

ICMJE DISCLOSURE FORM

Date: 8/25/2024

Your Name: Seokho Jeong

Manuscript Title: Addressing overfitting bias due to sample overlap in polygenic risk scoring

Manuscript Number (if known): ADJ-D-24-00751

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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Date: 8/25/2024

Your Name: Hong-Hee Won

Manuscript Title: Addressing overfitting bias due to sample overlap in polygenic risk scoring

Manuscript Number (if known): ADJ-D-24-00751

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Your Name: Sang-Hyuk Jung

Manuscript Title: Addressing overfitting bias due to sample overlap in polygenic risk scoring

Manuscript Number (if known): ADJ-D-24-00751

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Your Name: Kwangsik Nho

Manuscript Title: Addressing overfitting bias due to sample overlap in polygenic risk scoring

Manuscript Number (if known): ADJ-D-24-00751

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ICMJE DISCLOSURE FORM

Date: 8/25/2024

Your Name: Bong-Jo Kim

Manuscript Title: Addressing overfitting bias due to sample overlap in polygenic risk scoring

Manuscript Number (if known): ADJ-D-24-00751

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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ICMJE DISCLOSURE FORM

Date: 8/25/2024

Your Name: Seunggeun Lee

Manuscript Title: Addressing overfitting bias due to sample overlap in polygenic risk scoring

Manuscript Number (if known): ADJ-D-24-00751

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: 8/24/2024

Your Name: Manu Shivakumar

Manuscript Title: Addressing overfitting bias due to sample overlap in polygenic risk scoring

Manuscript Number (if known): ADJ-D-24-00751

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: 8/25/2024

Your Name: Dokyo Kim

Manuscript Title: Addressing overfitting bias due to sample overlap in polygenic risk scoring

Manuscript Number (if known): ADJ-D-24-00751

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: 8/25/2024

Your Name: Li Shen

Manuscript Title: Addressing overfitting bias due to sample overlap in polygenic risk scoring

Manuscript Number (if known): ADJ-D-24-00751

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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10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> </table>									

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ICMJE DISCLOSURE FORM

Date: 8/25/2024

Your Name: Heng Huang

Manuscript Title: Addressing overfitting bias due to sample overlap in polygenic risk scoring

Manuscript Number (if known): ADJ-D-24-00751

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ICMJE DISCLOSURE FORM

Date: 08/28/2024

Your Name: Andrew J Saykin

Manuscript Title: Addressing Overfitting Bias Due to Sample Overlap in Polygenic Risk Scorings

Manuscript Number (if known): ADJ-D-24-00751

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		Siemens Medical Solutions USA, Inc. (Dementia Advisory Board)	NIH NHLBI (MESA Observational Study Monitoring Board)
		Eisai (Scientific Advisory Board) Novo Nordisk (Scientific Advisory Board)	NIH/NIA: External Advisory Committees, Multiple NIH-funded centers/programs
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 type="checkbox"/> None	
		Avid Radiopharmaceuticals, a subsidiary of Eli Lilly (in kind contribution of PET tracer precursor)	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Springer-Nature Publishing (Editorial Office Support as Editor-in-Chief, Brain Imaging and Behavior)	
<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: 8/25/2024

Your Name: Paul Thompson

Manuscript Title: Addressing overfitting bias due to sample overlap in polygenic risk scoring

Manuscript Number (if known): ADJ-D-24-00751

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ICMJE DISCLOSURE FORM

Date: 8/25/2024

Your Name: Christos Davatzikos

Manuscript Title: Addressing overfitting bias due to sample overlap in polygenic risk scoring

Manuscript Number (if known): ADJ-D-24-00751

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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>									

		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 <table border="1" style="width: 100%; margin-top: 10px;"> <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: 10px;"> <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" style="width: 100%; margin-top: 10px;"> <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.