

ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Anna Volkmer

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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: 8/19/2024
Your Name: Emily Viega Alves
Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings
Manuscript Number (if known): ADJ-D-24-01120

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

(x)

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

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Date: 8/1/2024

Your Name: Hagit Bar Zeev

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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Date: 8/1/2024

Your Name: Elena Barbieri

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Date: 8/6/2024

Your Name: Petronilla Battista

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App4PPA: a feasibility study of remote speech and language therapy in Italian individuals with Primary Progressive Aphasia" Pilot Awards for Global Brain Health Leaders by the Alzheimer's Association	Payment was made to my Institution (Istituti Clinici Scientifici Maugeri IRCCS of Bari, Italy)							
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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)
		2023-12378220 Funded by Piano Nazionale di Ripresa e Resilienza ("PNRR"): M6/C2_CALL 2023	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
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	<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)
	Monitoring Board or Advisory Board		
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 checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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: 8/7/2024
Your Name: Ashleigh Beales
Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings
Manuscript Number (if known): ADJ-D-24-01120

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	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 style="text-align: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="width: 20%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>							
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="text-align: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="width: 50%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
3	Royalties or licenses	<div style="text-align: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="width: 50%;"></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	
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.

ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Bárbara Costa Beber

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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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6	Payment for expert testimony	<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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8	Patents planned, issued or pending	<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>									
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" data-bbox="383 258 1518 359"> <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" data-bbox="383 474 1518 575"> <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" data-bbox="383 690 1518 791"> <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: 8/1/2024

Your Name: Emilie Brotherhood

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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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NIHR PGaR – Reference NIHR203680	100 FTE								
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3	Royalties or licenses	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; 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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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>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>									
6	Payment for expert testimony	<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>									
7	Support for attending meetings and/or travel	<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>									
8	Patents planned, issued or pending	<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>									
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" data-bbox="383 258 1518 359"> <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" data-bbox="383 476 1518 577"> <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" data-bbox="383 690 1518 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<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: 8/8/2024

Your Name: Ines Ribeiro Cadório

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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	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 checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>
Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in Item #1 above).	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
3	Royalties or licenses	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>

		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	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>	

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11	Stock or stock options	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <div> <div></div> <div></div> <div></div> </div>	
<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: 8/1/2024

Your Name: MARIA TERESA CARTHERY-GOULART

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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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" data-bbox="383 258 1518 359"> <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" data-bbox="383 474 1518 575"> <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" data-bbox="383 690 1518 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<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: 8/1/2024

Your Name: Jade Cartwright

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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: 8/1/2024

Your Name: Sebastian Crutch

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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: 8/1/2024

Your Name: Karen CROOT

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 724 1518 825"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" data-bbox="386 1283 1518 1482"> <tr> <td>Australian Dementia Research Forum 2023, waived conference fees as honorarium for presentation of keynote talk on computerized cognitive testing</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Australian Dementia Research Forum 2023, waived conference fees as honorarium for presentation of keynote talk on computerized cognitive testing							
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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: MARIA ISABEL D'ÁVILA FREITAS

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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	
11	Stock or stock options	<input checked="" type="checkbox"/> None	

ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Jeanne Gallée, PhD

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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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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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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,	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> </table>									

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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>							
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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Stephanie Grasso

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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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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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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Katarina L. Haley

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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: 8/7/2024

Your Name: Heleen M.A. Hendriksen

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Shalom Henderson]

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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ICMJE DISCLOSURE FORM

Date: 8/1/2024

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Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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ICMJE DISCLOSURE FORM

Date: 8/12/2024

Your Name: Isabel Junqueira de Almeida

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Jacqueline Kindell

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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Date: 8/8/2024

Your Name: Rachel Kingma

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

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Date: 8/1/2024

Your Name: Lorinda Li-Ying KWAN-CHEN]

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

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7	Support for attending meetings and/or travel	<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>									
8	Patents planned, issued or pending	<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>									
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" data-bbox="386 258 1518 359"> <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" data-bbox="386 474 1518 575"> <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" data-bbox="386 690 1518 791"> <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: 8/1/2024

