

ICMJE DISCLOSURE FORM

Date: 12/23/2024

Your Name: Douglas Teixeira Leffa

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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: 12/20/2024

Your Name: Guilherme Povala

Manuscript Title: Impact of Polygenic Risk Scores for Attention-Deficit/Hyperactivity Disorder in Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-01853

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Date: 12/23/2024

Your Name: Bruna Bellaver

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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Date: 12/23/2024

Your Name: João Pedro Ferrari-Souza

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Your Name: Pamela C L Ferreira

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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: 12/20/2024

Your Name: Firoza Z. Lussier

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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: 12/21/2024

Your Name: Cristiano Schaffer Aguzzoli

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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: 12/20/2024

Your Name: Carolina Soares

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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: 12/23/2024

Your Name: Hussein Zalzale

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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ICMJE DISCLOSURE FORM

Date: 12/21/2024

Your Name: Francieli Rohden

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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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="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>							
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="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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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: 12/20/2024

Your Name: Guilherme Bauer-Negrini

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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	<div> <input type="checkbox"/> None </div> <div> <div>Alzheimer's Association (Alzheimer's Association Research Fellowship to Promote Diversity [AARFD-23-1150249])</div> <div>Payments made to the University of Pittsburgh</div> <div></div> <div>Click the tab key to add additional rows.</div> </div>	
Time frame: past 36 months		
2	<div> <input checked="" type="checkbox"/> None </div> <div> <div></div> <div></div> <div></div> </div>	
3	<div> <input checked="" type="checkbox"/> None </div> <div> <div></div> <div></div> <div></div> </div>	

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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: 12/23/2024

Your Name: Sarah Abbas

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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: 12/23/2024

Your Name: Maitê Schneider

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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: 12/20/2024

Your Name: Joseph Therriault

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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ICMJE DISCLOSURE FORM

Date: 12/23/2024

Your Name: Oscar Lopez

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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: 12/21/2024

Your Name: Victor L Villemagne

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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ICMJE DISCLOSURE FORM

Date: 12/23/2024

Your Name: William Klunk

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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ICMJE DISCLOSURE FORM

Date: 12/23/2024

Your Name: Dana Tudorascu

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

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ICMJE DISCLOSURE FORM

Date: 12/23/2024

Your Name: Ann Cohen

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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Date: 12/23/2024

Your Name: Pedro Rosa-Neto

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

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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="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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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: 12/23/2024

Your Name: Eduardo Zimmer

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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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ICMJE DISCLOSURE FORM

Date: 12/23/2024

Your Name: Thomas K. Karikari

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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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	Board or Advisory Board		
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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	

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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: 12/22/2024

Your Name: Luis Augusto Rohde

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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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10	Leadership or fiduciary role in other board, society,	<input type="checkbox"/> None <table border="1"> <tr><td>IACAPAP - president</td><td></td></tr> <tr><td> </td><td></td></tr> </table>		IACAPAP - president							
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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)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		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>			

ICMJE DISCLOSURE FORM

Date: 12/20/2024

Your Name: Brooke S.G. Molina

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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: Since the initial planning of the work		
1	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	<div></div> <div></div> <div>Click the tab key to add additional rows.</div>
Time frame: past 36 months		
2	<input type="checkbox"/> None <div> <div>Alzheimer's Association</div> <div></div> <div></div> </div>	<div>Foundation award to Molina as PI, 2023-2026</div> <div></div> <div></div>
3	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	<div></div> <div></div> <div></div>

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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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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: 12/20/2024

Your Name: Tharick A. Pascoal

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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: 12/23/2024

Your Name: The Alzheimer's Disease Neuroimaging Initiative

Manuscript Title: Impact of the polygenic risk scores for attention-deficit/hyperactivity disorder in Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-01853

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