Date:	11/29/2024		
Your Name:	Laura Hughes		
Manuscript Title:	GABAergic modulation of beta power enhances motor adaptation in frontotemporal lobar degeneration		
Manuscript Number (if known):	ADJ-D-24-01482R1		

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

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

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

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	This work was primarily funded by the Wellcome Trust (220258), with additional support from the Medical Research Council (MC_UU_00030/14; MR/T033371/1) and the NIHR Cambridge Biomedical Research Centre (NIHR203312), and carried out at/ the NIHR Cambridge Clinical Research Facility. This work was co-funded by the Holt Fellowship, Association of British Neurologists and Patrick Berthoud Trust.	
			Click the tab key to add additional rows.
		Time frame: past 36 months	S
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)
ъ	Royalties or licenses	None Non	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Belgian Neurological Society (BNS)	Support for conference attendance and presentation
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Wellcome Trust (220258)	Support for conference attendance
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board,	None	

			mments (e.g., if payments were your institution)		
	society, committee or advocacy group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None			
13	Other financial or non-financial interests	None None			
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.				

Dat	te:	12/9/2024			
Υοι	Your Name: Natalie Adams				
Ma	nuscript Title:	GABAergic modulation of beta power frontotemporal lobar degeneration	r enhances motor adaptation in		
Ma	nuscript Number (if kr	nown): ADJ-D-24-01482R1			
cor aff	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.				
epi	demiology of hyperten	c/activities/interests should be defined broadly. For sion, you should declare all relationships with manuntioned in the manuscript.			
	tem #1 below, report a me for disclosure is the	Ill support for the work reported in this manuscript of past 36 months.	vithout time limit. For all other items, the time		
		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	Time frame: Since the initial planning $\hfill \square$ None	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.		Payments are made to the University of Cambridge, or Medical Research Council		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	This work was primarily funded by the Wellcome Trust (220258), with additional support from the Medical Research Council (MC_UU_00030/14; MR/T033371/1) and the NIHR Cambridge Biomedical Research Centre (NIHR203312), and carried out at/ the NIHR Cambridge Clinical Research Facility. This work was co-funded by the Holt Fellowship, Association of British	Payments are made to the University of Cambridge, or Medical Research Council		

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3	Royalties or 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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,		

		=	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreement answered every question and have not altered the wordi	

			10			
Date:		-	12/9/2024			
Your Name:		-	Matthew Rouse			
Manuscript Title:		<u>-</u>	GABAergic modulation of beta power frontotemporal lobar degeneration	enhances motor adaptation in		
Ma	nuscript Number (if kr	nown):	ADJ-D-24-01482R1			
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epi		nsion, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	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.					
			entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
				made to you or to your institution)		
1	All support for the		hip or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution)		
1		This wellco support MR/TO Biome (NIHR2 NIHR OF Facility Holt Fe	hip or indicate none (add rows as needed) Time frame: Since the initial planning	made to you or to your institution)		
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 wellco support MR/TO Biome (NIHR2 NIHR OF Facility Holt Fe	Time frame: Since the initial planning one Ork was primarily funded by the ome Trust (220258), with additional of the from the Medical Research I (MC_UU_00030/14; I(33371/1) and the NIHR Cambridge dical Research Centre 203312), and carried out at/ the Cambridge Clinical Research This work was co-funded by the ellowship, Association of British	made to you or to your institution) of the work Payments are made to the University of Cambridge, or Medical Research Council		

contracts from any entity (if not indicated in item #1 above).

		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 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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,		

			ons/Comments (e.g., if payments were ou or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreement: answered every question and have not altered the wording of any	of the questions on this form

Dat	e:	<u>-</u>	12/9/2024			
You	Your Name: Michelle Naessens					
Manuscript Title:				ation of beta power	enhances motor adaptation in	
Ma	nuscript Number (if k	nown):	ADJ-D-24-01482	R1		
con affe indi	tent of your manuscri ected by the content o cate a bias. If you are	ipt. "Rela of the mar e in doubt	ted" means any relat nuscript. Disclosure r about whether to lis	ion with for-profit or no epresents a commitme t a relationship/activity	es/interests listed below that are related to the ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so.	
epi	•	nsion, you	ı should declare all re	-	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		· ·	ed in this manuscript w	rithout time limit. For all other items, the time	
			entities with whom hip or indicate none	-	Specifications/Comments (e.g., if payments were made to you or to your institution)	<u>.</u>
				•	, , , , , , , , , , , , , , , , , , , ,	
			Time frame: S	nce the initial planning		
1	All support for the	[□ No	Time frame: S			
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.	This w Wellco suppo Counc MR/TO Biome (NIHR2 NIHR O Facility	one ork was primarily ome Trust (220258 rt from the Medic il (MC_UU_00030	funded by the B), with additional al Research /14; NIHR Cambridge ntre ed out at/ the Research o-funded by the tion of British		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	This w Wellco suppo Counc MR/TO Biome (NIHR2 NIHR O Facility	ork was primarily ome Trust (220258 ort from the Medical (MC_UU_00030 or 1033371/1) and the dical Research Ce (203312), and carrow This work was controlled the logists and Patrick (Markette (1988)).	funded by the B), with additional al Research /14; NIHR Cambridge ntre ed out at/ the Research o-funded by the tion of British	Payments are made to the University of Cambridge, or Medical Research Council	

