Dat	te:		3/25/2025			
Your Name:			Fedal Saini			
Manuscript Title:			White Matter Trajectories in Down Syndron Tensor-Based Morphometry	ne and Alzheimer's Disease: Insights from Diffusion		
Ma	nuscript Number (if	known):	ADJ-D-24-02675			
content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.			
epi		ension, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time		
			Il 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 the work		
1	All support for the	□ N	Time frame: Since the initial planning one	of the work		
1	present manuscript (e.g.,	□ N-		of the work  Postdoctoral fellowship - salary		
1	present manuscript (e.g., funding, provision	□ N	one	Postdoctoral fellowship - salary		
1	present manuscript (e.g., funding, provision of study materials, medical writing,	□ N	one			
1	present manuscript (e.g., funding, provision of study materials,	□ N	one	Postdoctoral fellowship - salary		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	□ N	one	Postdoctoral fellowship - salary		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	□ N	Foundation Jerome Lejeune	Postdoctoral fellowship - salary  Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Postdoctoral fellowship - salary  Click the tab key to add additional rows.		
	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		Foundation Jerome Lejeune  Time frame: past 36 month	Postdoctoral fellowship - salary  Click the tab key to add additional rows.		
	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		Foundation Jerome Lejeune  Time frame: past 36 month	Postdoctoral fellowship - salary  Click the tab key to add additional rows.		
	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		Foundation Jerome Lejeune  Time frame: past 36 month	Postdoctoral fellowship - salary  Click the tab key to add additional rows.		
	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		Foundation Jerome Lejeune  Time frame: past 36 month	Postdoctoral fellowship - salary  Click the tab key to add additional rows.		
2	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 #1 above).		Foundation Jerome Lejeune  Time frame: past 36 month one	Postdoctoral fellowship - salary  Click the tab key to add additional rows.		
2	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 #1 above).  Royalties or		Foundation Jerome Lejeune  Time frame: past 36 month one	Postdoctoral fellowship - salary  Click the tab key to add additional rows.		

		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)	e
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, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or 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 non-financial interests	None	
Plea	•	e following statement to indicate your agreeme	

Dat	e:		3/25/2025			
Your Name:			Phoebe Ivain			
Manuscript Title:			White Matter Trajectories in Down Syndror Tensor-Based Morphometry	ne and Alzheimer's Disease: Insights from Diffusion		
Ma	nuscript Number (if kr	nown): _	ADJ-D-24-02675			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the man			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.			
epio	-	sion, you s		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	em #1 below, report a			ithout time limit. For all other items, the time		
			entities with whom you have this ip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were		
		i Ciationsii	ip of indicate none (add rows as needed)	made to you or to your institution)		
	'	relationsii	Time frame: Since the initial planning			
1	All support for the	□ Nor	Time frame: Since the initial planning			
1	All support for the present manuscript (e.g., funding, provision	☐ Nor	Time frame: Since the initial planning			
1	All support for the present manuscript (e.g.,	☐ Nor	Time frame: Since the initial planning ne Thomas Charitable Fund	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	☐ Nor	Time frame: Since the initial planning ne Thomas Charitable Fund	of the work  Doctoral studentship		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	☐ Nor	Time frame: Since the initial planning te Thomas Charitable Fund C/AC/SG/6530-9821	of the work  Doctoral studentship  Click the tab key to add additional rows.		
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	☐ Nor	Time frame: Since the initial planning the Thomas Charitable Fund C/AC/SG/6530-9821  Time frame: past 36 month	of the work  Doctoral studentship  Click the tab key to add additional rows.		

licenses

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. 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, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or 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 options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	•	e following statement to indicate your agreeme	

