

ICMJE DISCLOSURE FORM

Date: 4/8/2025

Your Name: Dominantly Inherited Alzheimer Network

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652R1

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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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" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;">NIH Grant # U19AG032438</td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;">Alzheimer's Association grant – SG-20-690363-DIAN Latin America</td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>		NIH Grant # U19AG032438		Alzheimer's Association grant – SG-20-690363-DIAN Latin America			
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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" data-bbox="386 260 1516 359"> <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" data-bbox="386 476 1516 575"> <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" data-bbox="386 690 1516 789"> <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: 3/9/2025

Your Name: Haiyan Liu

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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: 3/6/2024

Your Name: Quoc Bui

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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: 3/11/2024

Your Name: Jason Hassenstab

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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Date: 3/7/2024

Your Name: Brian A. Gordon

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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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>							

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: 3/15/2024

Your Name: Tammie L.S. Benzinger

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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 <table border="1"> <tr> <td>Biogen</td> <td>Payments to me</td> </tr> <tr> <td>Eli Lilly</td> <td>Payments to me</td> </tr> <tr> <td>Eisai</td> <td>Payments to me</td> </tr> <tr> <td>Siemens</td> <td>Unpaid</td> </tr> <tr> <td>Bristol Myers Squibb</td> <td>Payments to me</td> </tr> </table>	Biogen	Payments to me	Eli Lilly	Payments to me	Eisai	Payments to me	Siemens	Unpaid	Bristol Myers Squibb	Payments to me	
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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>ASNR Alzheimer's and ARIA Study group</td> <td>Unpaid</td> </tr> <tr> <td>QIBA Amyloid PET Working Group</td> <td>Unpaid</td> </tr> <tr> <td>Alzheimer's Assoc. Clinical Tau PET Work Group</td> <td>Unpaid</td> </tr> <tr> <td>American College of Radiology/AlzNet Work Group</td> <td>Unpaid</td> </tr> </table>		ASNR Alzheimer's and ARIA Study group	Unpaid	QIBA Amyloid PET Working Group	Unpaid	Alzheimer's Assoc. Clinical Tau PET Work Group	Unpaid	American College of Radiology/AlzNet Work Group	Unpaid
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1"> <tr> <td>Avid Radiopharmaceuticals/Eli Lilly</td> <td>Technology transfer and precursors for radiopharmaceuticals (18F-Florbetapir, 18FFlortaucipir)</td> </tr> <tr> <td>LMI</td> <td>Technology transfer and precursors for radiopharmaceuticals (18F-PI-2620)</td> </tr> <tr> <td>Cerveau/Lantheus</td> <td>Technology transfer and precursors for radiopharmaceuticals (18F-MK-6240)</td> </tr> </table>		Avid Radiopharmaceuticals/Eli Lilly	Technology transfer and precursors for radiopharmaceuticals (18F-Florbetapir, 18FFlortaucipir)	LMI	Technology transfer and precursors for radiopharmaceuticals (18F-PI-2620)	Cerveau/Lantheus	Technology transfer and precursors for radiopharmaceuticals (18F-MK-6240)		
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ICMJE DISCLOSURE FORM

Date: 3/7/2024

Your Name: Jigyasha Timsina

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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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X 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: 3/9/2024

Your Name: Yun Ju Sung

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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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	manuscript writing or educational events								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 449 1520 554"> <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" data-bbox="386 1234 1520 1339"> <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" data-bbox="386 1499 1520 1604"> <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: 3/17/2024

Your Name: Celeste Karch

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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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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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>							

	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)

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

X 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: 3/21/2024

Your Name: Alan E. Renton

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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> <input type="checkbox"/> None </div> <table border="1"> <tr> <td>National Institute on Aging</td> <td>Payment made to institution</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	National Institute on Aging	Payment made to institution				Click the tab key to add additional rows.
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Time frame: past 36 months								

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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>									
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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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>National Institute on Aging</td> <td>Payment made to institution</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	National Institute on Aging	Payment made to institution							
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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>							
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>							

