

ICMJE DISCLOSURE FORM

Date: 2/25/2025

Your Name: Tanav Popli

Manuscript Title: High Rates of Diagnostic Discordance and Co-pathology: Insights into PSP from the NACC Dataset

Manuscript Number (if known): ADJ-D-25-00028

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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Your Name: Subhamoy Pal

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Manuscript Number (if known): ADJ-D-25-00028

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ICMJE DISCLOSURE FORM

Date: 2/25/2025

Your Name: Allyson Gregoire

Manuscript Title: High Rates of Diagnostic Discordance and Co-pathology: Insights into PSP from the NACC Dataset

Manuscript Number (if known): ADJ-D-25-00028

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Date: 2/25/2025

Your Name: Jonathan M. Reader

Manuscript Title: High Rates of Diagnostic Discordance and Co-pathology: Insights into PSP from the NACC Dataset

Manuscript Number (if known): ADJ-D-25-00028

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Date: 2/25/2025

Your Name: Alexis Passamani

Manuscript Title: High Rates of Diagnostic Discordance and Co-pathology: Insights into PSP from the NACC Dataset

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Date: 2/25/2025

Your Name: Arijit K Bhaumik

Manuscript Title: High Rates of Diagnostic Discordance and Co-pathology: Insights into PSP from the NACC Dataset

Manuscript Number (if known): ADJ-D-25-00028

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

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

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		Population with Cognitive Complaints (INDEED) NIH grant # U19NS120384	
		Study to Uncover Pathways to Exceptional Cognitive Resilience in Aging (SUPERAging) NIH grant # U19AG073153	Yes, salary support.
		Aging with HIV and Dementia: Dementia Awareness and Education for Those who Care for People Living with HIV, State of Michigan DHSS & Alzheimer's Association – grant # 20200266	Yes, salary support.
		Advancing Reliable Measurement in Alzheimer's Disease and cognitive Aging (ARMADA) NIH grant # U2CAG057441	Yes, salary support.
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	

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

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ICMJE DISCLOSURE FORM

Date: 2/25/2025

Your Name: Kelly Bakulski

Manuscript Title: High Rates of Diagnostic Discordance and Co-pathology: Insights into PSP from the NACC Dataset

Manuscript Number (if known): ADJ-D-25-00028

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Date: 2/25/2025

Your Name: Emile Pinarbasi

Manuscript Title: High Rates of Diagnostic Discordance and Co-pathology: Insights into PSP from the NACC Dataset

Manuscript Number (if known): ADJ-D-25-00028

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Date: 2/25/2025

Your Name: Henry Paulson

Manuscript Title: High Rates of Diagnostic Discordance and Co-pathology: Insights into PSP from the NACC Dataset

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Date: 2/25/2025

Your Name: Amanda Hollos Cook Maher

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></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.