enter text.](#)

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4	Consulting fees	<input type="checkbox"/> None	
		Alzamend (SAB member)	Payments to me
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	
		Fondation Alzheimer	
		Alzheimer Association	
		Eisai	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Alector	Payments to me
		Eli Lilly	Payments to me

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			Payments to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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	

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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: 8/23/2022

Your Name: David B Clifford

Manuscript Title: Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer's Diseases

Manuscript Number (if known): [Click or tap here to enter text.](#)

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4	Consulting fees	<input type="checkbox"/> None	
		Roche (advice on PML)	Payment to me
		Seattle Genetics (advice on PML)	Payment to me
		Arena Pharmaceuticals (advice on PML)	Payments to me
		Bristol Myers Squibb (advice on PML)	Payments to me
		Amgen (advice on PML)	Payments to me
		Genentech (advice on PML)	Payments to me
		Glaxo Smith Kline (advice on PML)	Payments to me
		Inhibikase (advice on PML)	Payments to me
		Dr. Reddy's Laboratories (advice on PML)	Payments to me
Mitsubishi Tanabe (advice on PML)	Payments to me		
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 type="checkbox"/> None	
		Shevlin Smith LLC	Payments to me
		Wilke & Wilke PC	Payments to me
		Payne vs Cook County	Payments to me
		Loughren, Loughren, Loughren	Payments to me
		Lewis, Thomason, King, Krieg & Waldrop (PML)	Payments to me
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 type="checkbox"/> None	
		Wave Life Sciences	Payments to me
		Excision BioTherapeutics Inc	Payments to me
		Sanofi Genzyme	Payments to me
		Atara Biotherapeutics Inc	Payments to me
		Biogen	Payments to me
		Pfizer	Payments to me
		Merck/Serono	Payments to me

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Shire	Payments to me
		Cellevolve Bio, Inc	Payments to me
		Takeda	Payments to me
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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	

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ICMJE DISCLOSURE FORM

Date: 8/19/2022

Your Name: Susan Mills

Manuscript Title: Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer's Disease

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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.	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 2px;"> National Institute on Aging U01AG042791, FNIH/AMP U01AG42791-S1, R01AG046179, R56AG53627/R01AG53627 Alzheimer's Association DIAN-TTU-12-2430404 DIAN TU NG 16-434362 GHR Foundation DIAN TU Pharma Consortium Avid Pharmaceuticals </td> <td style="width: 50%; padding: 2px;"> Sr. Director, Clinical Operations for the Dominantly Inherited Alzheimer Network Trials Unit (DIAN-TU) supported by funding and resources to Dr. Randall Bateman (Principal Investigator) to conduct the secondary prevention Alzheimer's Disease trial. </td> </tr> <tr> <td colspan="2" style="border: none; text-align: center; padding: 2px;"><small>Click the tab key to add additional rows.</small></td> </tr> </table> </div>	National Institute on Aging U01AG042791, FNIH/AMP U01AG42791-S1, R01AG046179, R56AG53627/R01AG53627 Alzheimer's Association DIAN-TTU-12-2430404 DIAN TU NG 16-434362 GHR Foundation DIAN TU Pharma Consortium Avid Pharmaceuticals	Sr. Director, Clinical Operations for the Dominantly Inherited Alzheimer Network Trials Unit (DIAN-TU) supported by funding and resources to Dr. Randall Bateman (Principal Investigator) to conduct the secondary prevention Alzheimer's Disease trial.	<small>Click the tab key to add additional rows.</small>				
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<small>Click the tab key to add additional rows.</small>									
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; height: 40px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>							

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3	Royalties or licenses	<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>							
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 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>							
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 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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	society, committee or advocacy group, paid or unpaid		
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: 9/7/2022

Your Name: Anna Santacruz

Manuscript Title: Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

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		<small>Click the tab key to add additional rows.</small>	
Time frame: past 36 months			

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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 checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety	<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)
	Monitoring Board or Advisory Board	<input type="text"/>	<input type="text"/>
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	<input type="text"/>
11	Stock or stock options	<input checked="" type="checkbox"/> None	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	<input type="text"/>

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: 8/17/2022

Your Name: Andrew J. Aschenbrenner

Manuscript Title: **Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer’s Disease**

Manuscript Number (if known): [Click or tap here to enter text.]

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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	society, committee or advocacy group, paid or unpaid		
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: 8/26/2022

Your Name: Jason Hassenstab

Manuscript Title: [Click or tap here to enter text.]

Manuscript Number (if known): [Click or tap here to enter text.]

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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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>						

		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	<input type="checkbox"/> None	
		Roche	Personal payments.
		Parabon Nanolabs	Personal payments.
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 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: 9/16/2022

Your Name: Tammie Benzinger

Manuscript Title: Evaluation of Dose-dependent Treatment Effects in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer’s Disease

Manuscript Number (if known): Click or tap here to enter text.