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: 3/19/2024

Your Name: Alisha Daniels

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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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Time frame: Since the initial planning of the work									
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <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> </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>									
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10	Leadership or fiduciary role in	<input checked="" type="checkbox"/> None									

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11	Stock or stock options	X 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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13	Other financial or non-financial interests	X None <table border="1"> <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:

X 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: 3/16/2024

Your Name: John C. Morris

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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> <input type="checkbox"/> None </div> <table border="1"> <tr> <td>NIH support: P30 AG066444; P01AG003991;</td> <td></td> </tr> <tr> <td>P01AG026276; U19AG032438</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	NIH support: P30 AG066444; P01AG003991;		P01AG026276; U19AG032438					
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4	Consulting fees	<div> <input type="checkbox"/> None </div> <table border="1"> <tr> <td>Barcelona Brain Research Center BBRC)</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Barcelona Brain Research Center BBRC)							
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5	Payment or honoraria for lectures, presentations, speakers bureaus,	<div> <input type="checkbox"/> None </div> <table border="1"> <tr> <td>Montefiore Grand Rounds, NY</td> <td></td> </tr> <tr> <td>Tetra-Inst ADRC seminar series, Grand Rds, NY</td> <td></td> </tr> <tr><td></td><td></td></tr> </table>	Montefiore Grand Rounds, NY		Tetra-Inst ADRC seminar series, Grand Rds, NY					
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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)						
	manuscript writing or educational events								
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 449 1520 554"> <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="386 709 1520 814"> <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="386 974 1520 1079"> <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 type="checkbox"/> None <table border="1" data-bbox="386 1239 1520 1373"> <tr><td>Cure Alzheimer's Fund, Research Strategy Council</td><td></td></tr> <tr><td>Diverse VCID Observational Study Monitoring Board</td><td></td></tr> <tr><td>LEADS Advisory Board, Indiana University</td><td></td></tr> </table>		Cure Alzheimer's Fund, Research Strategy Council		Diverse VCID Observational Study Monitoring Board		LEADS Advisory Board, Indiana University	
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1797 1520 1902"> <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: 3/24/2024

Your Name: Chengjie Xiong

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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><input type="checkbox"/> None</div> <table border="1"><tr><td>NIH grant AG067505, and R01 AG053550.</td><td>Payments made to institution</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	NIH grant AG067505, and R01 AG053550.	Payments made to institution						
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 640 1520 745"> <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="386 905 1520 1010"> <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 1169 1520 1274"> <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 type="checkbox"/> None <table border="1" data-bbox="386 1430 1520 1568"> <tr> <td>FDA Advisory Committee on Imaging Medical Products</td> <td>Dr. Chengjie Xiong</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	FDA Advisory Committee on Imaging Medical Products	Dr. Chengjie Xiong					
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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" data-bbox="386 1728 1520 1833"> <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" data-bbox="386 298 1520 401"> <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" data-bbox="386 560 1520 663"> <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 type="checkbox"/> None <table border="1" data-bbox="386 823 1520 1186"> <tr> <td>C2N Diagnostics</td> <td>Work citing NIH grant #AG067505 requires an institutional disclosure. Washington University School of Medicine in St. Louis has a financial interest in C2N Diagnostics and may financially benefit if the company is successful in marketing its product(s) that are related to this research. The current study is not directly concerned by this statement as it does not utilize data from this project.</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		C2N Diagnostics	Work citing NIH grant #AG067505 requires an institutional disclosure. Washington University School of Medicine in St. Louis has a financial interest in C2N Diagnostics and may financially benefit if the company is successful in marketing its product(s) that are related to this research. The current study is not directly concerned by this statement as it does not utilize data from this project.				
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ICMJE DISCLOSURE FORM

