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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	U01 AG051406 U19 AG068054	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	Royalties from two books	Both books relate to autism

		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	Talk at University of N Carolina, February 2024 Talk at MND Institute, UC Davis, February 2025	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Chair of DSMB from 2018-2023	Dept of Defense study involving young children with autism
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
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.		

Date	e:		2/10/2025		
Your Name:			Mark Mapstone		
Manuscript Title:			The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report		
Mar	nuscript Number (if I	known):	ADJ-D-24-02618		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned		ript. "Relation of the make in doub ps/activition of the make in doub ps/activition of the make in the	ated" means any relation with for-profit or no nuscript. Disclosure represents a commitment t about whether to list a relationship/activity, es/interests should be defined broadly. For early u should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.	
			l 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)	
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 Nation	Time frame: Since the initial planning one al Institute on Aging al Institute for Child Health and Human opment	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	U19 A U19 A R01 A	G078109 G068054 G056726 G058644		
3	Royalties or licenses		rsity of Rochester	Royalty payments to Dr. Mapstone	

		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	
		NovoGlia, Inc	Consulting fees paid to Dr. Mapstone
		Ireneo Health, PBC	Consulting fees paid to Dr. Mapstone
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational	None None □	
	events		
6	Payment for	⊠ None	
	expert testimony		
7	Support for	<b>⊠</b> None	
	attending		
	meetings and/or travel		
	travei		
8	Patents planned, issued or	□ None	
	pending	US Patent #7,645,140	
		US Patent #10,578,629	
		US Patent #10,718,021	
		US Patent #10,890,589	
		US Patent #10,900,977	
		US Patent #10,900,980	
9	Participation on a Data Safety	□ None	
	Monitoring	Scientific Advisory Board	Brain Neurotherapy Bio, Inc
	Board or Advisory Board	Scientific Advisory Board	Davis Phinney Foundation for
	AUVISULY DUALU	Scientific Advisory Board	Parkinson's
		Scientific Advisory Board External Advisory Board	Alzheon, Inc SuperAging Research Initiative
		Chair, NIH/NIA Data and Safety	Efficacy and Mechanisms of Combined
		Monitoring Board.	Aerobic Exercise and Cognitive Training
			(ACT) in Mild Cognitive Impairment (MCI): The ACT Trial
			(MOI). THO NOT THAT
10	Leadership or	⊠ None	
	fiduciary role in		

		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)
	other board, society, committee or advocacy group, paid or unpaid	Ireneo Health, PBC	
11	Stock or stock options	Ireneo Health, PBC	Stock options owned by Dr. Mapstone
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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.			

3 12/13/2021 ICMJE Disclosure Form

Dat	e:		2/14/2025		
Your Name:			Sigan L Hartley		
Manuscript Title:			The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report		
Ma	nuscript Number (if k	nown):	ADJ-D-24-02618		
con affe	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.			ot-for-profit third parties whose interests may be not to transparency and does not necessarily	
epic	•	nsion, you		xample, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report and the for disclosure is the			ithout time limit. For all other items, the time	
			entities with whom you have this hip 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	[□] No	one		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	U19 AG	068054; R01 AG070028		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	U19 AG	068054; R01 AG070028  Time frame: past 36 month	S	
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			s	

		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   Ionis Pharmaceuticals	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	International Society to Advance Alzheimer's Research and Treatment (ISTAART) Down syndrome PIA president	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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.		

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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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.

		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)
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.	Time frame: Since the initial planni  None	og of the work  Click the tab key to add additional rows.
		Time frame: past 36 mor	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None 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 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	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
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.			

Date:	3/11/2025
Your Name:	Bradley T Christian
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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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
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.	National Institute on Aging and the National Institute for Child Health and Human Development (U01 AG051406, U01 AG051412, U19 AG068054)  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)  National Center for Advancing Translational Sciences (UL1 TR001873, UL1 TR002373, UL1 TR001414, UL1 TR001857, UL1 TR002345)	Click the tab key to add additional rows.
	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	

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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)
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None □	
4	Consulting fees	Alnylam	Consulting payments made to individual.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety	[⊠] None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments we made to you or to your institution)	ere		
	Monitoring Board or Advisory Board				
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None  None			
11	Stock or stock options	None  None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None  None			
13	Other financial or non-financial interests	None 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.				

