

ICMJE DISCLOSURE FORM

Date: 3/27/2025

Your Name: Benjamin L Handen

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

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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3	Royalties or licenses	<input type="checkbox"/> None <table border="1"> <tr> <td>Royalties from two books</td> <td>Both books relate to autism</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Royalties from two books	Both books relate to autism				
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 394"> <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" data-bbox="386 480 1516 583"> <tr><td>Talk at University of N Carolina, February 2024</td><td></td></tr> <tr><td>Talk at MND Institute, UC Davis, February 2025</td><td></td></tr> <tr><td></td><td></td></tr> </table>		Talk at University of N Carolina, February 2024		Talk at MND Institute, UC Davis, February 2025					
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1043 1516 1146"> <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 1262 1516 1365"> <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 1480 1516 1612"> <tr> <td>Chair of DSMB from 2018-2023</td> <td>Dept of Defense study involving young children with autism</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Chair of DSMB from 2018-2023	Dept of Defense study involving young children with autism						
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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 2/10/2025

Your Name: Mark Mapstone

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

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Date: 2/14/2025

Your Name: Sigan L Hartley

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

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Date: 2/10/2025

Your Name: Howard Andrews

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

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	Alzheimer's Disease Research Centers Program (P50 AG008702, P30 AG062421, P50 AG16537, P50 AG005133, P50 AG005681, P30 AG062715, and P30 AG066519)	
	Eunice Kennedy Shriver Intellectual and Developmental Disabilities Research Centers Program (U54 HD090256, U54 HD087011, and P50 HD105353)	Click the tab key to add additional rows.
	National Center for Advancing Translational Sciences (UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345)	
	National Centralized Repository for Alzheimer Disease and Related Dementias (U24 AG21886)	
	DS-Connect® (The Down Syndrome Registry) supported by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)	
	NIHR Cambridge Biomedical Research Centre	
	Windsor Research Unit, CPFT, Fulbourn Hospital Cambridge, UK	
Time frame: past 36 months		

		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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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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 3/11/2025

Your Name: Joseph Lee

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

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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	advocacy group, paid or unpaid								
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 342 1516 445"> <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="383 560 1516 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 checked="" type="checkbox"/> None <table border="1" data-bbox="383 774 1516 877"> <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: 2/10/2025

Your Name: Dana Tudorascu

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

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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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"> <tr> <td>NIH P01 AG025204</td> <td>Payment made to University of Pittsburgh</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	NIH P01 AG025204	Payment made to University of Pittsburgh				
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ICMJE DISCLOSURE FORM

Date: 3/11/2025

Your Name: Christy Hom

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

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Manuscript Number (if known): ADJ-D-24-02618

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <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: 2/10/2025

Your Name: Shahid Zaman

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

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.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work		
1	<input type="checkbox"/> None <div> <div>ABC-DS; U19AG068054</div> <div>All research at the Department of Psychiatry in the University of Cambridge is supported by the NIHR Cambridge Biomedical Research Centre (BRC-1215-20014) and NIHR Applied Research Centre. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care</div> </div>	<div>Click the tab key to add additional rows.</div>
Time frame: past 36 months		
2	<input type="checkbox"/> None <div> <div>Cambridgeshire & Peterborough Foundation NHS Trust, UK</div> </div>	
3	<input type="checkbox"/> None <div> <div>Royalties from Pavillion Publishing for CAMDEX-DS-II paid to the Horizon-21 Research Consortium</div> </div>	

		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	<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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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>Provided by the above funders for selected meetings</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Provided by the above funders for selected meetings								
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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 type="checkbox"/> None <table border="1"> <tr> <td>Chair of T21 Research Society Clinical Committee</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Chair of T21 Research Society Clinical Committee								
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							

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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: 3/11/2025

Your Name: Sharon J. Krinsky-McHale

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS) 10 Year Report

Manuscript Number (if known): ADJ-D-24-02618

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: Since the initial planning of the work								
1	<input type="checkbox"/> None <table border="1"> <tr> <td>NIH Grant # U01 AG051412</td> <td>Funding of research directly to institution</td> </tr> <tr> <td>NIH Grant # U19 AG068054</td> <td>Funding of research directly to institution</td> </tr> <tr> <td></td> <td>Click the tab key to add additional rows.</td> </tr> </table>	NIH Grant # U01 AG051412	Funding of research directly to institution	NIH Grant # U19 AG068054	Funding of research directly to institution		Click the tab key to add additional rows.	
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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: 3/14/2025

