| 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.

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.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments to you or to your institution) |  | 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.   |  | None  C Grand Challenge  R Advanced Fellowship NIHR302240                           | UCL Grand Challenge awarded to AV and CJDH in 2020, and consequently by an NIHR Advanced Fellowship NIHR302240 to AV in 2022  Click the tab key to add additional rows. |
|   |   |  | Time frame: past 36 month   | IS .  |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |  | None  |   |
| 3 | Royalties or licenses   |  | None  |   |

|    |   |   | cifications/Comments (e.g., if payments were de to you or to your institution) |
|----|---|---|--|
| 4  | Consulting fees   | None  |  |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None  |  |
| 6  | Payment for expert testimony  | None □  |  |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None     Non |  |
| 8  | Patents planned,<br>issued or<br>pending  | None None   |  |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | Lead of the International SLT/P PPA network, leader of the UK SLT/P PPA network and committee member of the Royal College of Speech and Language Therapy Dementia and Mental Health Clinical Excellence Network   | payment  |

|      |   |  | e all entities with whom you have this ionship 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<br>options   |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services  |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests  |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this 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   |

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.

|   |   |     | all entities with whom you have this nship 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. | (x) | None  Click the tab key to add additional rows.                                  |   |
| 2 | Grants or   |     | Time frame: past 36 month  | is .  |
|   | contracts from any entity (if not   | (x) | None   |   |
|   | indicated in item #1 above).  |     |  |   |
|   |   |     |  |   |
| 3 | Royalties or<br>licenses  | (x) | 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) |
|----|---|--|---|
| 4  | Consulting fees   | (x) None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | (x) None   |   |
| 6  | Payment for expert testimony  | (x) None   |   |
| 7  | Support for attending meetings and/or travel  | (x) None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | (x) None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | (x) None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | (x) None   |   |
| 11 | Stock or stock<br>options   | (x) None   | ICMIT Diaglacus Farm  |

|            |   | 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) |  |
|------------|---|--|---|--|
|            |   |  |   |  |
| 12         | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services   | (x) None   |   |  |
| 13         | Other financial<br>or non-financial<br>interests  | (x) None   |   |  |
| Plea<br>(x | 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. |  |   |  |

| 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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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.

|   |   | e all entities with whom you have this<br>onship 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. | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>licenses  | None   |   |

|    |  |           | cations/Comments (e.g., if payments were o you or to your institution) |
|----|--|-----------|--|
| 4  | Consulting fees  | None      |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None      |  |
| 6  | Payment for expert testimony   | None None |  |
| 7  | Support for attending meetings and/or travel   | None None |  |
| 8  | Patents planned,<br>issued or<br>pending   | None None |  |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None None |  |

|      |   |  | e all entities with whom you have this ionship 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<br>options   |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services  |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests  |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this form. |  |  |   |

☑ I certify that I have answered every question and have not altered the wording

| Date:  | 8/1/2024  |  |  |
|--|---|--|--|
|  |   |  |  |
| Your Name:   | Elena Barbieri  |  |  |
| 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  | 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. | None  NIA 5R01AG077444  NIA P30AG072977  NIA P30AG013854  Time frame: past 36 months         | Click the tab key to add additional rows.   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None   |   |
| 3 | Royalties or licenses   | None   |   |

|    |  | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Commen made to you or to your | ts (e.g., if payments were institution) |
|----|--|--|---|
| 4  | Consulting fees  | None None  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |   |
| 6  | Payment for expert testimony   | None None  |   |
| 7  | Support for attending meetings and/or travel   | None None  |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|      |  |  | e all entities with whom you have this onship 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<br>options  |  | None  |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services |  | None  |   |
| 13   | Other financial or<br>non-financial<br>interests                                 |  | None  |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:  |  |   |   |

| Date:                         | 8/6/2024   |  |
|-------------------------------|--|--|
| Your Name:                    | Petronilla Battista  |  |
| 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.

|   |   | 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. | None □  | Click the tab key to add additional rows.  |
|   |   | Time frame: past 36 month   | S .  |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | □ None  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  "After diagnosis what can be done? INTERVENTI DI LINGUAGGIO SU MISURA PER LE PERSONE CON AFASIA PRIMARIA PROGRESSIVA". PNRR-MCNT2- | Payment was made to my Institution (Istituti Clinici Scientifici Maugeri IRCCS of Bari, Italy)  Payment was made to my Institution (Istituti Clinici Scientifici Maugeri IRCCS of Bari, Italy) |

|   |   | 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<br>Ripresa e Resilienza ("PNRR"): M6/C2_CALL 2023   |   |
| 3 | Royalties or<br>licenses  | None   |   |
| 4 | Consulting fees   | None None  |   |
| 5 | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6 | Payment for expert testimony  | None None  |   |
| 7 | Support for attending meetings and/or travel  | None     ■ |   |
| 8 | Patents planned,<br>issued or<br>pending  | None None  |   |
| 9 | Participation on a Data Safety  | ⊠ None   |   |

|   |   |  | e all entities with whom you have this onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|---|
|   | Monitoring<br>Board or<br>Advisory Board  |  |   |   |
| 10  | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid |  | None  |   |
| 11  | Stock or stock<br>options   |  | None  |   |
| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services                  |  | None  |   |
| 13  | Other financial or<br>non-financial<br>interests  |  | None  |   |
| Please place an "X" next to the following statement to indicate your agreement: |   |  |   |   |

15 12/13/2021 ICMJE Disclosure Form

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

|   |   | 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   |   |
| 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. | None  Click the tab key to add additional rows.  Time frame: past 36 mont                    |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | None None  |   |
| 3 | Royalties or<br>licenses  | 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) |
|----|---|--|---|
| 4  | Consulting fees   | None   | made to you or to your mistitution,   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None None  |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None None  |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | 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   | None   |   |
| 12 | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | None   |   |
| 13 | Other financial<br>or non-financial<br>interests  | None 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.

| 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   |

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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.

|   |   | e all entities with whom you have this onship 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. | None  | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month   | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None  |   |
| 3 | Royalties or<br>licenses  | None  |   |

|    |  |  | pecifications/Comments (e.g., if payments were ade to you or to your institution) |
|----|--|--|---|
| 4  | Consulting fees  | None None  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □   |   |
| 6  | Payment for expert testimony   | None □   |   |
| 7  | Support for attending meetings and/or travel   | None None  |   |
| 8  | Patents planned,<br>issued or<br>pending   | None □   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None     ■ |   |

|      |  | e all entities with whom you have this ionship 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<br>options  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 | None   |   |
| Plea | •  | e following statement to indicate your agreeme                                       |   |

| 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.

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.

|   |   | Name all entities with whom you l relationship or indicate none (add  |                       | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|-----------------------|---|
|   |   | Time frame: Since t   | he initial planning o | 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. | □ None  NIHR PGaR − Reference NIHR2036  | 80                    | 100 FTE  Click the tab key to add additional rows.                                  |
|   |   | Time fra  | ne: past 36 months    | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None     Non |                       |   |
| 3 | Royalties or licenses   | 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) |
|----|---|--|---|
| 4  | Consulting fees   | None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None None  |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for attending meetings and/or travel  | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None None  |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None     ■ |   |

|      |  | e all entities with whom you have this ionship 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<br>options  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 | None   |   |
| Plea | •  | e following statement to indicate your agreeme                                       |   |

| 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.