Date: 3/14/2024

Your Name: Laura Ibanez

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 640 1520 745"> <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="386 905 1520 1010"> <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 1169 1520 1274"> <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" data-bbox="386 1434 1520 1539"> <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" data-bbox="386 1698 1520 1803"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<div>X None</div> <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	<div>X None</div> <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>X 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: 3/9/2025

Your Name: Richard J. Perrin

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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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		NS075321(Perlmutter)05/01/11-04/30/22 NCE APDA (Perlmutter) 01/01/99-08/2023 R01NS097799 (Kotzbauer)07/2022-06/2027 U19AG069701 (Bu) 06/2021-05/2026	
		U19NS110456 (Perlmutter) 09/2019-06/2024 R01AG058676 (Masters) 09/2018-05/2024 NCE R01AG074909 (Q Wang) 04/2022-01/2027 U19AG024904 (Weiner) 09/2022-07/2027 U19AG07879 (Ertekin-Taner) 03/2023-02/2027	All to institution
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 3/9/2025

Your Name: Jorge J Llibre-Guerra

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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: 3/23/20254

Your Name: Gregory S. Day

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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 <table border="1" data-bbox="386 558 1518 730"> <tr> <td>Parabon Nanolabs</td> <td>Payments to me for work on NIH small business grant</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Parabon Nanolabs	Payments to me for work on NIH small business grant						
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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" data-bbox="386 890 1518 1062"> <tr> <td>PeerView Media</td> <td>CME development + presentation (personal)</td> </tr> <tr> <td>Continuing Education, Inc</td> <td>CME development + presentation (personal)</td> </tr> <tr> <td>Eli Lilly</td> <td>Content development + presentation (payment to institution)</td> </tr> <tr> <td>DynaMed</td> <td>Topic editor (personal)</td> </tr> </table>		PeerView Media	CME development + presentation (personal)	Continuing Education, Inc	CME development + presentation (personal)	Eli Lilly	Content development + presentation (payment to institution)	DynaMed	Topic editor (personal)
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1497 1518 1602"> <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 1759 1518 1864"> <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" data-bbox="386 296 1520 401"> <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" data-bbox="386 558 1520 695"> <tr> <td>Clinical Director, Anti-NMDA Receptor Encephalitis Foundation</td> <td>Unpaid</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Clinical Director, Anti-NMDA Receptor Encephalitis Foundation	Unpaid				
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ICMJE DISCLOSURE FORM

Date: 3/15/2024

Your Name: Charlene Supnet-Bell

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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								

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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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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>							
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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: 3/9/2025

Your Name: Xiong Xu

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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: 3/27/2024

Your Name: Sarah B. Berman

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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ICMJE DISCLOSURE FORM

Date: 3/28/2024

Your Name: Jasmeer P. Chhatwal

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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ICMJE DISCLOSURE FORM

Date: 3/18/2024

Your Name: Takeshi Ikeuchi

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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Novo Nordics	Payment was made to me.												
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr> <td>Eisai</td> <td>Payment was made to me.</td> </tr> <tr> <td>FUJIREBIO</td> <td>Payment was made to me.</td> </tr> <tr> <td>Ely Lilly</td> <td>Payment was made to me.</td> </tr> <tr> <td>PDR Pharm</td> <td>Payment was made to me.</td> </tr> <tr> <td>Roche Diagnostics</td> <td>Payment was made to me.</td> </tr> </table>	Eisai	Payment was made to me.	FUJIREBIO	Payment was made to me.	Ely Lilly	Payment was made to me.	PDR Pharm	Payment was made to me.	Roche Diagnostics	Payment was made to me.	
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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>											

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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>							

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: 3/12/2024

Your Name: Kensaku Kasuga

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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									
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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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<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: 3/26/2024

Your Name: Yoshiki Niimi

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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	<div>X None</div> <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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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 558 1520 663"> <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" data-bbox="386 821 1520 926"> <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" data-bbox="386 1083 1520 1188"> <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: 3/6/2024

Your Name: Edward D. Huey

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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: 3/5/2024

