Date:	2/5/2025
Your Name:	Jason K. Russell
Manuscript Title:	Brain Cholinergic Terminal Density Utilizing [18F]-Fluoroethoxybenzovesamicol PET in Adults with Down Syndrome: Relationship to Amyloid PET and Cognitive Performance
Manuscript Number (if known):	ADJ-D-24-02570

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

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			e all entities with whom you have this	Specifications/Comments (e.g., if payments were
		relati	onship or indicate none (add rows as needed)	made to you or to your institution)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	ns
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	

		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	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/5/2025
Your Name:	Alexander C. Conley, Ph.D.
Manuscript Title:	Brain Cholinergic Terminal Density Utilizing [18F]-Fluoroethoxybenzovesamicol PET in Adults with Down Syndrome: Relationship to Amyloid PET and Cognitive Performance
Manuscript Number (if known):	ADJ-D-24-02570

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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.		AARG-21–850839 awarded to me, Alexander Conley, Ph.D., payments made to Vanderbilt University Medical Center Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

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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	
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13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/5/2025
Your Name:	Brian D. Boyd
Manuscript Title:	Brain Cholinergic Terminal Density Utilizing [18F]-Fluoroethoxybenzovesamicol PET in Adults with Down Syndrome: Relationship to Amyloid PET and Cognitive Performance
Manuscript Number (if known):	ADJ-D-24-02570

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Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/5/2025
Your Name:	J. Patrick Begnoche
Manuscript Title:	Brain Cholinergic Terminal Density Utilizing [18F]-Fluoroethoxybenzovesamicol PET in Adults with Down Syndrome: Relationship to Amyloid PET and Cognitive Performance
Manuscript Number (if known):	ADJ-D-24-02570

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7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/6/2025
Your Name:	Rachel Schlossberg
Manuscript Title:	Brain Cholinergic Terminal Density Utilizing [18F]-Fluoroethoxybenzovesamicol PET in Adults with Down Syndrome: Relationship to Amyloid PET and Cognitive Performance
Manuscript Number (if known):	ADJ-D-24-02570

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
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Date:	2/5/2025
Your Name:	Allison Stranick
Manuscript Title:	Brain Cholinergic Terminal Density Utilizing [18F]-Fluoroethoxybenzovesamicol PET in Adults with Down Syndrome: Relationship to Amyloid PET and Cognitive Performance
Manuscript Number (if known):	ADJ-D-24-02570

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Date:	2/6/2025
Your Name:	Adam Rosenberg
Manuscript Title:	Brain Cholinergic Terminal Density Utilizing [18F]-Fluoroethoxybenzovesamicol PET in Adults with Down Syndrome: Relationship to Amyloid PET and Cognitive Performance
Manuscript Number (if known):	ADJ-D-24-02570

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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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
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Plea 🖂	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	2/5/2025
Your Name:	Lealani Mae Acosta, MD
Manuscript Title:	Brain Cholinergic Terminal Density Utilizing [18F]-Fluoroethoxybenzovesamicol PET in Adults with Down Syndrome: Relationship to Amyloid PET and Cognitive Performance
Manuscript Number (if known):	ADJ-D-24-02570

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Date:	2/5/2025
Your Name:	Dann Martin
Manuscript Title:	Brain Cholinergic Terminal Density Utilizing [18F]-Fluoroethoxybenzovesamicol PET in Adults with Down Syndrome: Relationship to Amyloid PET and Cognitive Performance
Manuscript Number (if known):	ADJ-D-24-02570

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Date:	2/7/2025
Your Name:	Yasmeen Neal
Manuscript Title:	Brain Cholinergic Terminal Density Utilizing [18F]-Fluoroethoxybenzovesamicol PET in Adults with Down Syndrome: Relationship to Amyloid PET and Cognitive Performance
Manuscript Number (if known):	ADJ-D-24-02570

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7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
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Date:	2/7/2025
Your Name:	Michael Rafii
Manuscript Title:	Brain Cholinergic Terminal Density Utilizing [18F]-Fluoroethoxybenzovesamicol PET in Adults with Down Syndrome: Relationship to Amyloid PET and Cognitive Performance
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2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Eisai – AHEAD study Eli Lilly – A4 study	Institution Institution
3	Royalties or licenses	None None	

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4	Consulting fees	AC Immune Ionis	Individual Individual
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 Biohaven Prescient Imaging Positrigo Embic	Individual Individual Individual Individual
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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)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Your Name: Julie A Dumas		
Manuscript Title: [Brain Cholinergic Terminal Density Utilizing [18F]-Fluoroethoxybenzovesamicol PET in Adults with Down Syndrome: Relationship to Amyloid PET and Cognitive Performance Manuscript Number (if known): [ADJ-D-24-02570] 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	Date:	2/5/2025
Adults with Down Syndrome: Relationship to Amyloid PET and Cognitive Performance Manuscript Number (if known): ADJ-D-24-02570 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	Your Name:	Julie A Dumas
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		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None NIH R01 AG066159, Dumas and Newhouse, MPIs	
3	Royalties or licenses	None □	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		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	
Plea	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

ICIVITE DISCESSORE I ORIVI				
Date:	te: 2/5/2025			
Your Name:	Paul Newhouse, MD			
Manuscript Title:	: Brain Cholinergic Terminal Density Utilizing [18F]-Fluoroethoxybenzovesamicol PET in Adults with Down Syndrome: Relationship to Amyloid PET and Cognitive Performance			
Manuscript Number (if known): ADJ-D-24-02570				
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	Specifications/Comments (e.g., if payments were		

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	this item.		
		Time frame: past 36 months	
2 Grants or contracts from		[□] None	
	any entity (if not indicated in item #1 above).	Eisai	Institution
		ACImmune	Institution
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4	Consulting fees	[□] None	
		Phillip Morris International	Self
		GLG Group	Self
		Alzheon	Self
5	Payment or honoraria for		
	lectures,	American Association for Geriatric Psychiatry	Self
	presentations, speakers		
	bureaus,		
	manuscript		
	writing or		
	educational events		
6	Payment for	None	
	expert testimony		
7 Support for attending \[\square \] None			
	meetings and/or	Alzheimer's Clinical Trial Consortium	Self
	travel		
8	Patents planned, issued or	[⊠] None	
	pending		
9	Participation on a Data Safety	[□] None	
	Monitoring	NIA-NIH	No payment
	Board or		
	Advisory Board		
10	Leadership or	[⊠] None	
	fiduciary role in		
	other board,		
	society, committee or		
	advocacy group,		
	paid or unpaid		

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