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.

|   |   | e all entities with whom you have this<br>onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were<br>made to you or to your institution) |
|---|---|--|--|
|   |   | Time frame: Since the initial planning of  | 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. | None   | Click the tab key to add additional rows.  |
|   | Ī   | Time frame: past 36 months   | 5  |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |  |
| 3 | Royalties or<br>licenses  | 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) |
|----|---|--|---|
| 4  | Consulting fees   | None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None None  |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None None  |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | ⊠None  |   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | None None  |   |

|      |   | ame all entities with whom you have this elationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments were made to you or to your institution) | e |  |
|------|---|---|---|--|
| 11   | Stock or stock options  | None None   |   |  |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | ⊠ None  |   |  |
| 13   | Other financial or<br>non-financial<br>interests  | None None   |   |  |
| Plea | Please place an "X" next to the following statement to indicate your agreement:                 |   |   |  |

| 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   |  |
| In the interest of transparency, we | e ask you to disclose all relationships/activities/interests listed below that are related to the  |  |

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.

|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments made to you or to your institution) |   | 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. |  | None  Click the tab key to add additional rows. |   |
|   |   |  | Time frame: past 36 month                       | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |  | None  |   |
| 3 | Royalties or<br>licenses  |  | None  |   |

|    |  | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Commen made to you or to your | ts (e.g., if payments were institution) |
|----|--|--|---|
| 4  | Consulting fees  | None None  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |   |
| 6  | Payment for expert testimony   | None None  |   |
| 7  | Support for attending meetings and/or travel   | None None  |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|      |  | e all entities with whom you have this ionship 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<br>options  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 | None   |   |
| Plea | •  | e following statement to indicate your agreeme                                       |   |

Tertify that I have answered every question and have not aftered the wording

| 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.

|   |   |   | e all entities with whom you have this ionship 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. | None  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).  |   | None   |   |
| 3 | Royalties or licenses   |   | None   |   |

|    |  | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments we made to you or to your institution) | ere |
|----|--|---|-----|
| 4  | Consulting fees  | None None   |     |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None  |     |
| 6  | Payment for expert testimony   | None  |     |
| 7  | Support for attending meetings and/or travel   | None  |     |
| 8  | Patents planned,<br>issued or<br>pending   | None  |     |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None   |     |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None  |     |

|      |  | e all entities with whom you have this ionship 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<br>options  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 | None   |   |
| Plea | •  | e following statement to indicate your agreeme                                       |   |

| 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.

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.

|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments made to you or to your institution) |  | 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. | None  Click the tab key to add additional rows.  |  | Click the tab key to add additional rows.   |
|   |   |  | Time frame: past 36 month              | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |  | None                                   |   |
| 3 | Royalties or<br>licenses  |  | None                                   |   |

|    |  | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Commen made to you or to your | ts (e.g., if payments were institution) |
|----|--|--|---|
| 4  | Consulting fees  | None None  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |   |
| 6  | Payment for expert testimony   | None None  |   |
| 7  | Support for attending meetings and/or travel   | None None  |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|      |  |  | e all entities with whom you have this onship 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<br>options  |  | None  |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services |  | None  |   |
| 13   | Other financial or<br>non-financial<br>interests                                 |  | None  |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:  |  |   |   |

| 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.

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.

|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments with made to you or to your institution) | were |
|---|---|---|------|
|   |   | 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. | None  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).  | NSW Health: standard employment contracts 2023, 2024 University of NSW: standard employment contract 2022, 2021   |      |

|   |  | 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) |
|---|--|---|
| 3 | Royalties or<br>licenses   | None None   |
| 4 | Consulting fees  | None None   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None  |
| 6 | Payment for expert testimony   | None  |
| 7 | Support for attending meetings and/or travel   | Australian Dementia Research Forum 2023, waived conference fees as honorarium for presentation of keynote talk on computerized cognitive testing                                  |
| 8 | Patents planned,<br>issued or<br>pending   | None  |
| 9 | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None   |

|             |  |  | e all entities with whom you have this onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|-------------|--|--|---|---|
| 10          | Leadership or fiduciary role in  |  | None  |   |
|             | other board,<br>society,   |  |   |   |
|             | committee or advocacy group,   |  |   |   |
|             | paid or unpaid   |  |   |   |
| 11          | Stock or stock options   |  | None  |   |
|             |  |  |   |   |
|             |  |  |   |   |
|             |  |  |   |   |
| 12          | Receipt of equipment,  |  | None  |   |
|             | materials, drugs,<br>medical writing,<br>gifts or other  |  |   |   |
|             |  |  |   |   |
|             | services   |  |   |   |
| 13          | Other financial or non-financial   |  | None  |   |
|             | interests  |  |   |   |
|             |  |  |   |   |
|             |  |  |   |   |
| Plea        | Please place an "X" next to the following statement to indicate your agreement:                                      |  |   |   |
| $\boxtimes$ | I certify that I have answered every question and have not altered the wording of any of the questions on this 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-<br>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.

|   |   |   | e all entities with w<br>ionship or indicate :<br>ied) |                                | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|--|--------------------------------|---|
|   |   |   | Time fran  | ne: 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. |   | None   |                                | Click the tab key to add additional rows.   |
|   | ,   |   |  | Time frame: past 36 month      | 15  |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |   | None   |                                |   |
| 3 | Royalties or<br>licenses  |   | None   |                                |   |
| 4 | Consulting fees   | × | None   |                                |   |
| 1 | 1   |   |  | 12/13/2021                     | ICM IF Disclosure Form  |

|    |   | 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) |
|----|---|--|---|
|    |   |  |   |
| 5  | 5 Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | ⊠ None   |   |
| 6  | Payment for expert testimony  | ⊠ None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | ⊠ None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠ None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | ⊠ None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid   | ⊠ None   |   |
| 11 | Stock or stock options  | ⊠ None   |   |

3 13/13/2021 ICM IE Directors on Earth

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

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

the arrest

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

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.

|   |   | 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. | None None  | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | □ None  U24 AG074855 (National Institute of Health/National Institute on Aging)  Multiple PIs: T. Hohman, M. Cuccaro, A. Toga  Alzheimer's Disease Sequencing Project Phenotype Harmonization Consortium | Role: Postdoctoral Fellow 11/2023 – present  Payments made to Dr. Gallée through the University of Washington |

|    |  | 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) |
|----|--|--|---|
| 3  | Royalties or<br>licenses   | None     ■ |   |
| 4  | Consulting fees  | None None  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | □ None  American Speech-Language-Hearing Association, On Demand Webinar: "The R.A.I.S.E. Assessment Framework for Primary Progressive Aphasia: An Author Discussion"   |   |
| 6  | Payment for expert testimony   | None     ■ |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel  | None     ■ |   |
| 8  | Patents planned,<br>issued or<br>pending   | None     ■ |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None   |   |
| 10 | Leadership or fiduciary role in other board,   | None     ■   |   |

|   |  |             | e all entities with whom you have this ionship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|-------------|--|---|
|   | society,<br>committee or<br>advocacy group,  |             |  |   |
|   | paid or unpaid   |             |  |   |
| 11  | Stock or stock options   |             | None   |   |
|   |  |             |  |   |
|   |  |             |  |   |
|   |  |             |  |   |
| 12  | Receipt of equipment,  | $\boxtimes$ | None   |   |
|   | materials, drugs,<br>medical writing,<br>gifts or other<br>services  |             |  |   |
|   |  |             |  |   |
|   |  |             |  |   |
| 13  | Other financial or non-financial   | $\boxtimes$ | None   |   |
|   | interests  |             |  |   |
|   |  |             |  |   |
|   |  |             |  |   |
| Please place an "X" next to the following statement to indicate your agreement: |  |             |  |   |
| $\boxtimes$   | I certify that I have answered every question and have not altered the wording of any of the questions on this 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   |

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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.

