

ICMJE DISCLOSURE FORM

Date: 10/11/2024

Your Name: Alessandro Padovani

Manuscript Title: The role of insulin resistance and APOE genotype on blood-brain barrier integrity in Alzheimer's Disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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		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)
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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 <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Ministry of Health (MINSAL)</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Ministry of Education, research and University (MIUR)</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">IMI H2020 initiative (IMI2-2018-15-06)</div>	
3	Royalties or licenses	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></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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☒ 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: 10/11/2024

Your Name: Alice Galli

Manuscript Title: The role of insulin resistance and APOE genotype on blood-brain barrier integrity in Alzheimer's Disease

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Date: 10/11/2024

Your Name: Elena Bazzoli

Manuscript Title: The role of insulin resistance and APOE genotype on blood-brain barrier integrity in Alzheimer's Disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 10/11/2024

Your Name: Chiara Tolassi

Manuscript Title: The role of insulin resistance and APOE genotype on blood-brain barrier integrity in Alzheimer's Disease

Manuscript Number (if known): Click or tap here to enter text.

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Date: 10/11/2024

Your Name: Salvatore Caratozzolo

Manuscript Title: The role of insulin resistance and APOE genotype on blood-brain barrier integrity in Alzheimer's Disease

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
<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: 10/11/2024

Your Name: Bianca Gumina

Manuscript Title: The role of insulin resistance and APOE genotype on blood-brain barrier integrity in Alzheimer's Disease

Manuscript Number (if known): Click or tap here to enter text.

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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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: 10/11/2024

Your Name: Alberto Benussi

Manuscript Title: The role of insulin resistance and APOE genotype on blood-brain barrier integrity in Alzheimer's Disease

Manuscript Number (if known): Click or tap here to enter text.

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: 10/11/2024

Your Name: Ilenia Libri

Manuscript Title: The role of insulin resistance and APOE genotype on blood-brain barrier integrity in Alzheimer's Disease

Manuscript Number (if known): [Click or tap here to enter text.](#)

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: 10/11/2024

Your Name: Tiago Fleming Outeiro

Manuscript Title: The role of insulin resistance and APOE genotype on blood-brain barrier integrity in Alzheimer's Disease

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 10/11/2024

Your Name: Andrea Pilotto

Manuscript Title: The role of insulin resistance and APOE genotype on blood-brain barrier integrity in Alzheimer's Disease

Manuscript Number (if known): Click or tap here to enter text.

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Airalzh													
LIMPE-DismoV Academy													

		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)										
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 type="checkbox"/> None <table border="1"> <tr><td>Abbvie</td><td></td></tr> <tr><td>Bial</td><td></td></tr> <tr><td>Lundbeck</td><td></td></tr> <tr><td>Roche</td><td></td></tr> <tr><td>Zambon Pharma</td><td></td></tr> </table>		Abbvie		Bial		Lundbeck		Roche		Zambon Pharma	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											
7	Support for attending meetings and/or travel	<input 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>											
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,	<input checked="" type="checkbox"/> None <table border="1"> <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)						
	society, committee or advocacy group, paid or unpaid	<table border="1"> <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>							
<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>									