

ICMJE DISCLOSURE FORM

Date: 3/18/2025

Your Name: Axel Anders Stefan Laurell

Manuscript Title: Hypothalamic volume, sleep and APOE genotype in cognitively healthy adults

Manuscript Number (if known): ADJ-D-24-02412

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	<div> <div>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.</div> <div> <input type="checkbox"/> None </div> <div> <div>AASL's post is funded by a grant from Altos labs.</div> <div></div> <div></div> </div> </div>	<div></div> <div></div> <div>Click the tab key to add additional rows.</div>
Time frame: past 36 months		
2	<div> <div>Grants or contracts from any entity (if not indicated in item #1 above).</div> <div> <input checked="" type="checkbox"/> None </div> <div> <div></div> <div></div> <div></div> </div> </div>	<div></div> <div></div> <div></div>
3	<div> <div>Royalties or licenses</div> <div> <input checked="" type="checkbox"/> None </div> <div> <div></div> <div></div> <div></div> </div> </div>	<div></div> <div></div> <div></div>

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4	Consulting fees	<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> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>									
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 type="checkbox"/> None <table border="1"> <tr> <td>AASL has received financial support to attend meetings from Alzheimer's research UK, Guarantors of Brain and Health Education East of England.</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	AASL has received financial support to attend meetings from Alzheimer's research UK, Guarantors of Brain and Health Education East of England.								
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>AASL is a member of the National Institute for Health and Care Research (NIHR) Dementia Portfolio Development Group, Alzheimer's research UK East Network Centre committee and the International Consortium for Dementia with Lewy Bodies.</td> <td></td> </tr> <tr><td></td><td></td></tr> </table>	AASL is a member of the National Institute for Health and Care Research (NIHR) Dementia Portfolio Development Group, Alzheimer's research UK East Network Centre committee and the International Consortium for Dementia with Lewy Bodies.								
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<p>Please place an "X" next to the following statement to indicate your agreement:</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: 3/18/2025

Your Name: Elijah Mak

Manuscript Title: Hypothalamic volume, sleep and APOE genotype in cognitively healthy adults

Manuscript Number (if known): ADJ-D-24-02412

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Date: 3/18/2025

Your Name: Maria-Eleni Dounavi

Manuscript Title: Hypothalamic volume, sleep and APOE genotype in cognitively healthy adults

Manuscript Number (if known): ADJ-D-24-02412

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ICMJE DISCLOSURE FORM

Date: 3/18/2025

Your Name: Benjamin Underwood

Manuscript Title: Hypothalamic volume, sleep and APOE genotype in cognitively healthy adults

Manuscript Number (if known): ADJ-D-24-02412

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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None						
	<table border="1"> <tr> <td>I have received grants from the NIHR unrelated to this work</td> <td>Paid to my institution</td> </tr> <tr> <td>My institution has received funding from Altos labs</td> <td>Paid to my institution</td> </tr> <tr> <td></td> <td></td> </tr> </table>	I have received grants from the NIHR unrelated to this work	Paid to my institution	My institution has received funding from Altos labs	Paid to my institution			
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4	Consulting fees	<input type="checkbox"/> None	
		I have received consulting fees from TauRx and Lilly	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Paid teaching at Anglia Ruskin University	
		Paid teaching at the University of Cambridge	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		I received flights and accommodation to present at an international meeting in Qatar in 2023	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Cambridge NIHR CRF SAB until Jan 2025	
		Member of the Cambridge Institute for Music Therapy SAB	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		R and D director at CPFT NHS Trust	
		Dementia lead for NIHR CRN Eastern	
		Vice chair of old age faculty, RCPsych	

		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%; margin-top: 5px;"> <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: 3/18/2025

Your Name: Yves Dauvilliers

Manuscript Title: Hypothalamic volume, sleep and APOE genotype in cognitively healthy adults

Manuscript Number (if known): ADJ-D-24-02412

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Date: 3/18/2025

Your Name: Robert B. Dudas

Manuscript Title: Hypothalamic volume, sleep and APOE genotype in cognitively healthy adults

Manuscript Number (if known): ADJ-D-24-02412

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ICMJE DISCLOSURE FORM

Date: 3/18/2025

Your Name: Oriane Marguet

Manuscript Title: Hypothalamic volume, sleep and APOE genotype in cognitively healthy adults

Manuscript Number (if known): ADJ-D-24-02412

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ICMJE DISCLOSURE FORM

Date: 3/18/2025

Your Name: Craig Ritchie

Manuscript Title: Hypothalamic volume, sleep and APOE genotype in cognitively healthy adults