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|---|---|--|---|
|   |   | Time frame: Since the initial planning   | of the work   |
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|   |   | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>licenses  | None   |   |

|    |  | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if paymer made to you or to your institution) | its were |
|----|--|--|----------|
| 4  | Consulting fees  | None None  |          |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None  |          |
| 6  | Payment for expert testimony   | None None  |          |
| 7  | Support for<br>attending<br>meetings and/or<br>travel  | None  R01AG080470 NIH/NIA]   |          |
| 8  | Patents planned,<br>issued or<br>pending   | None   |          |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None  |          |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |          |

|      |  |  | e all entities with whom you have this ionship 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<br>options  |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:  |  |  |   |

| 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.

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.

|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments relationship or indicate none (add rows as needed) |  |   |
|---|---|---|--|---|
|   |   |   | 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. |   | None                                   | Click the tab key to add additional rows.       |
|   |   |   | Time frame: past 36 month              | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | Nati  | onal Institutes of Health              | To my university (Salary and research cost R01) |
| 3 | Royalties or<br>licenses  | Med   | None                                   | Royalties to me                                 |

|    |  | 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  | None None   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None   |
| 6  | Payment for expert testimony   | None  |
| 7  | Support for attending meetings and/or travel   | University of North Carolina at Chapel Hill  Conference expenses reimbursed   |
| 8  | Patents planned,<br>issued or<br>pending   | None None   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | Academy of Neurologic Communication Sciences and Disorders  Writing committee co-chair for AOS (unpaid)   |

|      |  |  | e all entities with whom you have this ionship 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<br>options  |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:  |  |  |   |

| 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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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.

|   |   |   | e all entities with whom you have this ionship 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. |   | None   | Click the tab key to add additional rows.   |
|   |   | 1 | Time frame: past 36 month  | S .   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |   | None   |   |
| 3 | Royalties or licenses   |   | 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) |
|----|---|--|---|
| 4  | Consulting fees   | None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None None  |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for attending meetings and/or travel  | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None None  |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None     ■ |   |

|      |   |  | e all entities with whom you have this ionship 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<br>options   |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services  |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests  |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this form. |  |  |   |

□ I certify that I have answered every question and have not altered the wording
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| 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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|   |   |  | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |  | None   |   |
| 3 | Royalties or<br>licenses  |  | None   |   |

|    |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comment made to you or to your in |  |
|----|---|--|--|
| 4  | Consulting fees   | None None  |  |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None None  |  |
| 6  | Payment for expert testimony  | None None □  |  |
| 7  | Support for attending meetings and/or travel  | None None  |  |
| 8  | Patents planned,<br>issued or<br>pending  | None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □   |  |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None None  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None   |  |

|      |  |  | e all entities with whom you have this onship 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<br>options  |  | None  |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services   |  | None  |   |
| 13   | Other financial or<br>non-financial<br>interests   |  | None  |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form. |  |   |   |

| Date:                         | 8/1/2024   |
|-------------------------------|--|
| Your Name:                    | LC Jiskoot   |
| 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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| 3 | Royalties or<br>licenses  |  | None  |   |

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|----|--|--|---|
| 4  | Consulting fees  | None None  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |   |
| 6  | Payment for expert testimony   | None None  |   |
| 7  | Support for attending meetings and/or travel   | None None  |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|      |   |  | e all entities with whom you have this ionship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 11   | Stock or stock<br>options   |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services  |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests  |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this form |  |  |   |

| Date:                         | 8/12/2024  Isabel Junqueira de Almeida   |  |
|-------------------------------|--|--|
| Your Name:                    |  |  |
| 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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|   | this item.  | Time frame: past 36 month  |   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | 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) |
|----|--|--|---|
| 3  | Royalties or<br>licenses   | None None  |   |
| 4  | Consulting fees  | None   |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None  |   |
| 6  | Payment for expert testimony   | None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel  | None     ■ |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None     ■ |   |
| 10 | Leadership or fiduciary role in other board,   | None     ■   |   |

|             |  |             | e all entities with whom you have this ionship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|-------------|--|-------------|--|---|
|             | society,<br>committee or   |             |  |   |
|             | advocacy group,<br>paid or unpaid  |             |  |   |
| 11          | Stock or stock options   |             | None   |   |
|             |  |             |  |   |
|             |  |             |  |   |
| 12          | Receipt of equipment, materials, drugs,  | $\boxtimes$ | None   |   |
|             | medical writing,<br>gifts or other<br>services   |             |  |   |
| 13          | Other financial or non-financial   |             | None   |   |
|             | interests  |             |  |   |
|             |  |             |  |   |
| Plea        | Please place an "X" next to the following statement to indicate your agreement:                                      |             |  |   |
| $\boxtimes$ | I certify that I have answered every question and have not altered the wording of any of the questions on this 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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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.

|   |  |  | e all entities with whom you have this<br>onship 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 | 1 All support for the present manuscript (e.g., funding, provision                   |  | Click the tab key to add additional rows.  |   |
|   |  |  | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above). |  | None   |   |
| 3 | Royalties or<br>licenses   |  | None   |   |

|    |  | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments we made to you or to your institution) | ere |
|----|--|---|-----|
| 4  | Consulting fees  | None None   |     |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None   |     |
| 6  | Payment for expert testimony   | None  |     |
| 7  | Support for attending meetings and/or travel   | None  |     |
| 8  | Patents planned,<br>issued or<br>pending   | None  |     |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None   |     |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None  |     |

|      |  |  | e all entities with whom you have this ionship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 11   | Stock or stock<br>options  |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:  |  |  |   |

| 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   |  |  |
| Manuscript Number (if kr   | nown): ADJ-D-24-01120  |  |  |
| content of your manuscrip<br>affected by the content of  | ency, we ask you to disclose all relationships/activities/interests listed below that are related to the ot. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. |  |  |
| epidemiology of hyperten   | /activities/interests should be defined broadly. For example, if your manuscript pertains to the sion, you should declare all relationships with manufacturers of antihypertensive medication, even if ntioned in the manuscript.  |  |  |
| In item #1 below, report a frame for disclosure is the   | Il support for the work reported in this manuscript without time limit. For all other items, the time 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   |  |  |
| 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. | Uniting War Memorial Hospital  Click the tab key to add additional rows.   |  |  |
|  | Time frame: past 36 months   |  |  |
| Grants or contracts from any entity (if not indicated in item #1 above).   | None None None   |  |  |

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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) |
|----|--|--|---|
| 4  | Consulting fees  | None None  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None  |   |
| 6  | Payment for expert testimony   | None   |   |
| 7  | Support for attending meetings and/or travel   | None   |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None     ■ |   |

|      |   | e all entities with whom you have this ionship 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<br>options   | None   |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | None   |   |
| 13   | Other financial or<br>non-financial<br>interests  | None   |   |
| Plea | •   | e following statement to indicate your agreeme                                       |   |

| 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 |
| Manuscript Number (if known): | ADJ-D-24-01120   |
| • • • •                       | e ask you to disclose all relationships/activities/interests listed below that are related to the  |

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|---|--|--|--|---|
|   |  |  | Time frame: Since the initial planning   | of the work   |
| 1 | All support for the present manuscript (e.g., funding, provision                     |  | Click the tab key to add additional rows.  |   |
|   |  |  | Time frame: past 36 month  | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above). |  | None   |   |
| 3 | Royalties or licenses  |  | None   |   |

