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Date:			12/11/2024			
Your I	Name:		Feng-Feng Pan			
Manu	script Title:		Associations of hippocampal volumes, brain Tau, and cognitive decline	hypometabolism, and plasma NfL with Amyloid,		
Manu	ıscript Number (if k	nown):	ADJ-D-24-02116			
In the interest of transparency, we content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.		ipt. "Rela of the male in doub os/activitionsion, you entioned all suppo	nuscript. Disclosure represents a commitment about whether to list a relationship/activity/ies/interests should be defined broadly. For exushould declare all relationships with manufain the manuscript.	-for-profit third parties whose interests may be to transparency and does not necessarily nterest, it is preferable that you do so.  cample, if your manuscript pertains to the cturers of antihypertensive medication, even if		
			Il entities with whom you have this ship 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		
p fu o' m ai cl	Ill support for the present manuscript (e.g., unding, provision of study materials, medical writing, rticle processing harges, etc.)  Io time limit for his item.	Nation [grant Shangh Project	al Natural Science Foundation of China number 82171198] nai Municipal Science Technology Major t [grant number 2018SHZDZX01] tion and Technology Commission of Hong Project [grant number MRP 042/18X]	Click the tab key to add additional rows.		
			Time frame: past 36 month	S		
i	Grants or contracts from any entity (if not indicated in item #1 above).	× N	lone			
	Royalties or licenses	⊠ N	lone			

		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 None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None 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	

			e all entities with whom you have this onship 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	
Plea ⊠	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.			

Dat		12/11/2024		
Dat		12/11/2024		
ΥΟι	ır Name:	Qi Huang		
Ma	nuscript Title:	Associations of hippocampal vo Tau, and cognitive decline	lumes, brain hypometabolism, and plasma NfL with An	nyloid,
Ma	nuscript Number (if k	own): _ADJ-D-24-02116		
cor affe ind The epi tha	etent of your manuscr ected by the content of icate a bias. If you are a author's relationship demiology of hyperter t medication is not me	t. "Related" means any relation with for the manuscript. Disclosure represents a n doubt about whether to list a relations activities/interests should be defined br ion, you should declare all relationships tioned in the manuscript.	hips/activities/interests listed below that are related to e-profit or not-for-profit third parties whose interests me commitment to transparency and does not necessarily ship/activity/interest, it is preferable that you do so.  oadly. For example, if your manuscript pertains to the with manufacturers of antihypertensive medication, examples and the strength of th	nay be y ven if
	tem #1 below, report me for disclosure is th		anuscript without time limit. For all other items, the ti	me
		lame all entities with whom you have t elationship or indicate none (add rows		nents were
		Time frame: Since the in	itial planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials,	□ None  National Natural Science Foundation of [grant number 82171198]  Shanghai Municipal Science Technology		
	medical writing, article processing charges, etc.) No time limit for this item.	Project [grant number 2018SHZDZX01] Innovation and Technology Commission Kong Project [grant number MRP 042/18	of Hong Click the tab key to add additional rows.	
		Time frame: p	ast 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 None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
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			e all entities with whom you have this onship 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	
Plea ⊠	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.			

			1011111 2100200112101	•••
Date	:		12/11/2024	
Your	Name:		Chu-Chung Huang	
Manı	uscript Title:		Associations of hippocampal volumes, brain Tau, and cognitive decline	hypometabolism, and plasma NfL with Amyloid,
Man	uscript Number (if k	nown):	ADJ-D-24-02116	
In the interest of transparency, we content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.		ipt. "Rela of the ma e in doub s/activitinsion, you entioned all suppo	nuscript. Disclosure represents a commitment about whether to list a relationship/activity/ies/interests should be defined broadly. For exushould declare all relationships with manufain the manuscript.	e-for-profit third parties whose interests may be to transparency and does not necessarily interest, it is preferable that you do so.  Cample, if your manuscript pertains to the cturers of antihypertensive medication, even if
			Il entities with whom you have this ship 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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r f c r a	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.	Nation [grant Shangh Project	lone  al Natural Science Foundation of China number 82171198] hai Municipal Science Technology Major t [grant number 2018SHZDZX01] httion and Technology Commission of Hong Project [grant number MRP 042/18X]	Click the tab key to add additional rows.
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2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	lone	
3	Royalties or licenses	⊠ N	lone	

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4	Consulting fees	None     ■	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None 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	

			e all entities with whom you have this onship 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	
Plea ⊠	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.			

Dat	٥٠		12/11/2024		
	ır Name:			_	
	nuscript Title:		Yao Lu  Associations of hippocampal volumes, brain hypometabolism, and plasma NfL with Amyloid, Tau, and cognitive decline		
Ma	nuscript Number (if k	nown):	ADJ-D-24-02116		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt."  The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity/ es/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript.	interest, it is preferable that you do so.	
	ne for disclosure is th				
			Il entities with whom you have this ship 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.	Nation [grant Shangh Project	al Natural Science Foundation of China number 82171198] nai Municipal Science Technology Major [grant number 2018SHZDZX01] tion and Technology Commission of Hong roject [grant number MRP 042/18X]	Click the tab key to add additional rows.	
			Time frame: past 36 montl	hs	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	one		
3	Royalties or licenses	× N	one		

		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 None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None 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	

			e all entities with whom you have this onship 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	
Plea ⊠	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.			