		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 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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,		

		=	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreement answered every question and have not altered the wordi	

Date:		12/9/2024	
Your Name:		Alex Shaw	
Ma	nuscript Title:	GABAergic modulation of beta pow frontotemporal lobar degeneration	er enhances motor adaptation in
Ма	nuscript Number (if kn	own): ADJ-D-24-01482R1	
cor affe	ntent of your manuscrip ected by the content of	ency, we ask you to disclose all relationships/activiot. "Related" means any relation with for-profit or the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activious	not-for-profit third parties whose interests may be ent to transparency and does not necessarily
epi	demiology of hyperten	/activities/interests should be defined broadly. Fo sion, you should declare all relationships with man ntioned in the manuscript.	
	tem #1 below, report a me for disclosure is the	Il support for the work reported in this manuscript past 36 months.	without time limit. For all other items, the time
		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 plannin	g of the work
1			
	All support for the	□ None	
	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.	This work was primarily funded by the Wellcome Trust (220258), with additional support from the Medical Research Council (MC_UU_00030/14; MR/T033371/1) and the NIHR Cambridge Biomedical Research Centre (NIHR203312), and carried out at/ the NIHR Cambridge Clinical Research Facility. This work was co-funded by the Holt Fellowship, Association of British Neurologists and Patrick Berthoud Trust.	Payments are made to the University of Cambridge, or Medical Research Council
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	This work was primarily funded by the Wellcome Trust (220258), with additional support from the Medical Research Council (MC_UU_00030/14; MR/T033371/1) and the NIHR Cambridge Biomedical Research Centre (NIHR203312), and carried out at/ the NIHR Cambridge Clinical Research Facility. This work was co-funded by the Holt Fellowship, Association of British	Cambridge, or Medical Research Council

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3	Royalties or 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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,		

		=	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreement answered every question and have not altered the wordi	

			15			
Date:			12/9/2024			
Your Name:			Alexander Murley			
Ma	nuscript Title:		GABAergic modulation of beta power frontotemporal lobar degeneration	enhances motor adaptation in		
Ma	nuscript Number (if kı	nown):	ADJ-D-24-01482R1			
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		pt. "Rela of the man of in doubt s/activition, you	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For each should declare all relationships with manuf	/interest, it is preferable that you do so.		
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			entities with whom you have this hip 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	[□ No	one			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Wellco suppo Counc MR/TO Biome (NIHR) NIHR O Facility	ork was primarily funded by the ome Trust (220258), with additional rt from the Medical Research il (MC_UU_00030/14; 033371/1) and the NIHR Cambridge edical Research Centre 203312), and carried out at/ the Cambridge Clinical Research y. This work was co-funded by the ellowship, Association of British logists and Patrick Berthoud Trust.	Payments are made to the University of Cambridge, or Medical Research Council		
			Time frame: past 36 month	s		
2	Grants or contracts from	⊠ No	one			

any entity (if not indicated in item #1 above).

		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 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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,		

		=	Specifications/Comments (e.g., if payments were made to you or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreement answered every question and have not altered the wordi	

Date:			12/9/2024			
Your Name:			Negin Holland			
Ma	nuscript Title:		GABAergic modulation of beta powe frontotemporal lobar degeneration	r enhances motor adaptation in		
Ma	nuscript Number (if k	known):	ADJ-D-24-01482R1			
con affe	tent of your manuscrected by the content of	ript. "Rela of the mai	ited" means any relation with for-profit or n	es/interests listed below that are related to the ot-for-profit third parties whose interests may be ent to transparency and does not necessarily elinterest, it is preferable that you do so.		
epi		nsion, you		example, if your manuscript pertains to the facturers of antihypertensive medication, even if		
	em #1 below, report ne for disclosure is th			vithout time limit. For all other items, the time		
			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)		
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3	Royalties or 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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,		

			ons/Comments (e.g., if payments were ou or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreement: answered every question and have not altered the wording of any	of the questions on this form

Date:			12/9/2024			
Υοι	ır Name:		Thomas Cope			
Ma	nuscript Title:		GABAergic modulation of beta power frontotemporal lobar degeneration	enhances motor adaptation in		
Ma	nuscript Number (if k	nown):	ADJ-D-24-01482R1			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activities			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity es/interests should be defined broadly. For each should declare all relationships with manuf	/interest, it is preferable that you do so.		
In item #1 below, report all suppo frame for disclosure is the past 36		all suppo	rt for the work reported in this manuscript w	ithout time limit. For all other items, the time		
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1	All support for the	[□ No	one			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Wellco suppo Counc MR/TO Biome (NIHR) NIHR O Facility	ork was primarily funded by the ome Trust (220258), with additional rt from the Medical Research il (MC_UU_00030/14; 033371/1) and the NIHR Cambridge edical Research Centre 203312), and carried out at/ the Cambridge Clinical Research y. This work was co-funded by the ellowship, Association of British logists and Patrick Berthoud Trust.	Payments are made to the University of Cambridge, or Medical Research Council		
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			Time frame: past 36 month	S		

any entity (if not indicated in item #1 above).