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|----|---|--|--|
| 4  | Consulting fees   | None None  |  |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None None  |  |
| 6  | Payment for expert testimony  | None None  |  |
| 7  | Support for attending meetings and/or travel  | None None  |  |
| 8  | Patents planned,<br>issued or<br>pending  | None   |  |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None None  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None   |  |

|      |  |  | e all entities with whom you have this onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 11   | Stock or stock<br>options  |  | None  |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services |  | None  |   |
| 13   | Other financial or<br>non-financial<br>interests                                 |  | None None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:  |  |   |   |

| 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   |

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|---|---|--|---|---|
|   |   |  | 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.             |  | None  | Click the tab key to add additional rows. |
|   |   |  | Time frame: past 36 month   | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |  | None  |   |
| 3 | Royalties or<br>licenses  |  | None  |   |

|    |  | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Commen made to you or to your | ts (e.g., if payments were institution) |
|----|--|--|---|
| 4  | Consulting fees  | None None  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |   |
| 6  | Payment for expert testimony   | None None  |   |
| 7  | Support for attending meetings and/or travel   | None None  |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|      |  | e all entities with whom you have this ionship 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<br>options  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 | None   |   |
| Plea | •  | e following statement to indicate your agreeme                                       |   |

| 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   |

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.

|   |   | e all entities with whom you have this<br>onship 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. | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or licenses   | 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) |
|----|---|--|---|
| 4  | Consulting fees   | None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None None  |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for attending meetings and/or travel  | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None None  |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None     ■ |   |

|      |  | e all entities with whom you have this onship 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<br>options  | None  |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None  |   |
| 13   | Other financial or<br>non-financial<br>interests                                 | None  |   |
| Plea | •  | e following statement to indicate your agreeme                                      |   |

| 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   |

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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.

|   |   |   | e all entities with whom you have this<br>onship 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. | X | None   | Click the tab key to add additional rows.   |
|   |   |   | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | X | None   |   |
| 3 | Royalties or licenses   | X | 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) |
|----|---|---|
| 4  | Consulting fees   | X None  |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | X None  |
| 6  | Payment for expert testimony  | X None  |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | X None  |
| 8  | Patents planned,<br>issued or<br>pending  | X None  |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | X None  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | X None  |

|      |  | ame all entities with whom you have this Specifications/Comments (e.g., if payments were made to you or to your institution)                     |
|------|--|--|
| 11   | Stock or stock options   | X None   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X None   |
| 13   | Other financial or<br>non-financial<br>interests                                 | X None   |
| Plea | -  | the following statement to indicate your agreement: swered every question and have not altered the wording of any of the questions on this 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   |  |

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.

|   |   | e all entities with whom you have this<br>ionship 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. | None  | Click the tab key to add additional rows.   |
|   | ·   | Time frame: past 36 month   | ıs  |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in Item<br>#1 above).  | None  |   |
| 3 | Royalties or<br>licenses  | None  |   |

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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 particular made to you or to your institution) | yments were |
|----|---|--|-------------|
| 4  | Consulting fees   | None None  |             |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None None  |             |
| 6  | Payment for expert testimony  | None None  |             |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None None  |             |
| 8  | Patents planned,<br>issued or<br>pending  | None None  |             |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None None  |             |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | None None  |             |

|      |   |  | e all entities with whom you have this<br>ionship 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  |  | None  |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services |  | None  |   |
| 13   | Other financial or<br>non-financial<br>interests  |  | None  |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:                 |  |   |   |

Aurore MAHUT-DUBOS



| 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   |

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.

|   |   | e all entities with whom you have this<br>onship 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. | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>licenses  | 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) |
|----|---|--|---|
| 4  | Consulting fees   | None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None None  |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for attending meetings and/or travel  | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None None  |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None     ■ |   |

|      |  |  | e all entities with whom you have this ionship 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<br>options  |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services   |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests   |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this 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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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.

|   |   |  | e all entities with whom you have this<br>onship 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  |  |  | 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. |  | None   | Click the tab key to add additional rows.   |
|   |   |  | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |  | None   |   |
| 3 | Royalties or licenses   |  | None   |   |

|    |  | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Commen made to you or to your | ts (e.g., if payments were institution) |
|----|--|--|---|
| 4  | Consulting fees  | None None  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |   |
| 6  | Payment for expert testimony   | None None  |   |
| 7  | Support for attending meetings and/or travel   | None None  |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|      |  |  | e all entities with whom you have this ionship 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<br>options  |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services   |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests   |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this 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.

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.

|   |   | 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   | □ None   |   |
|   | manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | Bundesministerium für Bildung und Forschung (BMBF)   | MM received financial support via Grant # 01KG2210  Click the tab key to add additional rows. |
|   |   | Time frame: past 36 month  | ns  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  | 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) |
|----|---|---|---|
| ж  | Royalties or<br>licenses  | None     ■    |   |
| 4  | Consulting fees   | None None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None  |   |
| 6  | Payment for expert testimony  | None  |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None  |   |
| 10 | Leadership or fiduciary role in other board,  | None     ■     None     None |   |

|           |   |       | e all entities with whom you have this ionship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|-----------|---|-------|--|---|
|           | society,<br>committee or  |       |  |   |
|           | advocacy group,<br>paid or unpaid   |       |  |   |
| 11        | Stock or stock options  |       | None   |   |
|           |   |       |  |   |
|           |   |       |  |   |
|           |   |       |  |   |
| 12        | Receipt of equipment,   |       | None   |   |
|           | materials, drugs,<br>medical writing,   |       |  |   |
|           | gifts or other  |       |  |   |
|           | services  |       |  |   |
| 13        | Other financial or non-financial  |       | None   |   |
|           | interests   |       |  |   |
|           |   |       |  |   |
|           |   |       |  |   |
| Plea      | Please place an "X" next to the following statement to indicate your agreement: |       |  |   |
| $\square$ | Leertify that I have  | answe | ered every question and have not altered the wo                                      | ording of any of the questions on this 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   |  |

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.

|   |   | e all entities with whom you have this<br>onship 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. | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>licenses  | None   |   |

|    |  | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Commen made to you or to your | ts (e.g., if payments were institution) |
|----|--|--|---|
| 4  | Consulting fees  | None None  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |   |
| 6  | Payment for expert testimony   | None None  |   |
| 7  | Support for attending meetings and/or travel   | None None  |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|      |  |  | e all entities with whom you have this ionship 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<br>options  |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:  |  |  |   |

| 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   |  |

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.

|   |  |  | e all entities with whom you have this<br>onship 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. |  | None   | Click the tab key to add additional rows.   |
|   |  |  | Time frame: past 36 month  | ns .  |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).   |  | None   |   |
| 3 | Royalties or<br>licenses   |  | None   |   |

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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) |
|----|---|---|---|
| 4  | Consulting fees   | None     Non |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None None   |   |
| 6  | Payment for expert testimony  | None  |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None  |   |
| 8  | Patents planned,<br>issued or<br>pending  | None  |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | ⊠  None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | Deputy Lead Aphasia and cognition working group 6 (WG 6) Aphasia trialists  www.aphasiatrials.org (unpaid)  |   |

|      |   |  | e all entities with whom you have this<br>ionship 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  |  | None  |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services |  | None  |   |
| 13   | Other financial or<br>non-financial<br>interests  |  | None  |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:                 |  |   |   |