Your Name: Peter R. Schofield

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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	<input checked="" type="checkbox"/> None									

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	Monitoring Board or Advisory Board	<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: 3/26/2024

Your Name: William S. Brooks

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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ICMJE DISCLOSURE FORM

Date: 3/19/2024

Your Name: Natalie S. Ryan

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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 checked="" type="checkbox"/> None <table border="1" data-bbox="386 298 1520 436"> <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: 3/7/2024

Your Name: Mathias Jucker

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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ICMJE DISCLOSURE FORM

Date: 3/11/2024

Your Name: Christoph Laske

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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ICMJE DISCLOSURE FORM

Date: 3/18/2024

Your Name: Johannes Levin

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="margin-bottom: 10px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">German Ministry for Research and Education (BMBF) within the CLINSPECT-M Cluster</td><td>Institution</td></tr> <tr> <td>Anton and Petra Ehrmann foundation</td><td>Institution</td></tr> <tr> <td>Innovationsfonds</td><td>Institution</td></tr> <tr> <td>Michael J Fox Foundation for Parkinson's Research</td><td>Institution</td></tr> <tr> <td>Jerome LeJeune Foundation</td><td>Institution</td></tr> <tr> <td>Alzheimer Forschungs Initiative</td><td>Institution</td></tr> <tr> <td>Deutsche Stiftung Down Syndrom</td><td>Institution</td></tr> <tr> <td>Else Kröner Fresenius Stiftung</td><td>Institution</td></tr> <tr> <td>MODAG GmbH</td><td>Compensation for service as CMO</td></tr> </table>	German Ministry for Research and Education (BMBF) within the CLINSPECT-M Cluster	Institution	Anton and Petra Ehrmann foundation	Institution	Innovationsfonds	Institution	Michael J Fox Foundation for Parkinson's Research	Institution	Jerome LeJeune Foundation	Institution	Alzheimer Forschungs Initiative	Institution	Deutsche Stiftung Down Syndrom	Institution	Else Kröner Fresenius Stiftung	Institution	MODAG GmbH	Compensation for service as CMO
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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)
		(DFG, German Research Foundation) under Germany's Excellence Strategy within the framework of the Munich Cluster for Systems Neurology (EXC 2145 SyNergy – ID 390857198)	Institution
		DZNE	Compensation for deputy lead of clinical trial unit
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		EISAI	To me
		Biogen	To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Bayer Vital	To me
		Biogen	To me
		EISAI	To me
		TEVA	To me
		Roche	To me
		Zambon	To me
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" 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)						
8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"> <tr> <td>Oral Phenylbutyrate for Treatment of Human 4-Repeat Tauopathies" (EP 23 156 122.6)</td> <td>filed by LMU Munich</td> </tr> <tr> <td>Pharmaceutical Composition and Methods of Use" (EP 22 159 408.8)</td> <td>filed by MODAG GmbH</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Oral Phenylbutyrate for Treatment of Human 4-Repeat Tauopathies" (EP 23 156 122.6)	filed by LMU Munich	Pharmaceutical Composition and Methods of Use" (EP 22 159 408.8)	filed by MODAG GmbH		
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Pharmaceutical Composition and Methods of Use" (EP 22 159 408.8)	filed by MODAG GmbH								
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr> <td>Axon Neuroscience</td> <td>to me</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Axon Neuroscience	to me				
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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>ERN-RND Management board</td> <td>unpaid</td> </tr> <tr> <td>ERN-RND Atypical Parkinson Disease Coordinator</td> <td>unpaid</td> </tr> <tr> <td></td> <td></td> </tr> </table>		ERN-RND Management board	unpaid	ERN-RND Atypical Parkinson Disease Coordinator	unpaid		
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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>							

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

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X	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: 3/19/2024

Your Name: Jonathan Vöglein

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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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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="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 150px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 150px;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> </div> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</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>									
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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	<input checked="" type="checkbox"/> None									

