ICMJE DISCLOSURE FORM

Date: 12/18/2024

Your Name: Alexia R Maier

Manuscript Title: Parkinsonism in Alzheimer's disease without Lewy bodies in association with nigral neuron loss: Data-driven clinicopathologic study

Manuscript Number (if known): ADJ-D-24-02066

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	☒ **None**	
			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).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **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)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 12/16/2024

Your Name: Daisuke Ono

Manuscript Title: Parkinsonism in Alzheimer's disease without Lewy bodies in association with nigral neuron loss: Data-driven clinicopathologic study

Manuscript Number (if known): ADJ-D-24-02066

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		Japan Society for the Promotion of Science Overseas Research Fellowship	Payments were made to Daisuke Ono.
		State of Florida Ed and Ethel Moore Alzheimer 's Disease Research Program (24A08).	Payments were made to Daisuke Ono.
			Click the tab key to add additional rows.
Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: 12/16/2024

Your Name: Dennis W Dickson

Manuscript Title: Parkinsonism in Alzheimer's disease without Lewy bodies in association with nigral neuron loss: Data-driven clinicopathologic study

Manuscript Number (if known): ADJ-D-24-02066

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ICMJE DISCLOSURE FORM

Date: 12/18/2024

Your Name: Hiroaki Sekiya, MD, PhD

Manuscript Title: Parkinsonism in Alzheimer's disease without Lewy bodies in association with nigral neuron loss: Data-driven clinicopathologic study

Manuscript Number (if known): ADJ-D-24-02066

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6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☐ **None**	
		American Association of Neuropathologists	
		International Congress of Parkinson's Disease and Movement Disorders	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
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Date: 12/16/2024

Your Name: Shunsuke Koga, MD, PhD

Manuscript Title: Parkinsonism in Alzheimer's disease without Lewy bodies in association with nigral neuron loss: Data-driven clinicopathologic study

Manuscript Number (if known): ADJ-D-24-02066

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Date: 12/16/2024

Your Name: Melissa E. Murray, PhD

Manuscript Title: Parkinsonism in Alzheimer's disease without Lewy bodies in association with nigral neuron loss: Data-driven clinicopathologic study

Manuscript Number (if known): ADJ-D-24-02066

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