Your Name: Monica Lavoie

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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: 8/1/2024

Your Name: Adi Lifshitz-Ben-Basat

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Regina Jokel

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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	X None <table border="1" data-bbox="383 258 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	X None <table border="1" data-bbox="383 478 1516 583"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	X None <table border="1" data-bbox="383 825 1516 930"> <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	X None <table border="1" data-bbox="383 1045 1516 1150"> <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	X None <table border="1" data-bbox="383 1266 1516 1371"> <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	X None <table border="1" data-bbox="383 1476 1516 1581"> <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: 8/28/2024

Your Name: Aurore MAHUT DUBOS

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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Aurore MAHUT-DUBOS



ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: JORDI A MATIAS-GUIU

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1518 359"> <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" data-bbox="386 476 1518 577"> <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: 8/6/2024

Your Name: Michèle Masson-Trottier

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Marcus Meinzer

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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: 8/6/2024

Your Name: Ellen McGowan

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Carolina Méndez-Orellana

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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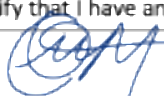
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Deputy Lead Aphasia and cognition working group 6 (WG 6) Aphasia trialists www.aphasiatrials.org (unpaid)</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Deputy Lead Aphasia and cognition working group 6 (WG 6) Aphasia trialists www.aphasiatrials.org (unpaid)						
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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.


 Carolina Méndez Orellana, Ph.D
 SLT / Neuroscientist
 Associate Professor
 Department Health Sciences
 Faculty of Medicine
 Pontificia Universidad Católica de Chile

ICMJE DISCLOSURE FORM

Date: 8/6/2024

Your Name: Aaron M. Meyer

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 476 1518 577"> <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" data-bbox="383 690 1518 791"> <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: 8/1/2024

Your Name: Carly Millanski

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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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13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Millanski Center for Aphasia and Cognitive-Communication Disorders, PLLC	Co-Founder, Speech-Language Pathologist

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: 8/1/2024

Your Name: Núria Montagut

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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: 8/1/2024

Your Name: Aimee R Mooney

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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: 8/1/2024

Your Name: Darby Morhardt

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Lyndsey Nickels

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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: 8/1/2024

Your Name: Monica Norvik

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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ICMJE DISCLOSURE FORM

Date: 8/6/2024

Your Name: Iris Nowenstein

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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: 8/1/2024

Your Name: Avanthi Paplikar

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Click or tap here to enter text. Margaret POZZEBON

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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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 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="margin-left: 10px;"> <input checked="" type="checkbox"/> None </div> </div> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: right; font-size: small; margin-top: 5px;">Click this tab key to add additional rows.</div>	
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="margin-left: 10px;"> <input checked="" type="checkbox"/> None </div> </div> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
3	<div style="display: flex; align-items: flex-start;"> <div style="width: 20px; text-align: center;">Royalties or licenses</div> <div style="margin-left: 10px;"> <input checked="" type="checkbox"/> None </div> </div> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	

		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	<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 <div></div> <div></div> <div></div>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	

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: 8/1/2024

Your Name: Antoine Renard

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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6	Payment for expert testimony	<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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8	Patents planned, issued or pending	<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>									
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" data-bbox="383 258 1518 359"> <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" data-bbox="383 476 1518 577"> <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" data-bbox="383 690 1518 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<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: 7/8/2024

Your Name: Leanne Ruggero

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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"> <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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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	
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	
		Australian Aphasia Association (not for profit)	I volunteer here to support people with aphasia but receive no payment.