Your Name: Adam M. Brickman

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;">NIH/NIA</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>Click the tab key to add additional rows.</td> </tr> </table>		NIH/NIA					Click the tab key to add additional rows.
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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>							
3	Royalties or licenses	<div style="border: 1px solid black; padding: 5px;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>							

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Cogstate</td> <td>self</td> </tr> <tr> <td>Cognito Therapeutics</td> <td>Self</td> </tr> <tr> <td>Cognition Therapeutics</td> <td>self</td> </tr> <tr> <td>IQVIA</td> <td>self</td> </tr> </table>		Cogstate	self	Cognito Therapeutics	Self	Cognition Therapeutics	self	IQVIA	self
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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr> <td>International Neuropsychological Society</td> <td>self</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		International Neuropsychological Society	self						
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8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"> <tr> <td>US Patent # 9867566</td> <td></td> </tr> <tr> <td>Patent pending, publication # 20230298170</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		US Patent # 9867566		Patent pending, publication # 20230298170					
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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>Section editor, <i>Alzheimer's & Dementia</i></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Section editor, <i>Alzheimer's & Dementia</i>							
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ICMJE DISCLOSURE FORM

Date: 2/10/2025

Your Name: Herminia Diana Rosas

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

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ICMJE DISCLOSURE FORM

Date: 3/14/2025

Your Name: Ann Cohen

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

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	<div> <div>Role of Midlife Cardiovascular Disease on Alzheimer's Pathology and Cerebrovascular Reactivity in the Young-Old</div> <div>Total Award Amount (including direct costs): \$3,668.233</div> </div>	
	<div> <div>Subclinical Vascular Disease and AD Pathology in the Transition from Midlife to Old Age</div> <div>Total Award Amount (including Indirect Costs): \$9,322.123</div> </div>	
	<div> <div>Imaging Advancements in Small Vessel and CSF Flow Pathophysiology of Preclinical Alzheimer's Disease</div> <div>Total Award amount (including Indirect Cost): \$372,8732.</div> </div>	
	<div> <div>Genetic Architecture of Alzheimer's Disease Proteinopathies</div> <div>Total Award amount (including indirect cost): \$8.058,758</div> </div>	
	<div> <div>Neuroinflammation as a Mechanism Linking Alzheimer's Disease (AD) Pathology and Vascular Risk Factors to Dementia</div> <div>Total Award Amount (including indirect costs): \$249,988</div> </div>	
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	<div> <div>Preeclampsia and the Brain: Small Vessel Disease and Cognitive Decline in Midlife</div> <div>Total Award Amount (including Indirect Costs): \$4,912,738</div> </div>	
	<div> <div>NcRNAs in Plasma EVs of AD Patients and their Discriminatory Power as Biomarkers</div> <div>Total Award Amount (including Indirect Costs): \$2,297,526</div> </div>	
	<div> <div>Dementia with Lewy Bodies Consortium</div> <div>Total Award Amount (including Indirect Costs): \$1,448,595</div> </div>	
	<div> <div>Alzheimer's Biomarker Consortium – Down Syndrome (ABC-DS) (Core B: Alzheimer's Disease Down Syndrome Outreach recruitment and Education (ADDORE))</div> <div>Total Award Amount (including Indirect Costs): \$224,438,436</div> </div>	

