

ICMJE DISCLOSURE FORM

Date: 11/15/2024

Your Name: Xulin Liu

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 476 1516 577"> <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: 11/20/2024

Your Name: Sterre C.M. de Boer

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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ICMJE DISCLOSURE FORM

Date: 11/25/2024

Your Name: Jackie Poos

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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Your Name: Hilary Heuer

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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Date: 11/15/2024

Your Name: Leah K. Forsberg

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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: 11/15/2024

Your Name: Kaitlin Casaletto

Manuscript Title: Sex differences in the clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 11/15/2024

Your Name: Molly Memel

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 11/19/2024

Your Name: Kasey Cortez

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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ICMJE DISCLOSURE FORM

Date: 19/11/2024

Your Name: Ignacio Illán-Gala

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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>Esteve</td><td>Presentation (personal honoraria)</td></tr> <tr><td>Sociedad Española de Neurología</td><td>Presentation (personal honoraria)</td></tr> <tr><td>Societat Catalana de Neurologia</td><td>Presentation (personal honoraria)</td></tr> <tr><td>Lilly</td><td>Presentation (personal honoraria)</td></tr> <tr><td>Kern Pharma</td><td>Presentation (personal honoraria)</td></tr> <tr><td>Almirall</td><td>Presentation (personal honoraria)</td></tr> </table>		Esteve	Presentation (personal honoraria)	Sociedad Española de Neurología	Presentation (personal honoraria)	Societat Catalana de Neurologia	Presentation (personal honoraria)	Lilly	Presentation (personal honoraria)	Kern Pharma	Presentation (personal honoraria)	Almirall	Presentation (personal honoraria)
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr><td>UCB</td><td>Scientific advisory board (personal compensation)</td></tr> <tr><td>Nutricia</td><td>Scientific advisory board (personal compensation)</td></tr> <tr><td></td><td></td></tr> </table>		UCB	Scientific advisory board (personal compensation)	Nutricia	Scientific advisory board (personal compensation)								
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11	Stock or stock options	<input checked="" type="checkbox"/> None <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>							
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: 10px;"> <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" 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: 11/15/2024

Your Name: Douglas Galasko

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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: Since the initial planning of the work									
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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Belen Pascual

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 11/15/2024

Your Name: Ian R. A. Mackenzie

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 11/15/2024

Your Name: Emily Rogalski

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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 type="checkbox"/> None <table border="1"> <tr> <td>ADRC Imaging Core Steering Committee</td> <td>unpaid</td> </tr> <tr> <td>Medical Advisory Committee Member for AFTD</td> <td>unpaid</td> </tr> <tr><td></td><td></td></tr> </table>		ADRC Imaging Core Steering Committee	unpaid	Medical Advisory Committee Member for AFTD	unpaid				
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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: 11/15/2024

Your Name: Neill R Graff-Radford

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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3	Royalties or licenses	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;">UpToDate</td><td style="height: 20px;">NPH Chapter</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>		UpToDate	NPH Chapter										
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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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ICMJE DISCLOSURE FORM

Date: 11/15/2024

Your Name: Joseph C. Masdeu, MD, PhD

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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3	Royalties or licenses	<div style="display: flex; align-items: center;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">Wolters Kluwer Health</td> <td style="width: 50%;">Book royalties paid to me</td> </tr> <tr> <td>Elsevier</td> <td>Book royalties paid to me</td> </tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>		Wolters Kluwer Health	Book royalties paid to me	Elsevier	Book royalties paid to me		
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4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width: 100%;"> <tr> <td>Coya Therapeutics, Inc.</td> <td>Advisory Board. Payments to me.</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Coya Therapeutics, Inc.	Advisory Board. Payments to me.						
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ICMJE DISCLOSURE FORM

Date: 11/15/2024

Your Name: Ece Bayram

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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ICMJE DISCLOSURE FORM

Date: 11/15/2024

Your Name: Bradley F. Boeve, MD

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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Research support from American Brain Foundation	To institution								

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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>											
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>											
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>SAB of the Tau Consortium - funded by the Rainwater Charitable Foundation</td> <td>To me</td> </tr> <tr> <td>DSMB of trial involving mesenchymal stem cells in MSA</td> <td>unpaid</td> </tr> <tr> <td>SAB for AFTD</td> <td>unpaid</td> </tr> <tr> <td>SAB for LBDA</td> <td>unpaid</td> </tr> <tr> <td></td> <td></td> </tr> </table>	SAB of the Tau Consortium - funded by the Rainwater Charitable Foundation	To me	DSMB of trial involving mesenchymal stem cells in MSA	unpaid	SAB for AFTD	unpaid	SAB for LBDA	unpaid			
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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>							
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>							
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ICMJE DISCLOSURE FORM