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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4	Consulting fees	<input type="checkbox"/> None	
		Biogen	Payments to me
		Eli Lilly	Payments to me and also unpaid
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Biogen	Payments to me
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 type="checkbox"/> None	
		Biogen	Payments to me
		Siemens	No payments made
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		ASNR ARIA Working Group	Unpaid
		QIBA Amyloid PET Working Group	Unpaid
		Alzheimer's Assoc. Clinical Tau PET Work Group	Unpaid

		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 type="checkbox"/> None	
		Avid Radiopharmaceuticals/Eli Lilly	Technology transfer and precursors for radiopharmaceuticals
		LMI	Technology transfer and precursors for radiopharmaceuticals
		Cerveau	Technology transfer and precursors for radiopharmaceuticals
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: 8/17/2022

Your Name: Brian Gordon

Manuscript Title: **Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer’s Disease**

Manuscript Number (if known): [Click or tap here to enter text.]

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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: 8/17/2022

Your Name: Anne M. Fagan

Manuscript Title: Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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4	Consulting fees	<input type="checkbox"/> None	
		Scientific advisory boards for Roche Diagnostics, Genentech and DiademRes	personal
		Consults for DiamiR and Siemens Healthcare Diagnostics Inc.	personal
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 checked="" type="checkbox"/> None	
		Travel for in-person attendance at ABC-DS Meeting/Retreat	personal
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	
		Travel/honorarium for in-person attendance at Scientific Advisory Board meeting for South Texas Alzheimer's Disease Research Center (ADRC)	personal
10	Leadership or fiduciary role in other board, society, committee or	<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)
	advocacy group, paid or unpaid		
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	

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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: 8/26/2022

Your Name: Kelley Coalier

Manuscript Title: Evaluation of Dose-dependent Treatment Effects in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer’s Disease

Manuscript Number (if known): [Click or tap here to enter text.]

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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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: 8/17/2022

Your Name: Jorge J Llibre-Guerra

Manuscript Title: [Click or tap here to enter text.]

Manuscript Number (if known): [Click or tap here to enter text.]

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ICMJE DISCLOSURE FORM

Date: 8/26/2022

Your Name: Dr. Austin McCullough

Manuscript Title: Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 8/19/2022

Your Name: Nelly Joseph-Mathurin

Manuscript Title: Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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									
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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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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11	Stock or stock options	<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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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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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: 8/17/2022

Your Name: Charles D. Chen

Manuscript Title: Evaluation of dose-dependent treatment effects after mid-trial dose escalation in biomarker, clinical, and cognitive outcomes for gantenerumab or solanezumab in dominantly inherited Alzheimer's disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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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: 8/22/2022

Your Name: Catherine J Mummery

Manuscript Title: Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer's Diseases

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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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	<table border="1"> <tr> <td>Roche educational purposes ADPD 2022</td> <td>Travel arranged by Roche</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Roche educational purposes ADPD 2022	Travel arranged by Roche				
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	<table border="1"> <tr> <td>Roche (advisory board)</td> <td>Payment to me</td> </tr> <tr> <td>Biogen (drug advisory board)</td> <td>Payment to me</td> </tr> </table>	Roche (advisory board)	Payment to me	Biogen (drug advisory board)	Payment to me		
Roche (advisory board)	Payment to me								
Biogen (drug advisory board)	Payment to me								
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None							
11	Stock or stock options	<input checked="" type="checkbox"/> None							
12	Receipt of equipment, materials, drugs, medical writing,	<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)
	gifts or other services		
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 8/17/2022

Your Name: Barbara Wendelberger

Manuscript Title: Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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		Click the tab key to add additional rows.	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Various (through Berry Consultants) </div>	<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> BW is an employee of Berry Consultants, LLC, in which capacity she is contracted as a consultant to numerous pharmaceutical and device companies on topics of statistical modeling and trial design. The identities of these clients are protected under nondisclosure agreements. All payments are made to Berry Consultants, LLC. </div>

		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	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		Various (through Berry Consultants)	BW is an employee of Berry Consultants, LLC, in which capacity she serves as a consultant to numerous pharmaceutical and device companies on topics of statistical modeling and trial design. The identities of these clients are protected under non-disclosure agreements. All payments are made to Berry Consultants, LLC.
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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	

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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	
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: 8/18/2022

Your Name: Serge Gauthier

Manuscript Title: **Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer’s Disease**

Manuscript Number (if known): [Click or tap here to enter text.]