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ICMJE DISCLOSURE FORM

Date: 3/20/2024

Your Name: Jee Hoon Roh

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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 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: 4/22/2024

Your Name: Francisco Lopera

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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 checked="" type="checkbox"/> None <table border="1" data-bbox="386 298 1520 436"> <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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 940 1520 1045"> <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 1203 1520 1308"> <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 1465 1520 1570"> <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" data-bbox="386 1728 1520 1833"> <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: 3/28/2024

Your Name: Randall J. Bateman

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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: 1/11/2024

Your Name: Carlos Cruchaga

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease

Manuscript Number (if known): ADJ-D-24-02652

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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Date: 3/6/2024

Your Name: Eric McDade

Manuscript Title: Ubiquitin-Proteasome System in the Different Stages of Dominantly Inherited Alzheimer's Disease Click or tap here to enter text.

Manuscript Number (if known): ADJ-D-24-02652

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	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="margin-bottom: 10px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">National Institute of Aging: U01AG059798</td> <td>PI: Eric McDade; Primary Prevention Trial</td> </tr> <tr> <td>Alzheimer's Association</td> <td>Investigator Initiated Research - grant</td> </tr> <tr> <td>National Institute of Aging: R13AG055232</td> <td>PI: Eric McDade; DIAD Family conference – grant</td> </tr> <tr> <td>National Institute of Aging</td> <td>PI: Eric McDade; K-award grant</td> </tr> </table>	National Institute of Aging: U01AG059798	PI: Eric McDade; Primary Prevention Trial	Alzheimer's Association	Investigator Initiated Research - grant	National Institute of Aging: R13AG055232	PI: Eric McDade; DIAD Family conference – grant	National Institute of Aging	PI: Eric McDade; K-award grant
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3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">C2N Diagnostics</td> <td style="width: 50%;">Co-inventor of technology “methods of diagnosing and treating based on site-specific tau phosphorylation” and will receive part of the profits from any sales of this test that are licensed to C2N Diagnostics which has licensed CSF methods from Washington University.</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		C2N Diagnostics	Co-inventor of technology “methods of diagnosing and treating based on site-specific tau phosphorylation” and will receive part of the profits from any sales of this test that are licensed to C2N Diagnostics which has licensed CSF methods from Washington University.										
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <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 type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Eisal</td> <td style="width: 50%;"> </td> </tr> <tr> <td>AAN</td> <td>Honoraria</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Eisal		AAN	Honoraria								
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Alzheimer Association</td> <td style="width: 50%;"> </td> </tr> <tr> <td>Alnylum</td> <td> </td> </tr> <tr> <td>Fondation Alzheimer</td> <td>Travel reimbursement</td> </tr> <tr> <td>er Travel reimbursement Amsterdam UMC</td> <td>Travel reimbursement</td> </tr> <tr> <td>Roche</td> <td>Travel reimbursement</td> </tr> <tr> <td>Alzheimer’s Association</td> <td>Travel reimbursement</td> </tr> </table>		Alzheimer Association		Alnylum		Fondation Alzheimer	Travel reimbursement	er Travel reimbursement Amsterdam UMC	Travel reimbursement	Roche	Travel reimbursement	Alzheimer’s Association	Travel reimbursement
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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 type="checkbox"/> None	<table border="1"> <tr><td>Eli Lilly</td><td></td></tr> <tr><td>NIA</td><td></td></tr> <tr><td>Alector</td><td></td></tr> <tr><td>Cumulus Neuroscience Ltd</td><td></td></tr> <tr><td>SAGE Therapeutics</td><td></td></tr> </table>	Eli Lilly		NIA		Alector		Cumulus Neuroscience Ltd		SAGE Therapeutics	
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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>Fondation Alzheimer</td><td></td></tr> <tr><td>Alzamend</td><td></td></tr> <tr><td></td><td></td></tr> </table>	Fondation Alzheimer		Alzamend							
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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>										

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

	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)
X	I certify that I have answered every question and have not altered the wording of any of the questions on this form.	