Carolina Méndez Orellana, Ph.D SLT / Neurocientist

Associate Professor

Department Health Sciences

Faculty of Medicine

Pontificia Universidad Católica de Chile

| ICIVIJE DISCLOSURE FORIVI   |  |  |  |
|---|--|--|--|
| 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. |  |  |  |
|   | 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: Cinca the initial planning of the work   |  |  |

|   |   |         | l entities with whom you have this ship 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                                     | 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. | NIH (NI | DCD/NIA grants R01DC011317 and :020446-01S1)                                  | Click the tab key to add additional rows.   |
|   |   |         | Time frame: past 36 months  | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | ⊠ No    | one   |   |
| 3 | Royalties or licenses   | ⊠ No    | one   |   |

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

|      |  |  | e all entities with whom you have this ionship 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<br>options  |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:  |  |  |   |

| ICIVITE DISCLOSURE FORIVI   |   |  |  |
|---|---|--|--|
| Date:   | 8/1/2024  |  |  |
| Your Name:  | Carly Millanski   |  |  |
| Manuscript Title:   | PPA): Consensus-based recommen  | 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 kr  | Manuscript Number (if known): ADJ-D-24-01120  |  |  |
| content of your manuscrip<br>affected by the content of<br>indicate a bias. If you are<br>The author's relationships<br>epidemiology of hyperten<br>that medication is not me<br>In item #1 below, report a | 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   | Specifications/Comments (e.g., if payments were  |  |

|   |   |     | e all entities with whom you have this onship 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. | NIH | None /NIDCD Grant R01DC016291   | Salary for C. Millanski  Click the tab key to add additional rows.                  |
|   |   |     | Time frame: past 36 month   | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |     | None  |   |
| 3 | Royalties or licenses   |     | None  |   |

|    |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payme made to you or to your institution) | nts were |
|----|---|---|----------|
| 4  | Consulting fees   | None None   |          |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None None   |          |
| 6  | Payment for expert testimony  | None None   |          |
| 7  | Support for attending meetings and/or travel  | None None   |          |
| 8  | Patents planned,<br>issued or<br>pending  | None None   |          |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None None   |          |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | National Aphasia Association PPA Task Force Co-Chair, Committee Lead  |          |

|           |   | 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<br>options   | None     Non |   |  |
| 12        | Receipt of equipment, materials, drugs, medical writing, gifts or other services  | None  |   |  |
| 13        | Other financial or<br>non-financial<br>interests  | □ None  Millanski Center for Aphasia and Cognitive- Communication Disorders, PLLC   | Co-Founder, Speech-Language Pathologist   |  |
| Plea<br>⊠ | 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. |   |   |  |

| 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   |

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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.

|   |   |  | e all entities with whom you have this<br>onship 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. |  | None   | Click the tab key to add additional rows.   |
|   |   |  | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |  | None   |   |
| 3 | Royalties or licenses   |  | None   |   |

|    |  | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Commen made to you or to your | ts (e.g., if payments were institution) |
|----|--|--|---|
| 4  | Consulting fees  | None None  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |   |
| 6  | Payment for expert testimony   | None None  |   |
| 7  | Support for attending meetings and/or travel   | None None  |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|      |  |  | e all entities with whom you have this ionship 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<br>options  |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:  |  |  |   |

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|--|---|--|--|--|
| Date:  | 8/1/2024  | 8/1/2024   |  |  |
| Your Name:   | Aimee R Mooney  |  |  |  |
| Manuscript Title:  | PPA): Consensus-based recommend   | 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 k  | nown): ADJ-D-24-01120   |  |  |  |
| content of your manuscri<br>affected by the content of<br>indicate a bias. If you are<br>The author's relationships<br>epidemiology of hyperters<br>that medication is not med<br>In item #1 below, report a | 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   |   |  |  |  |

| l |   | =  | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
|   |   | Time frame: Since the initial planning o   | 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. | NIH/NIAR01AG067546  Click the tab key to add additional rows.  |   |
|   |   | Time frame: past 36 months   |   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None     ■ |   |
| 3 | Royalties or<br>licenses  | None 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) |
|----|--|---|---|
| 4  | Consulting fees  | None     Non |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None  |   |
| 6  | Payment for expert testimony   | None     Non |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel  | □ None Oregon Alzheimers Disease Research Center  |   |
| 8  | Patents planned,<br>issued or<br>pending   | None  |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None     Non |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | □ None  Vice Chair of Alzheimer's Association ISTAART  Technology and Dementia PIA  |   |

|      |   |  | e all entities with whom you have this ionship 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<br>options   |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services  |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests  |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this 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   |

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.

|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments made to you or to your institution) |  | 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. | None  Click the tab key to add additional rows.  |  |   |
|   |   |  | Time frame: past 36 month              | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |  | None                                   |   |
| 3 | Royalties or<br>licenses  |  | None                                   |   |

|    |  | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., made to you or to your institutions) |  |
|----|--|---|--|
| 4  | Consulting fees  | None None   |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None   |  |
| 6  | Payment for expert testimony   | None None   |  |
| 7  | Support for attending meetings and/or travel   | None None   |  |
| 8  | Patents planned,<br>issued or<br>pending   | None  |  |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None   |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None  |  |

|      |  | e all entities with whom you have this ionship 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<br>options  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 | None   |   |
| Plea | •  | e following statement to indicate your agreeme                                       |   |

I certify that I have answered every question and have not altered the wording

| 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.

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.

|   |   |   | e all entities with whom you have this ionship 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. | None  Click the tab key to add additional rows. |  |   |  |
|   |   |   | Time frame: past 36 month  | S   |  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  |   | None   |   |  |
| 3 | Royalties or licenses   |   | None   |   |  |

|    |   |           | or to your institution) |
|----|---|-----------|-------------------------|
| 4  | Consulting fees   | None None |                         |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None None |                         |
| 6  | Payment for expert testimony  | None None |                         |
| 7  | Support for attending meetings and/or travel  | None None |                         |
| 8  | Patents planned,<br>issued or<br>pending  | None      |                         |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None None |                         |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None      |                         |

|           |  |  | e all entities with whom you have this onship 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<br>options  |  | None  |   |
| 12        | Receipt of equipment, materials, drugs, medical writing, gifts or other services |  | None  |   |
| 13        | Other financial or<br>non-financial<br>interests                                 |  | None  |   |
| Plea<br>⊠ | Please place an "X" next to the following statement to indicate your agreement:  |  |   |   |

| 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   |

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.

|   |   | e all entities with whom you have this onship 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. | None  | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month   | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None  |   |
| 3 | Royalties or<br>licenses  | 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) |
|----|--|---|
| 4  | Consulting fees  | None None   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None  |
| 6  | Payment for expert testimony   | None  |
| 7  | Support for attending meetings and/or travel   | None  |
| 8  | Patents planned,<br>issued or<br>pending   | None  |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | Leader of the Scientific committee of the Norwegian Association for Speech and language therapists  |

|      |  |  | e all entities with whom you have this ionship 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<br>options  |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:  |  |  |   |

| 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   |

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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.