Date: 11/15/2024

Your Name: R. Ryan Darby

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 11/15/2024

Your Name: Eliana Marisa Ramos

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 11/15/2024

Your Name: Andrea Bozoki

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 11/15/2024

Your Name: Mario F. Mendez

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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: 11/15/2024

Your Name: Kejal Kantarci

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 11/15/2024

Your Name: David Irwin

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 11/16/2024

Your Name: Peter Pressman

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 11/18/2024

Your Name: Irene Litvan

Manuscript Title: Sex differences in the clinical manifestation of autosomal dominant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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>Rossy PSP Program at the University of Toronto</td><td>Peripheral and Central Nervous System Drugs Advisory Committee</td></tr> <tr><td>Aprinoia</td><td>Food & Drug Administration (FDA)</td></tr> <tr><td>Amydis</td><td></td></tr> </table>		Rossy PSP Program at the University of Toronto	Peripheral and Central Nervous System Drugs Advisory Committee	Aprinoia	Food & Drug Administration (FDA)	Amydis			
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Amydis											
10	Leadership or fiduciary role in	<input type="checkbox"/> 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	<input type="checkbox"/> Chief Editor of Frontiers in Neurology <input type="checkbox"/> <input type="checkbox"/>	
11	Stock or stock options	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<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: 11/18/2024

Your Name: Brian Appleby

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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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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ICMJE DISCLOSURE FORM

Date: 11/18/2024

Your Name: Matthis Synofzik

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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4	Consulting fees	<input type="checkbox"/> None	
		UCB Pharmaceuticals	Payment to me; related to SCA3, but unrelated to the manuscript/work presented here
		Prevail Pharmaceuticals	Payment to me; unrelated to the manuscript/work presented here
		Ionis Pharmaceuticals	Payment to me; unrelated to the manuscript/work presented here
		Orphazyme Pharmaceuticals,	Payment to me; unrelated to the manuscript/work presented here
		Servier Pharmaceuticals,	Payment to me; related to SCA3, but unrelated to the manuscript/work presented here
		Reata Pharmaceuticals	Payment to me; unrelated to the manuscript/work presented here
		AviadoBio	Payment to me; unrelated to the manuscript/work presented here
		GenOrph	Payment to me; unrelated to the manuscript/work presented here
		Biohaven	Payment to me; related to SCA3, but unrelated to the manuscript/work presented here
		Zevra	Payment to me; unrelated to the manuscript/work presented here
		Lilly	Payment to me; unrelated to the manuscript/work presented here
		Solaxa	Payment to me; related to SCA27B and 4-AP, but unrelated to the manuscript presented here
		5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events
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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ICMJE DISCLOSURE FORM

Date: 11/18/2024

Your Name: Robert Laforce

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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ICMJE DISCLOSURE FORM

Date: 11/19/2024

Your Name: Lucy Chisman-Russell

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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ICMJE DISCLOSURE FORM

Date: 11/19/2024

Your Name: Daniela Galimberti

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 9/20/2024

Your Name: Johannes Levin

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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Date: 11/19/2024

Your Name: Alexandre de Mendonça

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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Date: 11/20/2024

Your Name: LC Jiskoot

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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>									
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>									

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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.

ICMJE DISCLOSURE FORM

Date: 11/19/2024

Your Name: Caroline Graff

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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: 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.	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input checked="" type="checkbox"/> None </div> <div style="border: 1px solid black; padding: 5px;"> Project funding from: Swedish Research Council/Vetenskapsrådet C.G. received funding from EU Joint Programme-Neurodegenerative Disease Research-Prefrontals Vetenskapsrådet Dnr 529-2014-7504, EU Joint Programme-Neurodegenerative Disease Research GENFI-PROX, Vetenskapsrådet 2019-0224, Vetenskapsrådet 2015-02926, Vetenskapsrådet 2018-02754, the Swedish FTD Initiative-Schörling Foundation, Alzheimer Foundation, Brain Foundation, Dementia Foundation and Region Stockholm ALF-project </div>	All paid to Karolinska Institutet						
			Click the tab key to add additional rows.						
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input checked="" type="checkbox"/> None </div> <div style="border: 1px solid black; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; 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> </div>							

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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>									
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>									
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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>									
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None <table border="1"> <tr> <td>Leader of the Swedish FTD Initiative</td> <td></td> </tr> </table>		Leader of the Swedish FTD Initiative							
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ICMJE DISCLOSURE FORM