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		TauRx	Payments to me for chairing SAB
		Cerveau Technologies	Payments to me for chairing SAB
		Amyriad Therapeutics	Payments to me for chairing SAB
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Biogen Canada	Payments to me for lectures
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,	<input checked="" type="checkbox"/> None	

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	society, committee or advocacy group, paid or unpaid		
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: 9/19/2022

Your Name: Mario Masellis

Manuscript Title: Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer's Disease

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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: 60%;">Canadian Institutes of Health Research</td> <td>Grant to institution</td> </tr> <tr> <td>Weston Brain Institute</td> <td>Grant to institution</td> </tr> <tr> <td>Ontario Brain Institute</td> <td>Grant to institution</td> </tr> <tr> <td>Brain Canada</td> <td>Grant to institution</td> </tr> <tr> <td>Women's Brain Health Initiative</td> <td>Grant to institution</td> </tr> <tr> <td>Roche</td> <td>Clinical trial contract to institution</td> </tr> <tr> <td>Washington University</td> <td>Clinical trial contract to institution</td> </tr> <tr> <td>Alector Pharmaceuticals</td> <td>Clinical trial contract to institution</td> </tr> </table>	Canadian Institutes of Health Research	Grant to institution	Weston Brain Institute	Grant to institution	Ontario Brain Institute	Grant to institution	Brain Canada	Grant to institution	Women's Brain Health Initiative	Grant to institution	Roche	Clinical trial contract to institution	Washington University	Clinical trial contract to institution	Alector Pharmaceuticals	Clinical trial contract to institution	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	<input type="checkbox"/> None	
		Henry Stewart Talks Ltd.	Royalties
4	Consulting fees	<input type="checkbox"/> None	
		lonis	Personal fees
		Alector Pharmaceuticals	Personal fees
		Biogen Canada	Personal fees
		Wave Life Sciences	Personal fees
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Alector Pharmaceuticals	Personal fees
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Alector Pharmaceuticals	Personal fees
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,	<input 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)
	committee or advocacy group, paid or unpaid	Ontario Neurodegenerative Disease Research Initiative	Leadership administrative salary support paid to me
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: 8/26/2022

Your Name: Karen C Holdridge

Manuscript Title: **Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer’s Disease**

Manuscript Number (if known): [Click or tap here to enter text.]

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.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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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>							
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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 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>							
10	Leadership or fiduciary role in other board,	<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> </table>							

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	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input type="checkbox"/> None	
		Eli Lilly and Company	Minor shareholder
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 type="checkbox"/> None	
		Eli Lilly and Company	Full-time employee

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: 8/22/2022

Your Name: Roy Yaari

Manuscript Title: Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>						

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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: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></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 type="checkbox"/> None	
		Eli Lilly and Company	
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: 9/12/2022

Your Name: Saptarshi Chatterjee

Manuscript Title: Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 8/26/2022

Your Name: John R. Sims

Manuscript Title: **Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer’s Disease**

Manuscript Number (if known): [\[Click or tap here to enter text.\]](#)

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10	Leadership or fiduciary role in other board,	<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> </table>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input type="checkbox"/> None	
		Eli Lilly and Company	Employee: Stock
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: 8/19/2022

Your Name: Paul Delmar

Manuscript Title: **Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer’s Disease**

Manuscript Number (if known): [Click or tap here to enter text.]

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 checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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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 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>							
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 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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	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input type="checkbox"/> None	
		F. Hoffmann-La Roche AG	
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: 8/22/2022

Your Name: Geoffrey A. Kerchner

Manuscript Title: Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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	Click the tab key to add additional rows.								
Time frame: past 36 months									
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 20px;"></td> <td style="width: 40%;"></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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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 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 type="checkbox"/> None	
		DSMB Chair, "The Care Ecosystem: Navigating Patients and Caregivers Through Stages of Dementia Care" (NIH-NIA funded academic interventional study)	
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	
		Shareholder of F. Hoffmann-La Roche, Ltd.	
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: 8/22/2022

Your Name: Tobias Bittner

Manuscript Title: Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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11	Stock or stock options	<input type="checkbox"/> None	
		F.Hoffmann-LaRoche	
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: 9/13/2022

Your Name: Carsten Hofmann

Manuscript Title: Evaluation of Dose-dependent Treatment Effects after Mid-trial Dose Escalation in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer’s Disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>							
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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 checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		gantenerumab	
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 type="checkbox"/> None	
		Shareholder of F. Hoffmann-La Roche, Ltd.	
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: 8/18/2022

Your Name: Randall Bateman

Manuscript Title: Evaluation of Dose-dependent Treatment Effects in Biomarker, Clinical, and Cognitive Outcomes for Gantenerumab or Solanezumab in Dominantly Inherited Alzheimer’s Disease

Manuscript Number (if known): [\[Click or tap here to enter text.\]](#)

