

ICMJE DISCLOSURE FORM

Date: Click or tap to enter a date. 26.02.25

Your Name: Click or tap here to enter text. Dr. med. Wolfgang Glatz

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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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	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	<div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: center;">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.</div> <div style="flex-grow: 1;"> <input checked="" type="checkbox"/> None </div> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
Time frame: past 36 months								
2	<div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: center;">Grants or contracts from any entity (if not indicated in item #1 above).</div> <div style="flex-grow: 1;"> <input checked="" type="checkbox"/> None </div> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
3	<div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: center;">Royalties or licenses</div> <div style="flex-grow: 1;"> <input checked="" type="checkbox"/> None </div> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></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 checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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

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

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

26.07.2025

Dr. med. Wenzel Glanz
FA für Neurologie
Gedächtnissprechstunde
Universitätsmedizin Magdeburg
Deutsches Zentrum für Neurodegenerative
Erkrankungen

ICMJE DISCLOSURE FORM

Date: 1/23/2025

Your Name: Doreen Goerss

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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ICMJE DISCLOSURE FORM

Date: 2/4/2025

Your Name: Annika Spottke

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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ICMJE DISCLOSURE FORM

Date: 1/20/2025

Your Name: Alessandro Sciarra

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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Alessandro J. J. J.

ICMJE DISCLOSURE FORM

Date: 2/3/2025

Your Name: Anja Schneider

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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Date: 1/25/2025

Your Name: Ayda Rostamzadeh

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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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"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<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>						

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4	Consulting fees	<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> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 2/4/2025

Your Name: Michael Heneka

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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ICMJE DISCLOSURE FORM

Date: 2/7/2025

Your Name: Dorothea Hämmerer

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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ICMJE DISCLOSURE FORM

Date: 2/25/2024

Your Name: Emrah Duzel

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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11	Stock or stock options	<input type="checkbox"/> None	
		Co-founder and stock options for digital health company neotiv	
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	
		Part-time salary from neotiv	

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

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ICMJE DISCLOSURE FORM

Date: 1/21/2025

Your Name: Enise I. Incesoy

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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ICMJE DISCLOSURE FORM

Date: 1/22/2025

Your Name: Falk Lüsebrink

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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Time frame: past 36 months									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<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>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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: 2/26/2025

Your Name: Frank Jessen

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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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ICMJE DISCLOSURE FORM

Date: 2/3/2025

Your Name: Frederic Brosseron

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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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ICMJE DISCLOSURE FORM

Date: 1/21/2025

Your Name: Friedrich Krohn

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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ICMJE DISCLOSURE FORM

Date: 1/21/2025

Your Name: Ingo Kilimann

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

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ICMJE DISCLOSURE FORM

Date: 2/11/2025

Your Name: Dr. rer. nat. Johanna Brustkern

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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ICMJE DISCLOSURE FORM

Date: 2/4/2025

Your Name: Klaus Fliessbach

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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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Klaus Fliessbach, MD

ICMJE DISCLOSURE FORM

Date: 1/21/2025

Your Name: Klaus D. Toennies

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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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ICMJE DISCLOSURE FORM

Date: 1/23/2025

Your Name: Matthew J.Betts

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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ICMJE DISCLOSURE FORM

Date: 2/4/2025

Your Name: Max Dünnwald

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<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>									
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>									

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11	Stock or stock options	<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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
13	Other financial or non-financial interests	<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>							

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: 2/13/2025

Your Name: Mousumi Sarkar

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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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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"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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ICMJE DISCLOSURE FORM

Date: 1/23/2025

Your Name: Okka Kimmich

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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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ICMJE DISCLOSURE FORM

Date: 1/21/2025

Your Name: Stefan Teipel

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

Manuscript Number (if known): DADM-D-24-00327

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 checked="" type="checkbox"/> None <table border="1" data-bbox="386 260 1516 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="386 480 1516 583"> <tr> <td>Lecture at Auguste Symposium 2024, Eisai</td> <td>Payment to myself</td> </tr> <tr> <td>Lecture at Featured Symposium DGPPN 2024, Lilly</td> <td>Payment to myself</td> </tr> <tr><td></td><td></td></tr> </table>		Lecture at Auguste Symposium 2024, Eisai	Payment to myself	Lecture at Featured Symposium DGPPN 2024, Lilly	Payment to myself						
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 825 1516 928"> <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" data-bbox="386 1041 1516 1144"> <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" data-bbox="386 1260 1516 1362"> <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" data-bbox="386 1476 1516 1648"> <tr> <td>Biogen Advisory Board</td> <td>Payment to institution</td> </tr> <tr> <td>GE Healthcare Advisory Board</td> <td>Payment to institution</td> </tr> <tr> <td>Eisai Advisory Board</td> <td>Payment to institution</td> </tr> <tr> <td>Lilly Advisory Board</td> <td>Payment to institution</td> </tr> <tr> <td>Biogen DSMB</td> <td>Payment to myself</td> </tr> </table>		Biogen Advisory Board	Payment to institution	GE Healthcare Advisory Board	Payment to institution	Eisai Advisory Board	Payment to institution	Lilly Advisory Board	Payment to institution	Biogen DSMB	Payment to myself
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ICMJE DISCLOSURE FORM

Date: 1/17/2025

Your Name: Steffen Oeltze-Jafra

Manuscript Title: Fully Automated MRI-based Analysis of the Locus Coeruleus in Ageing and Alzheimer's Disease Dementia using ELSI-Net

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

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