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|   |   | e all entities with whom you have this<br>onship 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  | 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. | None  Time frame: past 36 months   | Click the tab key to add additional rows.   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>licenses  | 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) |
|----|---|---|
| 4  | Consulting fees   | None None   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None None   |
| 6  | Payment for expert testimony  | None  |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None  |
| 8  | Patents planned,<br>issued or<br>pending  | None None   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None None   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | None  |

|      |   |           | e all entities with whom you have this<br>onship 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  |           | None   |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services |           | None   |   |
| 13   | Other financial or<br>non-financial<br>interests  | None None |  |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:                 |           |  |   |

| 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   |

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.

|   |   | e all entities with whom you have this<br>onship 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. | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>licenses  | 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) |
|----|---|--|---|
| 4  | Consulting fees   | None None  |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None None  |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for attending meetings and/or travel  | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None None  |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None     ■ |   |

|      |  |  | e all entities with whom you have this ionship 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<br>options  |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:  |  |  |   |

| Date:                         | 8/1/2024  |  |
|-------------------------------|---|--|
| Your Name:                    | Click or tap here to enter text. Magant POZZEBON  |  |
| Manuscript Title:             | An international core outcome set for Primary Progressive Aphasia (COS-<br>PPA): Consensus-based recommendations for communication interventions<br>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) |
|---|---|--|---|
| F | BUE'S   | 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. | None   | Caca the table boy for add automorale covers.                                       |
|   | Y   | Time frame: past 36 month  | 15  |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>licenses  | None   |   |

13/11/2021

|    |   | 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   | None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for attending meetings and/or travel  | None   |   |
| 8  | Patents planned, issued or pending  | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | 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  | None   |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | None   |   |
| 13   | Other financial or<br>non-financial<br>interests  | None   |   |
| Plea |   | t to the following statement to indicate your agreeme  |   |

| 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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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.

|   |   |  | e all entities with whom you have this<br>onship 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. |  | None   | Click the tab key to add additional rows.   |
|   |   |  | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |  | None   |   |
| 3 | Royalties or<br>licenses  |  | 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) |
|----|---|--|---|
| 4  | Consulting fees   | None None  |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None None  |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for attending meetings and/or travel  | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None     ■ |   |

|      |  |  | e all entities with whom you have this onship 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<br>options  |  | None  |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services |  | None  |   |
| 13   | Other financial or<br>non-financial<br>interests                                 |  | None  |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:  |  |   |   |

| 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   |

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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.

|   |   | e all entities with whom you have this<br>onship 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. | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>licenses  | None   |   |

|    |   |           | or to your institution) |
|----|---|-----------|-------------------------|
| 4  | Consulting fees   | None None |                         |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None None |                         |
| 6  | Payment for expert testimony  | None None |                         |
| 7  | Support for attending meetings and/or travel  | None None |                         |
| 8  | Patents planned,<br>issued or<br>pending  | None      |                         |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None None |                         |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None      |                         |

|        |  | Name all entities with whom you have t<br>relationship or indicate none (add rows |  | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|--------|--|---|--|---|
| 11     | Stock or stock<br>options  | None  |  |   |
| 12     | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services  | None  |  |   |
| 13     | Other financial or<br>non-financial<br>interests   | □ None  Australian Aphasia Association (not for                                   |  | I volunteer here to support people with aphasia but receive no payment.             |
| Plea ⊠ | 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. |   |  |   |

| 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  |  |  |
| Mai   | nuscript Number (if kn  | own): ADJ-D-24-01120  |  |  |
| content of your manuscript. "Rela<br>affected by the content of the ma    |   | ncy, we ask you to disclose all relationships/activities/interests listed below that are related to the t. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be the manuscript. Disclosure represents a commitment to transparency and does not necessarily n doubt about whether to list a relationship/activity/interest, it is preferable that you do so.   |  |  |
|   |   | activities/interests should be defined broadly. For example, if your manuscript pertains to the ion, you should declare all relationships with manufacturers of antihypertensive medication, even if tioned in the manuscript.  |  |  |
| In item #1 below, report all suppo<br>frame for disclosure is the past 36 |   | I support for the work reported in this manuscript without time limit. For all other items, the time past 36 months.  |  |  |
|   |   | lame all entities with whom you have this elationship 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, | R01 AG056258           R01AG055425           R01AG077444   Click the tab key to add additional rows.  |  |  |
|   | article processing charges, etc.) No time limit for this item.  |   |  |  |
|   |   | Time frame: past 36 months  |  |  |
| 2   | Grants or contracts from any entity (if not indicated in item #1 above).                              | None None   |  |  |
| 3   | Royalties or  | None     Non |  |  |

licenses

|    |   | 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   | None None   |  |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | UC Irvine Speaker Honoraria Emory Speaker Honoraria National Academy of Neuropsychology Honoraria |  |
| 6  | Payment for expert testimony  | None None   |  |
| 7  | Support for attending meetings and/or travel  | AAIC 2024 UCI Irvine NACC/ADRC Spring Meeting   | Simons Foundation  National Academy of Neuropsychology  Institute of Cognitive Neurology & Dementia Research |
| 8  | Patents planned,<br>issued or<br>pending  | None None   |  |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | □ None  ADRC Imaging Core Steering Committee Chair  |  |

|      |   |  | e all entities with whom you have this ionship 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<br>options   |  | None   |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests  |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:                 |  |  |   |

| 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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|   |   |  | e all entities with whom you have this ionship 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. |  | None   | Click the tab key to add additional rows.   |
|   |   |  | Time frame: past 36 month  | IS .  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).  |  | None   |   |
| 3 | Royalties or<br>licenses  |  | None   |   |

|    |  | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Commen made to you or to your | its (e.g., if payments were institution) |
|----|--|--|--|
| 4  | Consulting fees  | None None  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None  |  |
| 6  | Payment for expert testimony   | None None  |  |
| 7  | Support for attending meetings and/or travel   | None None  |  |
| 8  | Patents planned,<br>issued or<br>pending   | None   |  |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |  |

|      |   |  | e all entities with whom you have this ionship 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<br>options   |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services  |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests  |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this 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.

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.

|   |   |  | e all entities with whom you have this<br>onship 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. |  | None   | Click the tab key to add additional rows.   |
|   |   |  | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |  | None   |   |
| 3 | Royalties or<br>licenses  |  | None   |   |

|    |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments made to you or to your in |  |
|----|---|---|--|
| 4  | Consulting fees   | None None   |  |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None  |  |
| 6  | Payment for expert testimony  | None  |  |
| 7  | Support for attending meetings and/or travel  | None None   |  |
| 8  | Patents planned,<br>issued or<br>pending  | None  |  |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None None   |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None  |  |

|      |   |  | e all entities with whom you have this ionship 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<br>options   |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services  |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests  |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this 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.

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.

|   |  | e all entities with whom you have this<br>ionship or indicate none (add rows as<br>led) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|---|---|
|   |  | Time frame: Since the initial planning of   | of the work   |
| 1 | All support for<br>the present<br>manuscript (e.g.,<br>funding, provision<br>of study<br>materials,<br>medical writing,<br>article processing<br>charges, etc.)<br>No time limit for<br>this item. | None  | Click the tab key to add additional rows.   |
|   |  | Time frame: past 36 months  | 5   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).   | None<br>V-LT2-0014<br>/Y007484/1  |   |

| 3  | Royalties or licenses                               |             | None |  |
|----|---|-------------|------|--|
|    |   |             |      |  |
|    |   |             |      |  |
|    |   |             |      |  |
|    |   |             |      |  |
| 4  | Consulting fees                                     |             | None |  |
|    |   |             |      |  |
|    |   |             |      |  |
|    |   |             |      |  |
|    |   |             |      |  |
| 5  | Payment or<br>honoraria for                         | $\boxtimes$ | None |  |
|    | lectures,   |             |      |  |
|    | presentations,                                      |             |      |  |
|    | speakers  |             |      |  |
|    | bureaus,<br>manuscript<br>writing or<br>educational |             |      |  |
|    | events  |             |      |  |
| 6  | Payment for expert testimony                        |             | None |  |
|    |   |             |      |  |
|    |   | -           |      |  |
|    |   |             |      |  |
|    |   |             |      |  |
| 7  | attending   |             | None |  |
|    | meetings and/or<br>travel                           |             |      |  |
|    | tiavci  |             |      |  |
|    |   |             |      |  |
|    |   |             |      |  |
| 8  | Patents planned, issued or                          |             | None |  |
|    | pending   |             |      |  |
|    |   |             |      |  |
|    |   |             |      |  |
| •  | 5   |             |      |  |
| 9  | Participation on<br>a Data Safety<br>Monitoring     |             | None |  |
|    | Board or  |             |      |  |
|    | Advisory Board                                      |             |      |  |
|    |   |             |      |  |
| 10 | Leadership or fiduciary role in                     |             | None |  |
|    | other board,<br>society,                            |             |      |  |
|    | committee or  | <u> </u>    |      |  |
|    | COMMINICE UI  |             |      |  |