Manuscript Number (if known): ADJ-D-24-02412

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ICMJE DISCLOSURE FORM

Date: 3/18/2025

Your Name: Ivan Koychev

Manuscript Title: Hypothalamic volume, sleep and APOE genotype in cognitively healthy adults

Manuscript Number (if known): ADJ-D-24-02412

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Date: 3/18/2025

Your Name: Brian A Lawlor

Manuscript Title: Hypothalamic volume, sleep and APOE genotype in cognitively healthy adults

Manuscript Number (if known): ADJ-D-24-02412

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>TOP HAT DSMB Chair Investigator Driven Trial</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	TOP HAT DSMB Chair Investigator Driven Trial								
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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"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<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>							
13	Other financial or non-financial interests	<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>							
<p>Please place an "X" next to the following statement to indicate your agreement:</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: 3/18/2025

Your Name: Lorina Naci

Manuscript Title: Hypothalamic volume, sleep and APOE genotype in cognitively healthy adults

Manuscript Number (if known): ADJ-D-24-02412

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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Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<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>						
3	Royalties or licenses	<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>						

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4	Consulting fees	<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> <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"/> None <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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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></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%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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☒ 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: 3/18/2025

Your Name: Paresh Malhotra

Manuscript Title: Hypothalamic volume, sleep and APOE genotype in cognitively healthy adults

Manuscript Number (if known): ADJ-D-24-02412

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr><td>J&J, 2024-</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	J&J, 2024-								
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr><td>Alzheimer's Society Research Strategy Council</td><td></td></tr> <tr><td>NIHR RDN National Specialty Lead for Dementia and Neurodegeneration</td><td></td></tr> <tr><td></td><td></td></tr> </table>	Alzheimer's Society Research Strategy Council		NIHR RDN National Specialty Lead for Dementia and Neurodegeneration						
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td>'Drugs-only' grant from Shire/Takeda Pharmaceuticals</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		'Drugs-only' grant from Shire/Takeda Pharmaceuticals					
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ICMJE DISCLOSURE FORM

Date: 3/18/2025

Your Name: Oriol Grau-Rivera

Manuscript Title: Hypothalamic volume, sleep and APOE genotype in cognitively healthy adults

Manuscript Number (if known): ADJ-D-24-02412

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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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: center;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%; padding: 2px;">Alzheimer's Association (2019-AARF-644568).</td> <td style="width: 40%; padding: 2px;">All payments were made to the institution.</td> </tr> <tr> <td style="padding: 2px;">Instituto de Salud Carlos III (PI19/00117).</td> <td style="padding: 2px;">All payments were made to the institution.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>		Alzheimer's Association (2019-AARF-644568).	All payments were made to the institution.	Instituto de Salud Carlos III (PI19/00117).	All payments were made to the institution.		
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3	Royalties or licenses	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>							

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>OG-R has given lectures in symposia sponsored by Roche Diagnostics and Idorsia Pharmaceuticals Ltd.</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		OG-R has given lectures in symposia sponsored by Roche Diagnostics and Idorsia Pharmaceuticals Ltd.							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 3/18/2025

Your Name: Juan Domingo Gispert

Manuscript Title: Hypothalamic volume, sleep and APOE genotype in cognitively healthy adults

Manuscript Number (if known): ADJ-D-24-02412

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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	Hoffmann – La Roche	Research Support
	GE HealthCare	Research Support
	Roche Diagnostics	Research Support
	EIT Digital	Grant
	Spanish Research Agency	Grant
	La Marató de Tv3	Grant
3	Royalties or licenses	<input checked="" type="checkbox"/> None
	Betascreen	Funder and co-owner

		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 <table border="1"> <tr> <td>Roche Diagnostics</td> <td>Consulting Fees</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Roche Diagnostics	Consulting Fees						
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ICMJE DISCLOSURE FORM

Date: 3/18/2025

Your Name: John O'Brien

Manuscript Title: Hypothalamic volume, sleep and APOE genotype in cognitively healthy adults

Manuscript Number (if known): ADJ-D-24-02412

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13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td>Avid/ Lilly</td> <td>Received academic support for research</td> </tr> <tr> <td>Merck</td> <td>Received academic support for research</td> </tr> <tr> <td>UCB</td> <td>Received academic support for research</td> </tr> <tr> <td>Alliance Medical</td> <td>Received academic support for research</td> </tr> </table>		Avid/ Lilly	Received academic support for research	Merck	Received academic support for research	UCB	Received academic support for research	Alliance Medical	Received academic support for research
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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: 3/18/2025

Your Name: ALFA study

Manuscript Title: Hypothalamic volume, sleep and APOE genotype in cognitively healthy adults

Manuscript Number (if known): ADJ-D-24-02412

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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