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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)
		Eli Lilly and Company	Receipt of drugs and services. Tau SILK Consortium Member.
		Hoffman-La Roche	Receipt of drugs and services. NFL Consortium Member.
		Anonymous Foundation	PI: Randall Bateman Dominantly Inherited Alzheimer Network – Therapeutic Treatment Unit (TTU) Research Grant
		CogState	In-kind support
		Signant	In-kind support

Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		National Institute on Aging R01AG068319	PI: Randall Bateman DIAN-TU Next Generation Tau Trial - grant
		Alzheimer's Association DIAN-TU-OLE-21-725093 DIAN-TU-Tau-21-822987,	PI: Randall Bateman DIAN-TU Open Label Extension – grant DIAN-TU Tau Next Generation - grant
		Biogen	Tau SILK Consortium member NFL Consortium member
		AbbVie	Tau SILK Consortium member NFL Consortium member
		Bristol Meyer Squibbs	NFL Consortium member
		Novartis	Tau SILK Consortium member
		National Institute on Aging UFAG032438	PI: Randall Bateman, DIAN - grant
		National Institute on Aging RF1AG061900, R56AG061900	PI: Randall Bateman, Blood AB - grant
		National Institute on Aging R21AG067559	PI: Randall Bateman, NFL - grant
		NINDS/NIA R01NS095773	PI: Randall Bateman, CNS Tau - grant
		Centene Corporation	Investigator Initiated Research - grant
		Rainwater Foundation	Investigator Initiated Research - grants
		Assn for Frontotemporal Degeneration FTD Biomarkers Initiative	Investigator Initiated Research - grant
		Biogen	Investigator Initiated Research – grant
		BrightFocus Foundation	Investigator Initiated Research – grant
		Cure Alzheimer's Fund	Investigator Initiated Research – grant
		Coins for Alzheimer's Research Trust Fund	Investigator Initiated Research – grant
		Eisai	Investigator Initiated Research – grants
		The Foundation for Barnes-Jewish Hospital	Investigator Initiated Research – grant
TargetALS	Investigator Initiated Research – grant		
Good Ventures Foundation	Investigator Initiated Research – grant		

		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	<input type="checkbox"/> None	
		C2N Diagnostics	Equity ownership interest in C2N Diagnostics and receive royalty income based on technology (stable isotope labeling kinetics and blood plasma assay) licensed by Washington University to C2N Diagnostics
4	Consulting fees	<input type="checkbox"/> None	
		Amgen	Payment made to R. Bateman
		Hoffman La-Roche	Payment made to R. Bateman
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Korean Dementia Association	International Conference Lecture Honoraria
		American Neurological Association	Fall Conference honoraria
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Hoffman La-Roche	Reimbursed for travel expenses
		Alzheimer's Association Roundtable	Reimbursed for travel expenses
		Duke Margolis Alzheimer's Roundtable	Reimbursed for travel expenses
		BrightFocus Foundation	Reimbursed for travel expenses
		Tau Consortium Investigator's Meeting	Reimbursed for travel expenses
NAPA Advisory Council on Alzheimer's Research	Reimbursed for lodging & ground transportation		
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Washington University w/ RJB as coinventor - Methods for Measuring the Metabolism of CNS Derived Biomolecules In Vivo	US nonprovisional patent application 12/267,974
		Washington University w/ RJB as coinventor - Methods for Measuring the Metabolism of neurally Derived Biomolecules in vivo	US nonprovisional patent application 13/005,233
	Washington University w/ RJB as coinventor - Plasma based methods for detecting CNS Amyloid Disposition	US nonprovisional patent application 62/492,718	

		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)
		Washington University w/ RJB as coinventor - Plasma based methods for determining A-Beta Amyloidosis	US nonprovisional patent application 16/610,428
		Washington University w/RJB as coinventor – Methods of Treating Based on site-specific tau phosphorylation	US nonprovisional patent application 17/015,985
		Washington University w/RJB as coinventor – Tau Kinetic Measurements	US nonprovisional patent application 15/515,909
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Hoffman La-Roche/Genentech	Unpaid - Gantenerumab Advisory Board
		Biogen – Combination therapy for Alzheimer’s disease	Unpaid Scientific Advisory Board
		UK Dementia Research Institute at University College London	Unpaid Scientific Advisory Board
		Stanford University, Next Generation Translational Proteomics for Alzheimer’s and Related Dementias	Unpaid Scientific Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		C2N Diagnostics	Receives income from C2N Diagnostics for serving on the scientific advisory board
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Eisai	Receipt of drugs and services, DIAN-TU Next Generation Trial
		Janssen	Receipt of drugs and services, DIAN-TU Next Generation Trial
		Hoffman La Roche	Receipt of drugs and services, DIAN-TU Open Label Extension - Gantenerumab
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an “X” next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			