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: 8/6/2024

Your Name: Emily Rogalski

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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R01 AG056258								
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R01AG077444	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).	<div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> None</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<div style="margin-bottom: 5px;"><input checked="" type="checkbox"/> None</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;"></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)								
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1518 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="386 478 1518 583"> <tr><td>UC Irvine Speaker Honoraria</td><td></td></tr> <tr><td>Emory Speaker Honoraria</td><td></td></tr> <tr><td>National Academy of Neuropsychology Honoraria</td><td></td></tr> </table>		UC Irvine Speaker Honoraria		Emory Speaker Honoraria		National Academy of Neuropsychology Honoraria			
UC Irvine Speaker Honoraria											
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" data-bbox="386 1045 1518 1182"> <tr><td>AAIC 2024</td><td>Simons Foundation</td></tr> <tr><td>UCI Irvine</td><td>National Academy of Neuropsychology</td></tr> <tr><td>NACC/ADRC Spring Meeting</td><td>Institute of Cognitive Neurology & Dementia Research</td></tr> </table>		AAIC 2024	Simons Foundation	UCI Irvine	National Academy of Neuropsychology	NACC/ADRC Spring Meeting	Institute of Cognitive Neurology & Dementia Research		
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1486 1518 1591"> <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 type="checkbox"/> None <table border="1" data-bbox="386 1675 1518 1780"> <tr><td>ADRC Imaging Core Steering Committee Chair</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		ADRC Imaging Core Steering Committee Chair							
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1518 359"> <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" data-bbox="386 476 1518 577"> <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: 8/11/2024

Your Name: Anna Uta Rysop

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Fredrik Sand Aronsson

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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: 8/1/2024

Your Name: Aida Suarez Gonzalez

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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="391 436 1523 569"> <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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	advocacy group, paid or unpaid		
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	
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Please place an "X" next to the following statement to indicate your agreement:

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Date: 8/1/2024

Your Name: Sharon Savage

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: TRAN Thi Mai

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Kyrana Tsapkini

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>NIH/NIA DSMB for 3 clinical trials on neuromodulation effects in primary progressive aphasia</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	NIH/NIA DSMB for 3 clinical trials on neuromodulation effects in primary progressive aphasia								
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>ISFTD: Board Member, Communication Committee</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	ISFTD: Board Member, Communication Committee								
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1518 359"> <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" data-bbox="386 476 1518 577"> <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" data-bbox="386 690 1518 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<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: 8/18/2024

Your Name: Dr Cathleen Taylor-Rubin

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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: 8/1/2024

Your Name: Donna C. Tippet

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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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2	<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <p>Grants or contracts from any entity (if not indicated in item #1 above).</p> </div> <div style="flex: 2;"> <input type="checkbox"/> None </div> </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Salary support from Phase II clinical trial of transcranial direct current stimulation in the treatment of primary progressive aphasia, 1R01AG075111-01A1</td> <td>Payment to me</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	Salary support from Phase II clinical trial of transcranial direct current stimulation in the treatment of primary progressive aphasia, 1R01AG075111-01A1	Payment to me					
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1199 1518 1297"> <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 1415 1518 1514"> <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 1633 1518 1732"> <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 checked="" type="checkbox"/> None <table border="1" data-bbox="386 1850 1518 1948"> <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: 11/8/2024

Your Name: Nina Unger

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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: 8/1/2024

Your Name: Lizet van Ewijk

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Sandra Wielaert

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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: 8/1/2024

Your Name: Ingvild E. Winsnes

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Anne Whitworth

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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Date: 8/8/2024

Your Name: Ibrahim Can Yasa

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: David Copland

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Maya Henry

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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: 8/1/2024

Your Name: Jason Warren

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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: 8/1/2024

Your Name: Rosemary Varley

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Sarah Wallace

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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ICMJE DISCLOSURE FORM

Date: 8/1/2024

Your Name: Chris Hardy

Manuscript Title: An international core outcome set for Primary Progressive Aphasia (COS-PPA): Consensus-based recommendations for communication interventions across research and clinical settings

Manuscript Number (if known): ADJ-D-24-01120

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	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).	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">National Institute for Health Research (NIHR204280)</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	National Institute for Health Research (NIHR204280)					
National Institute for Health Research (NIHR204280)								
3	Royalties or licenses	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"></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)								
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>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>National Science Center Poland</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	National Science Center Poland								
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6	Payment for expert testimony	<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>									
7	Support for attending meetings and/or travel	<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>									
8	Patents planned, issued or pending	<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>									
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" data-bbox="386 258 1518 359"> <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" data-bbox="386 474 1518 575"> <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" data-bbox="386 690 1518 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<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>									