

ICMJE DISCLOSURE FORM

Date: 7/31/2025

Your Name: Clara Ciampi

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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: 7/31/2025

Your Name: Francesca Fagiani

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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Your Name: Valentina Murtaj

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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Your Name: Federica Comella

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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: 7/31/2025

Your Name: Veronica Torre

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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: 7/31/2025

Your Name: Marta Filibian

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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: 7/31/2025

Your Name: Annapaola Andolfo

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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: 7/31/2025

Your Name: Clarissa Braccia

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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ICMJE DISCLOSURE FORM

Date: 7/31/2025

Your Name: Nicola Opallo

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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: 7/31/2025

Your Name: Maria Grazia Bottone

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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Date: 7/31/2025

Your Name: Edoardo Pedrini

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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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: 7/31/2025

Your Name: Maria Bove

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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: 7/31/2025

Your Name: Stefano Govoni

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 7/31/2025

Your Name: Carla Ghelardini

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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: 7/31/2025

Your Name: Rosaria Meli

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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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: 7/31/2025

Your Name: Luigia Trabace

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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: 7/31/2025

Your Name: Anna Pittaluga

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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: 7/31/2025

Your Name: Giuseppina Mattace Raso

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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ICMJE DISCLOSURE FORM

Date: 7/31/2025

Your Name: Lorenzo Di Cesare Mannelli

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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ICMJE DISCLOSURE FORM

Date: 7/31/2025

Your Name: Cristina Lanni

Manuscript Title: Intestinal inflammation induces glymphatic remodeling, priming early neurodegenerative signals in male mice

Manuscript Number (if known): ADJ-D-25-01591

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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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Alzheimer Association AARG-23-1140660</td> <td></td> </tr> <tr> <td>Italian Ministry of University and Research (PRIN 2020SCBBN2)</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center; color: #ccc;">Click the tab key to add additional rows.</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Alzheimer Association AARG-23-1140660		Italian Ministry of University and Research (PRIN 2020SCBBN2)			Click the tab key to add additional rows.			
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Italian Ministry of University and Research (PRIN 2020SCBBN2)											
	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).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></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" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

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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	

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.