		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)						
		Alzheimer's Biomarker Consortium – Down Syndrome (ABC – DS) (Core C: Clinical (Field Site)							
		Alzheimer's Biomarker Consortium – Down Syndrome (ABC-DS)	Total Award Amount (including Indirect Costs): \$224,438,436						
		Alzheimer's Biomarker Consortium – down Syndrome (ABC – DS)	Total Award Amount (including Indirect Costs): \$224,438,436						
		Mild Cognitive Impairment: A Prospective Community Study	Total Award Amount (including Indirect Costs): \$14,391,992						
		Roles of Gray Matter Brain Aging and Small Vessel Disease in AD Pathophysiology	Total Award Amount (including Indirect Costs): \$5,546,075						
		Longitudinal Multicenter Head-to-Head Harmonization of Tau PET Tracers	Total Award Amount (including Indirect Costs): \$41,251,164						
		Head-to-Head Comparisons of High-performance Plasma Phospho-tau Epitopes for the Detection of Alzheimer's Disease	Total Award Amount (including Indirect Costs): \$ 3,734,094						
		Predictors of Altered CNS Structure, Function, and Connectomics in the Elderly using a Health Disparities Framework	Total Award Amount (including Indirect Costs): \$11,578,563						
		The Role of Astroglialosis in Aging and the Pathological and Clinical Progression of Alzheimer's Disease (Administrative Core)	Total Award Amount (including Indirect Costs): \$33,518,351						
		The Role of Astroglialosis in Aging and the Pathological and Clinical Progression of Alzheimer's Disease (Project 2: The Relationship of AD Risk Factors to Reactive Astroglialosis along the Alzheimer's Disease Continuum)	Total Award Amount (including Indirect Costs): \$33,518,351						
		Alzheimer's Disease Neuroimaging Initiative (ADNI) 4	Total Award Amount (including Indirect Costs): \$1,267,675						
		The Health & Aging Brain Study – Health Disparities (HABS-HD) (Project 1)	Total Award Amount (including Indirect Costs): \$123,830						
		The Health & Aging Brain Study – Health Disparities (HABS-HD) (Outreach Core)	Total Award Amount (including Indirect Costs): \$123,830						
		Mental Health in Autistic Adults: An RDoC Approach (Dissemination and Outreach Core)	Total Award Amount (including Indirect Costs): \$11,494,093						
		Time frame: past 36 months							
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>							
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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: 2/10/2025

Your Name: Melissa Petersen

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: Since the initial planning of the work									
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ICMJE DISCLOSURE FORM

Date: 3/11/2025

Your Name: Sid O'Bryant

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

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: 2/10/2025

Your Name: Jordan Harp

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

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: 2/10/2025

Your Name: Frederick A Schmitt

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

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2	<div> <div>Grants or contracts from any entity (if not indicated in item #1 above).</div> <div> <input checked="" type="checkbox"/> None </div> </div>	<div> <div></div> <div></div> <div></div> </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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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 2/10/2025

Your Name: Lauren Ptomey

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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ICMJE DISCLOSURE FORM

Date: 2/10/2025

Your Name: Jeffrey M. Burns, MD, MS

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

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>Renew Research, Eisai, Eli Lilly, Labcorp, Roche, Renew Biotechnologies, Abbvie, Novo Nordisk.</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Renew Research, Eisai, Eli Lilly, Labcorp, Roche, Renew Biotechnologies, Abbvie, Novo Nordisk.							
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ICMJE DISCLOSURE FORM

Date: 2/10/2025

Your Name: Ira T. Lott

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

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Manuscript Number (if known): ADJ-D-24-02618

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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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: 2/10/2025

Your Name: Wayne Silverman

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: center;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;">U19 AG068054 – NIH/NIA</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>		U19 AG068054 – NIH/NIA					
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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 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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ICMJE DISCLOSURE FORM

Date: 2/10/2025

Your Name: Charles Laymon

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

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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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>						

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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: 3/12/2025

Your Name: Elizabeth Head

Manuscript Title: The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report

Manuscript Number (if known): ADJ-D-24-02618

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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NIH	Institution							
Brightfocus	Institution							
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Time frame: past 36 months								
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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr> <td>Cyclo Therapeutics</td> <td>Personal</td> </tr> <tr> <td>Alzheon</td> <td>Personal</td> </tr> <tr> <td>Elsevier</td> <td>Section Editor Personal</td> </tr> <tr> <td></td> <td></td> </tr> </table>		Cyclo Therapeutics	Personal	Alzheon	Personal	Elsevier	Section Editor Personal		
Cyclo Therapeutics	Personal										
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ICMJE DISCLOSURE FORM

Date: 3/11/2025

Your Name: Alzheimer-s Biomarker Consortium – Down Syndrome ABC-DS

Manuscript Title: The Alzheimer’s Biomarker Consortium-Down Syndrome (ABC-DS) 10 Year Report

Manuscript Number (if known): ADJ-D-24-02618

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