

# ICMJE DISCLOSURE FORM

**Date:** 12/19/2024

**Your Name:** Xu-Qiao Chen

**Manuscript Title:** Antisense oligonucleotides directed against App and Rab5 normalize endosomal Rab activity and reverse DS-AD linked degenerative phenotypes in the Dp16 mouse model of Down syndrome

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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**Date:** 12/19/2024

**Your Name:** Xinxin Zuo

**Manuscript Title:** Antisense oligonucleotides directed against App and Rab5 normalize endosomal Rab activity and reverse DS-AD linked degenerative phenotypes in the Dp16 mouse model of Down syndrome

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**Date:** 12/19/2024

**Your Name:** Jazmin B. Florio

**Manuscript Title:** Antisense oligonucleotides directed against App and Rab5 normalize endosomal Rab activity and reverse DS-AD linked degenerative phenotypes in the Dp16 mouse model of Down syndrome

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**Date:** 12/19/2024

**Your Name:** Aaron Johnstone

**Manuscript Title:** **Antisense oligonucleotides directed against App and Rab5 normalize endosomal Rab activity and reverse DS-AD linked degenerative phenotypes in the Dp16 mouse model of Down syndrome**

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**Date:** 12/19/2024

**Your Name:** Michael Mante

**Manuscript Title:** Antisense oligonucleotides directed against App and Rab5 normalize endosomal Rab activity and reverse DS-AD linked degenerative phenotypes in the Dp16 mouse model of Down syndrome

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<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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

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

# ICMJE DISCLOSURE FORM

**Date:** 12/19/2024

**Your Name:** Ann Becker

**Manuscript Title:** Antisense oligonucleotides directed against App and Rab5 normalize endosomal Rab activity and reverse DS-AD linked degenerative phenotypes in the Dp16 mouse model of Down syndrome

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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# ICMJE DISCLOSURE FORM

**Date:** 12/19/2024

**Your Name:** Dmitry Karachentsev

**Manuscript Title:** Antisense oligonucleotides directed against App and Rab5 normalize endosomal Rab activity and reverse DS-AD linked degenerative phenotypes in the Dp16 mouse model of Down syndrome

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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# ICMJE DISCLOSURE FORM

**Date:** 12/23/2024

**Your Name:** Hien Tran Zhao

**Manuscript Title:** Antisense oligonucleotides directed against App and Rab5 normalize endosomal Rab activity and reverse DS-AD linked degenerative phenotypes in the Dp16 mouse model of Down syndrome

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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<b>1</b>	<div> <div>All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b></div> <div> <input type="checkbox"/> <b>None</b> </div> <table border="1"> <tr> <td>Ionis Pharmaceuticals</td> <td>provided antisense oligonucleotides (ASOs) targeting Amyloid-precursor protein (APP) and antibodies to detect these ASOs and collaborated with Mobley lab in this study. No payment were provided.</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><a href="#">Click the tab key to add additional rows.</a></td> </tr> </table> </div>	Ionis Pharmaceuticals	provided antisense oligonucleotides (ASOs) targeting Amyloid-precursor protein (APP) and antibodies to detect these ASOs and collaborated with Mobley lab in this study. No payment were provided.				<a href="#">Click the tab key to add additional rows.</a>	
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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)
11	Stock or stock options	<input type="checkbox"/> <b>None</b>	
		I am an employee and stock holder of Ionis Pharmaceuticals, Inc	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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# ICMJE DISCLOSURE FORM

**Date:** 12/20/2024

**Your Name:** Ricardo Albay III

**Manuscript Title:** Antisense oligonucleotides directed against App and Rab5 normalize endosomal Rab activity and reverse DS-AD linked degenerative phenotypes in the Dp16 mouse model of Down syndrome

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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# ICMJE DISCLOSURE FORM

**Date:** 12/20/2024

**Your Name:** Satish G. Jadhav

**Manuscript Title:** Antisense oligonucleotides directed against App and Rab5 normalize endosomal Rab activity and reverse DS-AD linked degenerative phenotypes in the Dp16 mouse model of Down syndrome

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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# ICMJE DISCLOSURE FORM

**Date:** 12/19/2024

**Your Name:** Robert A. Rissman

**Manuscript Title:** Antisense oligonucleotides directed against App and Rab5 normalize endosomal Rab activity and reverse DS-AD linked degenerative phenotypes in the Dp16 mouse model of Down syndrome

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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)						
<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> Click the tab key to add additional rows.						
<b>Time frame: past 36 months</b>								
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None <div>R.A. Rissman is on the SABs or is a consultant for Neuroquest, Amydis, Precision Med, Lexeo, Libra Therapeutics, and UniQure; and received research support from the NIA and the Alzheimer's Association</div>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <div>R.A. Rissman is on the SABs or is a consultant for Neuroquest, Amydis, Precision Med, Lexeo, Libra Therapeutics, and UniQure; and received research support from the NIA and the Alzheimer's Association</div>	
10	Leadership or fiduciary role in other board, society, committee or	<input checked="" type="checkbox"/> None <div></div> <div></div>	



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

# ICMJE DISCLOSURE FORM

**Date:** 12/23/2024

**Your Name:** Steven F Dowdy

**Manuscript Title:** Antisense oligonucleotides directed against App and Rab5 normalize endosomal Rab activity and reverse DS-AD linked degenerative phenotypes in the Dp16 mouse model of Down syndrome

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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

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

# ICMJE DISCLOSURE FORM

**Date:** 12/18/2024

**Your Name:** William C. Mobley

**Manuscript Title:** Antisense oligonucleotides directed against App and Rab5 normalized endosomal Rab activity and reversed DS-AD linked degenerative phenotypes in the Dp16 mouse model of Down syndrome

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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3	Royalties or licenses	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Curasen: Licensed to Stanford</td> <td>Payment to me</td> </tr> <tr> <td>Acta Pharmaceuticals: Licensed to UCSD/Harvard</td> <td>No payment</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Curasen: Licensed to Stanford	Payment to me	Acta Pharmaceuticals: Licensed to UCSD/Harvard	No payment						
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4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>The Key</td> <td>SAB Service payment to me</td> </tr> <tr> <td>Bluefield Project</td> <td>SAB Service payment to me</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		The Key	SAB Service payment to me	Bluefield Project	SAB Service payment to me						
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10	Leadership or fiduciary role in	<input type="checkbox"/> <b>None</b>											

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1"> <tr> <td>Ionis Inc</td> <td>Antisense oligonucleotides against APP</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Ionis Inc	Antisense oligonucleotides against APP					
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