Date: 11/25/2024

Your Name: Phoebe H Foster

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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☒ 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: 11/20/2024

Your Name: Fermin Moreno

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 11/27/2024

Your Name: Nupur Ghoshal, MD, PhD

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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Data safety monitoring committee for CS1P1											

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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>Board Member, CureVCP Medical Advisory Board</td> <td></td> </tr> <tr> <td>President, Northwestern University Medical Alumni Association Board</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Board Member, CureVCP Medical Advisory Board		President, Northwestern University Medical Alumni Association Board			
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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: 12/2/2024

Your Name: Adam L. Boxer

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 60%;">A.L.B. receives research support from the NIH, the Tau Research Consortium, the Association for Frontotemporal Degeneration, Bluefield Project to Cure Frontotemporal Dementia, Corticobasal Degeneration Solutions, the Alzheimer's Drug Discovery Foundation and the Alzheimer's Association.</td> <td style="width: 40%;">To me</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>		A.L.B. receives research support from the NIH, the Tau Research Consortium, the Association for Frontotemporal Degeneration, Bluefield Project to Cure Frontotemporal Dementia, Corticobasal Degeneration Solutions, the Alzheimer's Drug Discovery Foundation and the Alzheimer's Association.	To me				
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
4	Consulting fees	<input type="checkbox"/> None <table border="1" data-bbox="386 499 1516 798"> <tr> <td>He has served as a consultant for Aeovian, AGTC, Alector, Arkuda, Arvinas, Boehringer Ingelheim, Denali, GSK, Life Edit, Humana, Oligomerix, Oscotec, Roche, TrueBinding, Wave, Merck and received research support from Biogen, Eisai and Regeneron.</td> <td>To me</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		He has served as a consultant for Aeovian, AGTC, Alector, Arkuda, Arvinas, Boehringer Ingelheim, Denali, GSK, Life Edit, Humana, Oligomerix, Oscotec, Roche, TrueBinding, Wave, Merck and received research support from Biogen, Eisai and Regeneron.	To me						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 884 1516 987"> <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" data-bbox="386 1228 1516 1331"> <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" data-bbox="386 1444 1516 1547"> <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" data-bbox="386 1661 1516 1764"> <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	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1877 1516 1948"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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	Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
11	Stock or stock options	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
<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: 12/3/2024

Your Name: Sami Barmada

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: David Clark

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Yann Cobigo

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Daniel H. Geschwind

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Bradford C. Dickerson

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Kimiko Domoto-Reilly

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Ian M. Grant

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Ging-Yuek Robin Hsiung

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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: 12/3/2024

Your Name: Lawrence S. Honig

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Edward D. Huey

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Gabriel C. Léger

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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ICMJE DISCLOSURE FORM

Date: 11/15/2024

Your Name: Yolande A.L. Pijnenburg

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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<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: 12/3/2024

Your Name: Chiadi U. Onyike

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Erik D. Roberson

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Arabella Bouzigues

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Eve Ferry-Bolder

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Mario Masellis

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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: 12/3/2024

Your Name: John van Swieten

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 7/1/2024

Your Name: Harro Seelaar

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Raquel Sanchez-Valle

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Rik Vandenberghe

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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: 12/3/2024

Your Name: Pietro Tiraboschi

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Isabel Santana

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Alexander Gerhard

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Sandro Sorbi

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Markus Otto

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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: 12/3/2024

Your Name: Florence Pasquier

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Simon Ducharme

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Chris R. Butler

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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ICMJE DISCLOSURE FORM

Date: 12/3/2024

Your Name: Isabelle Le Ber

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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: 12/3/2024

Your Name: Elizabeth Finger

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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: Since the initial planning of the work									
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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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ICMJE DISCLOSURE FORM

Date: 5/28/2024

Your Name: James B Rowe

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 7/2/2024

Your Name: Barbara Borroni

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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☒ 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: 11/15/2024

Your Name: Howie J. Rosen

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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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: 11/15/2024

Your Name: the GENFI Consortium

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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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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ICMJE DISCLOSURE FORM

Date: 11/15/2024

Your Name: the ALLFTD Consortium

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: Jonathan Rohrer

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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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ICMJE DISCLOSURE FORM

Date: 11/15/2024

Your Name: Maria Carmela Tartaglia

Manuscript Title: Sex differences in clinical phenotypes of behavioral variant frontotemporal dementia

Manuscript Number (if known): ADJ-D-24-01645

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