		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 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	Support to attend a meeting with travel and registration costs Support to attend a meeting with travel and registration costs	Angelini Pharma UCB Pharma
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in	⊠ 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)
	other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
r I		t to the following statement to indicate your agreeme	
\boxtimes	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:		12/9/2024		
Your Name:		David Whiteside		
Manuscript Title:		GABAergic modulation of beta power frontotemporal lobar degeneration	GABAergic modulation of beta power enhances motor adaptation in frontotemporal lobar degeneration	
Ma	nuscript Number (if kr	nown): ADJ-D-24-01482R1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activitie epidemiology of hypertension, yo that medication is not mentioned.		Il support for the work reported in this manuscript	not-for-profit third parties whose interests may be ent to transparency and does not necessarily y/interest, it is preferable that you do so. example, if your manuscript pertains to the ifacturers of antihypertensive medication, even if	
Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payment made to you or to your institution)		Specifications/Comments (e.g., if payments were made to you or to your institution)		
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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 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 None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board,		

			ons/Comments (e.g., if payments were ou or to your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreement: answered every question and have not altered the wording of any	of the questions on this form

Date:		12/9/2024	
Your Name:	·	David Nesbitt	
Manuscript Title:		GABAergic modulation of beta power frontotemporal lobar degeneration	enhances motor adaptation in
Manuscript Number (if	known):	ADJ-D-24-01482R1	
content of your manusc affected by the content indicate a bias. If you a The author's relationsh	cript. "Rela t of the mar are in doubt lips/activition tension, you	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For each should declare all relationships with manuf	/interest, it is preferable that you do so.
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		entities with whom you have this thip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
			made to you or to your institution)
1 All support for the present	relations	hip or indicate none (add rows as needed)	made to you or to your institution)

Time frame: past 36 months

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)
κ	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Presented at the Neurology Academy's "Cutting Edge Science for Parkinson's Clinicians" Educational Day (19/03/2024)	Paid Honoraria for lecture and Travel/Accommodation costs repaid
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 a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board,	None	

			omments (e.g., if payments were o your institution)
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreement: answered every question and have not altered the wording of any of the	questions on this form

Dat	e:	12/9/2024	
You	ır Name:	Duncan Street	
Manuscript Title:		GABAergic modulation of beta pow frontotemporal lobar degeneration	er enhances motor adaptation in
Ma	nuscript Number (if kı	nown): ADJ-D-24-01482R1	
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	em #1 below, report and the second se	all support for the work reported in this manuscript e past 36 months.	without time limit. For all other items, the time
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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 plannin	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial planning None This work was primarily funded by the Wellcome Trust (220258), with additional support from the Medical Research Council (MC_UU_00030/14; MR/T033371/1) and the NIHR Cambridge Biomedical Research Centre (NIHR203312), and carried out at/ the NIHR Cambridge Clinical Research Facility. This work was co-funded by the Holt Fellowship, Association of British	Payments are made to the University of Cambridge, or Medical Research Council

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

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	society, committee or advocacy group, paid or unpaid		
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
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Plea		t to the following statement to indicate your agreement: answered every question and have not altered the wording of any	of the questions on this form

Date:	12/9/2024
Your Name:	James Rowe
Manuscript Title:	GABAergic modulation of beta power enhances motor adaptation in frontotemporal lobar degeneration
Manuscript Number (if known):	ADJ-D-24-01482R1
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In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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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.	This work was primarily funded by the Wellcome Trust (220258), with additional support from the Medical Research Council (MC_UU_00030/14; MR/T033371/1) and the NIHR Cambridge Biomedical Research Centre (NIHR203312), and carried out at/ the NIHR Cambridge Clinical Research Facility. This work was co-funded by the Holt Fellowship, Association of British Neurologists and Patrick Berthoud Trust.	Awards made to the University of Cambridge
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2	Grants or contracts from any entity (if not indicated in item #1 above).	Dementias Platform UK is co-funded by Medical Research Council, GSK, Janssen, Lilly and AstraZeneca]	Awards made to the University of Cambridge

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9	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, issued or pending	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Trustee, Darwin College, Cambridge Trustee Guarantors of Brain, UK DBW Dementia Mission, SAB member	unpaid unpaid unpaid		
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	None			
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3 12/13/2021 ICMJE Disclosure Form