			1011112 2100200112 1 0 1			
Date:			12/11/2024			
You	ır Name:		_ Liang Cui			
Ma	nuscript Title:		Associations of hippocampal volumes, brain hypometabolism, and plasma NfL with Amyloid, Tau, and cognitive decline			
Ма	nuscript Number (if kr	nown):	ADJ-D-24-02116			
In the interest of transparency, we content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activit			re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.  ies/interests should be defined broadly. For example, if your manuscript pertains to the bushould declare all relationships with manufacturers of antihypertensive medication, even if			
tha	t medication is not me	entioned	in the manuscript.			
In item #1 below, report all support frame for disclosure is the past 30			rt for the work reported in this manuscript wirmonths.	thout time limit. For all other items, the time		
			Il entities with whom you have this ship 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	□ N	lone			
	manuscript (e.g., funding, provision	1	al Natural Science Foundation of China			
	of study materials,		number 82171198] nai Municipal Science Technology Major			
	medical writing,	_	t [grant number 2018SHZDZX01]			
	article processing charges, etc.)	1	tion and Technology Commission of Hong Project [grant number MRP 042/18X]	Click the tab key to add additional rows.		
	No time limit for this item.	KOIIG F	Toject [grant number with 042/16A]			
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3	Royalties or	× N	lone			
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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)
4	Consulting fees	None     ■	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None 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	

			e all entities with whom you have this ionship 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		
Plea	Please place an "X" next to the following statement to indicate your agreement:				

			ICIVISE DISCLOSURE I O	IXIVI	
Date:			12/11/2024		
Your Name:			_Lin Huang		
Maı	nuscript Title:		Associations of hippocampal volumes, brain Tau, and cognitive decline	hypometabolism, and plasma NfL with Amyloid,	
Mai	nuscript Number (if kı	nown):	ADJ-D-24-02116		
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned.		pt. "Rela f the ma in doub s/activitinsion, you entioned	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity/ es/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript.	/interest, it is preferable that you do so.	
			Il entities with whom you have this ship 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	g of the work	
1	All support for the present		one		
	manuscript (e.g., funding, provision	1	al Natural Science Foundation of China number 82171198]		
	of study materials,	Shangh	nai Municipal Science Technology Major		
	medical writing,		[grant number 2018SHZDZX01]		
	article processing charges, etc.)	1	tion and Technology Commission of Hong roject [grant number MRP 042/18X]	Click the tab key to add additional rows.	
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			Time frame: past 36 mont	hs	
2	Grants or	⊠ N	one		_
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	any entity (if not indicated in item				
	#1 above).				
3	Royalties or	⊠ N	one		
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4	Consulting fees	None     ■	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None 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	

			e all entities with whom you have this ionship 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		
Plea	Please place an "X" next to the following statement to indicate your agreement:				

			42/44/2024		
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You	ır Name:		Yihui Guan		
Ma	nuscript Title:		Associations of hippocampal volumes, brain Tau, and cognitive decline	hypometabolism, and plasma NfL with Amyloid,	
Ma	nuscript Number (if k	nown):	ADJ-D-24-02116		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti		ipt. "Rela of the man e in doubt os/activition nsion, you entioned	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be muscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  des/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	me for disclosure is the			tinout time limit. For all other items, the time	
			Il entities with whom you have this ship 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	g of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	Nation [grant Shangh	al Natural Science Foundation of China number 82171198] nai Municipal Science Technology Major		
	article processing charges, etc.) No time limit for this item.	Innova	: [grant number 2018SHZDZX01] tion and Technology Commission of Hong roject [grant number MRP 042/18X]	Click the tab key to add additional rows.	
			Time frame: past 36 montl	hs	
2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	one		
3	Royalties or licenses	× N	one		

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4	Consulting fees	None     ■	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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

Dat	۵۰		12/8/2024	
	ır Name:			_
			Fang Xie	harmon at the livery and allower Mill with Associated
ivia	nuscript Title:		Tau, and cognitive decline	hypometabolism, and plasma NfL with Amyloid,
Ma	nuscript Number (if k	(nown):	ADJ-D-24-02116	
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub."  The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.		ipt. "Rela of the ma e in doub os/activiti nsion, you entioned	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be muscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  des/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.	
	me for disclosure is th			
			Il entities with whom you have this ship 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	g of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Nation [grant Shangh Project	al Natural Science Foundation of China number 82171198] nai Municipal Science Technology Major [grant number 2018SHZDZX01] tion and Technology Commission of Hong	Click the tab key to add additional rows.
	charges, etc.) No time limit for this item.		roject [grant number MRP 042/18X]	, and the second
			Time frame: past 36 monti	hs
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
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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		
Plea	Please place an "X" next to the following statement to indicate your agreement:				

			ICIVIDE DISCESSORE I OI	//AI		
Date:			12/8/2024			
Your Name:			Qi-Hao Guo			
Manuscript Title:			Associations of hippocampal volumes, brain hypometabolism, and plasma NfL with Amyloid, Tau, and cognitive decline			
Manuscript Number (if known):		nown):	ADJ-D-24-02116			
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.						
			ll entities with whom you have this ship 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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		Innova	t [grant number 2018SHZDZX01] tion and Technology Commission of Hong roject [grant number MRP 042/18X]	Click the tab key to add additional rows.		
			Time frame: past 36 month	ns		
2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	lone			
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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     Non	
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	

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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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