ICMJE DISCLOSURE FORM

Date: 4/26/2023

Your Name: Annalise Rahman-Filipiak

Manuscript Title: Biomarker disclosure protocols in prodromal Alzheimer's disease clinical trials

Manuscript Number (if known): ADJ-D-23-00396

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	**Specifications/Comments (e.g., if payments were made to you or to your institution)**
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ **None**	
		NIA 1K23AG07004401-A1; PI: Rahman-Filipiak)	
			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).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		Co-Lead; Disclosure to Symptomatic Individuals Subcommittee of the Advisory Group on Risk Evidence Education in Dementia (AGREED)	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 4/26/2023

Your Name: Corey Bolton

Manuscript Title: Biomarker disclosure protocols in prodromal Alzheimer's disease clinical trials

Manuscript Number (if known): ADJ-D-23-00396

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ICMJE DISCLOSURE FORM

Date: 04/26/2023

Your Name: Joshua D. Grill

Manuscript Title: Biomarker disclosure protocols in prodromal Alzheimer's disease clinical trials

Manuscript Number (if known): ADJ-D-23-00396

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6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 4/26/2023

Your Name: Ayda Rostamzadeh

Manuscript Title: Biomarker disclosure protocols in prodromal Alzheimer's disease clinical trials

Manuscript Number (if known): ADJ-D-23-00396

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Time frame: past 36 months			
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7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 4/26/2023

Your Name: Nathaniel Chin

Manuscript Title: Biomarker disclosure protocols in prodromal Alzheimer's disease clinical trials

Manuscript Number (if known): ADJ-D-23-00396

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3	Royalties or licenses	☒ **None**	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		Co-Lead; Disclosure to Symptomatic Individuals Subcommittee of the Advisory Group on Risk Evidence Education in Dementia (AGREED)	

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13	Other financial or non-financial interests	☒ **None**	

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Date: 4/26/2023

Your Name: Judith Heidebrink

Manuscript Title: Biomarker disclosure protocols in prodromal Alzheimer's disease clinical trials

Manuscript Number (if known): ADJ-D-23-00396

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Grant funding from Eisai/Biogen, Eli Lilly, and Biohaven (payments are made to institution)	
3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
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13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 4/26/2023

Your Name: Sarah Getz

Manuscript Title: Biomarker disclosure protocols in prodromal Alzheimer's disease clinical trials

Manuscript Number (if known): ADJ-D-23-00396

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Time frame: past 36 months			
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8	Patents planned, issued or pending	☒ **None**	
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ICMJE DISCLOSURE FORM

Date: 4/26/2023

Your Name: Nicole R. Fowler

Manuscript Title: Biomarker disclosure protocols in prodromal Alzheimer's disease clinical trials

Manuscript Number (if known): ADJ-D-23-00396

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☐ None	
		National Institute on Aging (NIA R01 AG056315, R01 AG059613)	
		Department of Defense (#W81XWH-17)	
			Click the tab key to add additional rows.
Time frame: past 36 months			
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6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

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Date: 4/26/2023

Your Name: Allyson Rosen

Manuscript Title: Biomarker disclosure protocols in prodromal Alzheimer's disease clinical trials

Manuscript Number (if known): ADJ-D-23-00396

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		Co-Lead, Advisory Group on Risk Evidence Education in Dementia (AGREED)	

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ICMJE DISCLOSURE FORM

Date: 4/26/2023

Your Name: Jennifer Lingler

Manuscript Title: Biomarker disclosure protocols in prodromal Alzheimer's disease clinical trials

Manuscript Number (if known): ADJ-D-23-00396

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3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☐ **None**	
		I have provided paid consultation to Biogen and Genentech (fees paid to me)	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
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Date: 4/26/2023

Your Name: Ellen Wijsman

Manuscript Title: Biomarker disclosure protocols in prodromal Alzheimer's disease clinical trials

Manuscript Number (if known): ADJ-D-23-00396

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ICMJE DISCLOSURE FORM

Date: 4/26/2023

Your Name: Lindsay Clark

Manuscript Title: Biomarker disclosure protocols in prodromal Alzheimer's disease clinical trials

Manuscript Number (if known): ADJ-D-23-00396

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	
		Co-Lead; Disclosure to Symptomatic Individuals Subcommittee of the Advisory Group on Risk Evidence Education in Dementia (AGREED)	

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