|             | advocacy group,<br>paid or unpaid  |  |      |  |
|-------------|--|--|------|--|
| 11          | Stock or stock options   |  | None |  |
|             |  |  | ·    |  |
| 12          | Receipt of equipment, materials, drugs,  |  | None |  |
|             | medical writing,   |  |      |  |
|             | gifts or other   |  |      |  |
|             | services   |  |      |  |
| 13          | Other financial or non-financial   |  | None |  |
|             | interests  |  |      |  |
|             |  |  |      |  |
|             |  |  |      |  |
|             |  |  |      |  |
| Plea        | Please place an "X" next to the following statement to indicate your agreement:                                      |  |      |  |
| $\boxtimes$ | I certify that I have answered every question and have not altered the wording of any of the questions on this form. |  |      |  |

| 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   |

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.

|   |   | e all entities with whom you have this onship 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. | None  | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month   | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None  |   |
| 3 | Royalties or licenses   | None  |   |

|    |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g. made to you or to your institutions) |  |
|----|---|--|--|
| 4  | Consulting fees   | None None  |  |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |  |
| 6  | Payment for expert testimony  | None None  |  |
| 7  | Support for attending meetings and/or travel  | None None  |  |
| 8  | Patents planned,<br>issued or<br>pending  | None None  |  |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None None  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None   |  |

|      |  |  | e all entities with whom you have this ionship 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<br>options  |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services   |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests   |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this 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   |

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.

| Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if pa made to you or to your institution) |   | 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. |   | None | Click the tab key to add additional rows. |
|  |   | Time frame: past 36 months  |      |   |
| 2  | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |   | None |   |
| 3  | Royalties or<br>licenses  |   | None |   |

|    |  | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Commen made to you or to your | ts (e.g., if payments were institution) |
|----|--|--|---|
| 4  | Consulting fees  | None None  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |   |
| 6  | Payment for expert testimony   | None None  |   |
| 7  | Support for attending meetings and/or travel   | None None  |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|      |   |  | e all entities with whom you have this ionship 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<br>options   |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services  |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests  |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this 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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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.

|   |   | 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. | None None  | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | ns .  |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | □ None  NIH/NIA R01 AG068881  NIH/NIA R01 AG075111  NIH/NIA R01 AG075404                     |   |
| 3 | Royalties or licenses   | None 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) |
|----|---|---|---|
| 4  | Consulting fees   | None     Non |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None  |   |
| 6  | Payment for expert testimony  | None     Non |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None     Non |   |
| 8  | Patents planned,<br>issued or<br>pending  | None  |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | □ None  NIH/NIA DSMB for 3 clinical trials on neuromodulation effects in primary progressive aphasia  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | □ None  ISFTD: Board Member, Communication Committee  |   |

|      |  |  | e all entities with whom you have this ionship 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<br>options  |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:  |  |  |   |

| 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 Subsect of the consequence of |  |  |

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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.

|                                   |   |   | e all entities with whom you have this onship or indicate none (add rows as needed) | ,   |  |
|-----------------------------------|---|---|---|---|--|
|                                   |   | 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. | Uniting War Memorial Hospital-Sydney Australia- Employer  No direct payment but provision of work time to collect data and use of the institution's computing facilties and meeting rooms.  Click the tab key to add additional rows. |   | collect data and use of the institution's computing facilties and meeting rooms.  Click the tab key to add additional rows. |  |
| 2                                 | Grants or contracts from any entity (if not indicated in item #1 above).  |   | None  None  |   |  |
| Royalties or licenses  None  None |   |   |   |   |  |

|    |  | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Commen made to you or to your | ts (e.g., if payments were institution) |
|----|--|--|---|
| 4  | Consulting fees  | None None  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |   |
| 6  | Payment for expert testimony   | None None  |   |
| 7  | Support for attending meetings and/or travel   | None None  |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|      |  |  | e all entities with whom you have this ionship 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<br>options  |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:  |  |  |   |

| Date:                         | 8/1/2024   |
|-------------------------------|--|
| Your Name:                    | Donna C. Tippett   |
| 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.

|  | 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 planni  | ng of the work  |
| All support for the present  | □ None  |   |
| manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing. | Salaried faculty member of the Johns Hopkins University School of Medicine, Baltimore, Maryland, USA  | Payment to me   |
| article processing   |   | Click the tab key to add additional rows.   |
| charges, etc.) No time limit for this item.  |   |   |
|  | Time frame: past 36 mo  | aths  |
| Grants or contracts from   | □ None  |   |
| any entity (if not indicated in item #1 above).                                    | Salary support from Phase II clinical trial of transcranial direct current stimulation in the treatment of primary progressive aphasia, 1R01AG075111-01A1   | Payment to me   |
|  | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item | Time frame: Since the initial planning  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.  Time frame: Since the initial planning  None  Salaried faculty member of the Johns Hopkins University School of Medicine, Baltimore, Maryland, USA  Time frame: past 36 more contracts from any entity (if not indicated in item #1 above).  Salary support from Phase II clinical trial of transcranial direct current stimulation in the treatment of primary progressive aphasia, |

|   |  |   | s/Comments (e.g., if payments were or to your institution) |
|---|--|---|--|
| 3 | Royalties or<br>licenses   | None None   |  |
| 4 | Consulting fees  | Reviewer, LCOM, NIH Reviewer, Neurological Disorders (ND) peer review panel of the FY24 Peer-Reviewed Medical Research Program (PRMRP), Congressionally Directed Medical Research Programs of the Department of Defense | ne   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None  |  |
| 6 | Payment for expert testimony   | None None   |  |
| 7 | Support for<br>attending<br>meetings and/or<br>travel  | None None   |  |
| 8 | Patents planned,<br>issued or<br>pending   | None None   |  |
| 9 | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | 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) |
|---|--|---|---|
| 10  | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid    | None  |   |
| 11  | Stock or stock<br>options  | None     Non |   |
| 12  | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services                        | None  |   |
| 13  | Other financial or<br>non-financial<br>interests   | Review Editor, Frontiers in Neurology, Applied Neuroimaging Associate Editor, Frontiers in Neurology, Stroke Member of Collaboration of Aphasia Trialists, the International Stroke Rehabilitation and Recovery Alliance, and the Primary Progressive Aphasia Task Force of the National Aphasia Association  |   |
| Please place an "X" next to the following statement to indicate your agreement: |  |   |   |
| $\boxtimes$   | ☑ I certify that I have answered every question and have not altered the wording of any of the questions on this 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   |

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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.

|   |   |  | e all entities with whom you have this ionship 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. |  | None  Time frame: past 36 months   | Click the tab key to add additional rows.   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |  | None   |   |
| 3 | Royalties or<br>licenses  |  | 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) |
|----|---|--|---|
| 4  | Consulting fees   | None None  |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None None  |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | ⊠ None   |   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | None   |   |

|        |   |  | e all entities with whom you have this ionship 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  |  | None   |   |
| 12     | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services |  | None   |   |
| 13     | Other financial or<br>non-financial<br>interests  |  | None   |   |
| Plea 🖂 | Please place an "X" next to the following statement to indicate your agreement:                 |  |  |   |

| 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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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.