Dat	e:	3/25/2025			
Your Name:		Mina Idris			
Manuscript Title:		White Matter Trajectories in Down Syndron Tensor-Based Morphometry	me and Alzheimer's Disease: Insights from Diffusion		
Ma	nuscript Number (if kn	own): _ADJ-D-24-02675			
con affe	tent of your manuscrip	t. "Related" means any relation with for-profit or no the manuscript. Disclosure represents a commitme	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi	demiology of hypertens	/activities/interests should be defined broadly. For estion, you should declare all relationships with manuful intioned in the manuscript.			
	tem #1 below, report al me for disclosure is the	ll support for the work reported in this manuscript w past 36 months.	vithout time limit. For all other items, the time		
		Name 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	□ None			
	present				
	funding, provision	The Baily Thomas Charitable Fund (TRUST/RNA/AC/KW/3111/5776)	PhD Studentship		
	manuscript (e.g.,	The Baily Thomas Charitable Fund	PhD Studentship  Click the tab key to add additional rows.		
	manuscript (e.g., funding, provision of study materials,	The Baily Thomas Charitable Fund			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	The Baily Thomas Charitable Fund	Click the tab key to add additional rows.		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	The Baily Thomas Charitable Fund (TRUST/RNA/AC/KW/3111/5776)	Click the tab key to add additional rows.		

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)	e
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, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or 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 non-financial interests	None	
Plea	•	e following statement to indicate your agreeme	

Date:	3/25/2025
Your Name:	Jasmine Wells
Manuscript Title:	White Matter Trajectories in Down Syndrome and Alzheimer's Disease: Insights from Diffusion Tensor-Based Morphometry
Manuscript Number (if known):	ADJ-D-24-02675

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 contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			ifications/Comments (e.g., if payments were e 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 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, 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 options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:  \[ \text{\$\te			

Date:	3/25/2025
Your Name:	Leda A. Bianchi
Manuscript Title:	White Matter Trajectories in Down Syndrome and Alzheimer's Disease: Insights from Diffusion Tensor-Based Morphometry
Manuscript Number (if known):	ADJ-D-24-02675

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 contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			ifications/Comments (e.g., if payments were e 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 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, 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 options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:  \[ \text{\$\te			

Date:	3/25/2025
Your Name:	Miren Tamayo-Elizalde
Manuscript Title:	White Matter Trajectories in Down Syndrome and Alzheimer's Disease: Insights from Diffusion Tensor-Based Morphometry
Manuscript Number (if known):	ADJ-D-24-02675

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 contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			ifications/Comments (e.g., if payments were e 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 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, 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 options		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:  \[ \text{\$\te			

Date:	3/25/2025
Your Name:	Flavio Dell'Acqua
Manuscript Title:	White Matter Trajectories in Down Syndrome and Alzheimer's Disease: Insights from Diffusion Tensor-Based Morphometry
Manuscript Number (if known):	ADJ-D-24-02675

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 contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			ifications/Comments (e.g., if payments were e 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 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, 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 options		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:  \[ \textstyle  I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Date:		3/25/2025	3/25/2025			
Your Name:		Andre Strydom				
Manuscript Title:		White Matter Trajectories in Down Syndro Tensor-Based Morphometry	White Matter Trajectories in Down Syndrome and Alzheimer's Disease: Insights from Diffusion			
Manuscript Number (if known):		wn): ADJ-D-24-02675				
con affe indi The epid	tent of your manuscrip cted by the content of cate a bias. If you are i author's relationships/ demiology of hypertens	. "Related" means any relation with for-profit or relation with for-profit or relationship. Disclosure represents a commitmed doubt about whether to list a relationship/activitactivities/interests should be defined broadly. For	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if 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.						
		ame all entities with whom you have this lationship 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	g of the work			
1	funding, provision	erome Lejeune Foundation  Medical Research Council (MR/S011277/1,  MR/S005145/1 and MR/R024901/1)	Click the tab key to add additional rows.			
		Time frame: past 36 mont	hs			
2	I	None NIH European Commission (Go-DS21)				
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	AC Immune Alnylam Acta pharmaceuticals	Institutional payment
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, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	AC Immune	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None  Royal College of Psychiatrists' Intellectual Disability Faculty member  ECNP Down syndrome work group	

			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 options		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		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.					

3 12/13/2021 ICMJE Disclosure Form