|   |   | e all entities with whom you have this<br>onship 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. | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>licenses  | None   |   |

|    |  | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments we made to you or to your institution) | ere |
|----|--|---|-----|
| 4  | Consulting fees  | None None   |     |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None  |     |
| 6  | Payment for expert testimony   | None  |     |
| 7  | Support for attending meetings and/or travel   | None  |     |
| 8  | Patents planned,<br>issued or<br>pending   | None  |     |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None   |     |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None  |     |

|      |  |  | e all entities with whom you have this ionship 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<br>options  |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services   |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests   |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this 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   |  |

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|   |   |  | e all entities with whom you have this<br>onship 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. |  | None   | Click the tab key to add additional rows.   |
|   | Time frame: past 36 months  |  |  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |  | None   |   |
| 3 | Royalties or licenses   |  | None   |   |

|    |  | Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Commen made to you or to your | ts (e.g., if payments were institution) |
|----|--|--|---|
| 4  | Consulting fees  | None None  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |   |
| 6  | Payment for expert testimony   | None None  |   |
| 7  | Support for attending meetings and/or travel   | None None  |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|      |  |  | e all entities with whom you have this ionship 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   |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services   |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests   |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:    Certify that I have answered every question and have not altered the wording of any of the questions on this form |  |  |   |

| Pate: 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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|   |   | e all entities with whom you have this<br>onship 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   |  |
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|----|--|--|---|
| 4  | Consulting fees  | None None  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |   |
| 6  | Payment for expert testimony   | None None  |   |
| 7  | Support for attending meetings and/or travel   | None None  |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None   |   |

|      |   |  | e all entities with whom you have this ionship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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| 11   | Stock or stock options  |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services  |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests  |  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this 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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|   |   | Time frame: Since the initial planning   | of the work   |  |
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|   |   | Time frame: past 36 month  | s   |  |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |  |
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|----|--|--|---|
| 4  | Consulting fees  | None None  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None   |   |
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| 7  | Support for attending meetings and/or travel   | None None  |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None None  |   |
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|------|---|--|--|---|
| 11   | Stock or stock options  |  | None   |   |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services  |  | None   |   |
| 13   | Other financial or<br>non-financial<br>interests  |  | None   |   |
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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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|   |  | Time frame: Since the initial planning   | of the work  |
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| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).   | None   |  |
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| 4  | Consulting fees   | None   |   |
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| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | ⊠ None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | ⊠ None   |   |
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| 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 |
| Manuscript Number (if known): | ADJ-D-24-01120   |

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|   |   | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
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|    |  |           | cations/Comments (e.g., if payments were o you or to your institution) |
|----|--|-----------|--|
| 4  | Consulting fees  | None      |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None      |  |
| 6  | Payment for expert testimony   | None None |  |
| 7  | Support for attending meetings and/or travel   | None None |  |
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| 13   | Other financial or<br>non-financial<br>interests                                 | None   |   |
| Plea | •  | e following statement to indicate your agreeme                                       |   |

| 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   |
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|   |   |   | 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. | _ | None /NIDCD Grant R01DC016291 /ersity of Texas, Austin                              | Salary for M. Henry Salary for M. Henry Click the tab key to add additional rows.   |
|   |   |   | Time frame: past 36 month   | ns .  |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |   | None  |   |
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| 6  | Payment for expert testimony  | None     ■ |   |
| 7  | Support for attending meetings and/or travel  | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |   |
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| Plea | •  | e following statement to indicate your agreeme                                       |   |

| Dat         | e:   | 8/1/2024  |   |
|-------------|--|---|---|
| You         | ır Name:   | Jason Warren  |   |
| Mai         | nuscript Title:  |   | for Primary Progressive Aphasia (COS-<br>ndations for communication interventions           |
| Mai         | nuscript Number (if kn   | nown): ADJ-D-24-01120   |   |
| con<br>affe | 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. |   |   |
| epic        | demiology of hypertens   | /activities/interests should be defined broadly. For one sion, you should declare all relationships with manufactioned 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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|             |  | 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)         |
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| 1           | All support for the present  | relationship or indicate none (add rows as needed)  Time frame: Since the initial planning  None  | made to you or to your institution)   |
| 1           | All support for the present manuscript (e.g.,  | relationship or indicate none (add rows as needed)  Time frame: Since the initial planning  None  Alzheimer's Society                     | made to you or to your institution)   |
| 1           | All support for the present  | relationship or indicate none (add rows as needed)  Time frame: Since the initial planning  None  | made to you or to your institution)   |
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| 1           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  | relationship or indicate none (add rows as needed)  Time frame: Since the initial planning  None  Alzheimer's Society                     | made to you or to your institution)  of the work  |
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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.  | Time frame: Since the initial planning  None  Alzheimer's Society  Royal National Institute for Deaf People                               | made to you or to your institution)  of the work  Click the tab key to add additional rows. |
|             | 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.  | Time frame: Since the initial planning  None  Alzheimer's Society  Royal National Institute for Deaf People  Time frame: past 36 month    | made to you or to your institution)  of the work  Click the tab key to add additional rows. |
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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) |
|----|--|--|---|
| 4  | Consulting fees  | None None  |   |
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| 6  | Payment for expert testimony   | None   |   |
| 7  | Support for attending meetings and/or travel   | None   |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None     ■ |   |

|      |  | e all entities with whom you have this ionship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|------|--|--|---|
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| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |   |
| 13   | Other financial or<br>non-financial<br>interests                                 | None   |   |
| Plea | •  | e following statement to indicate your agreeme                                       |   |

| 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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| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
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| Plea | Please place an "X" next to the following statement to indicate your agreement:     Certify that I have answered every question and have not altered the wording of any of the questions on this 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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|---|---|--------|--|--|
|   |   |        | Time frame: Since the initial planning   | of the work  |
| 1 | All support for the present   | _      | None   |  |
|   | manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing,<br>article processing<br>charges, etc.)<br>No time limit for<br>this item. | Nation | nal Health and Medical Research Council  | Sarah Wallace receives research fellowship support from the National Health and Medical Research Council via an Investigator Grant (1175821).  Click the tab key to add additional rows. |
|   |   |        | Time frame: past 36 month  | S  |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |        | None   |  |

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| 6  | Payment for expert testimony  | None     ■ |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None     ■ |   |
| 8  | Patents planned,<br>issued or<br>pending  | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None     ■ |   |
| 10 | Leadership or fiduciary role in other board,  | None     ■   |   |

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| 11 | Stock or stock<br>options   |  | None   |   |  |
| 12 | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services |  | None   |   |  |
| 13 | Other financial or<br>non-financial<br>interests  |  | None   |   |  |
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|--|--|--|--|--|--|
| Your Name:   |  | Chris Hardy  | 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   |  |  |
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| 6  | Payment for expert testimony   | None □                         |  |
| 7  | Support for<br>attending<br>meetings and/or<br>travel  | None □                         |  |
| 8  | Patents planned,<br>issued or<br>pending   | None □                         |  |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | None                           |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | None                           |  |

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| 11   | Stock or stock<br>options   |  | None   |   |  |
| 12   | Receipt of equipment, materials, drugs, medical writing, gifts or other services  |  | None   |   |  |
| 13   | Other financial or<br>non-financial<br>interests  |  | None   |   |  |
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