Date:		<del>-</del>	3/11/2025		
Your Name:		<del>-</del>	Joseph Lee		
Manuscript Title:		<del>-</del>	The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report		
Maı	nuscript Number (if k	nown):	ADJ-D-24-02618		
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. "Related from the man de in doubt os/activities nsion, you	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 nuscript. 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.  es/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		
that	t medication is not me	entioned i	n the manuscript.		
	em #1 below, report a me for disclosure is the		· · · · · · · · · · · · · · · · · · ·	vithout time limit. For all other items, the time	
			entities with whom you have this hip 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	
			Time traine. 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.	Institute	I Institute on Aging and the National e for Child Health and Human oment (U01 AG051412, U19 AG068054,	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Nationa Institute Develop	I Institute on Aging and the National e for Child Health and Human oment (U01 AG051412, U19 AG068054,	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Nationa Institute Develop R56 AGO	I Institute on Aging and the National for Child Health and Human oment (U01 AG051412, U19 AG068054, D61837)	Click the tab key to add additional rows.	

			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	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	External Advisory Board, Alzheimer's Disease Resource Center for Minority Aging Research, School of Medicine, University of Texas, Rio Grande Valley (UTRGV). External Advisory Board, Center for Life Sciences, Nazarbayev University, Astana, Kazakhstan.	
10	Leadership or fiduciary role in other board, society, committee or	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)
	advocacy group, paid or unpaid		
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:     Control   Co		

3 12/13/2021 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		
Mai	nuscript Number (if k	nown):	ADJ-D-24-02618		
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 epidemiology of hypertension, yo that medication is not mentioned.		ipt. "Rela of the man e in doubt os/activition nsion, you entioned all suppo	rt for the work reported in this manuscript without time limit. For all other items, the time		
			I 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	[ <u></u> No	Time frame: Since the initial planning one	of the work	
1	present manuscript (e.g.,			Payment made to University of Pittsburgh	
1	present manuscript (e.g., funding, provision of study materials,		one		
1	present manuscript (e.g., funding, provision of study materials, medical writing,		one	Payment made to University of Pittsburgh	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		one	Payment made to University of Pittsburgh	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing		one	Payment made to University of Pittsburgh	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Payment made to University of Pittsburgh  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	U19 AG	one 6065506	Payment made to University of Pittsburgh  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	U19 AG	Time frame: past 36 month	Payment made to University of Pittsburgh  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	U19 AG	Time frame: past 36 month	Payment made to University of Pittsburgh  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	U19 AG	Time frame: past 36 month	Payment made to University of Pittsburgh  Click the tab key to add additional rows.	

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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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	DSMB	REMBRANDT study
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
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.			

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

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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			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)
			Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		None	Click the tab key to add additional rows.
		,	Time frame: past 36 month	S
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 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	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	2/10/2025
Your Name:	Beau Ances
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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	NIH	Institution  Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			ions/Comments (e.g., if payments were you or to your institution)
4	Consulting fees	None 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 None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [⊠]	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

<b>Date:</b> 2/10/2025					
Your Name:		Shahid Zaman	Shahid Zaman		
Manuscript Title:		The Alzheimer's Biomarker Consortium-Do	The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report		
Manuscript Number (if known): ADJ-D-24-02618					
con affe ind The epic tha	etent of your manuscrip ected by the content of icate a bias. If you are a author's relationships demiology of hypertens t medication is not men	it. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity /activities/interests should be defined broadly. For each of the manuscript with manufactions of the manuscript.	we ask you to disclose all relationships/activities/interests listed below that are related to the elated" means any relation with for-profit or not-for-profit third parties whose interests may be nanuscript. Disclosure represents a commitment to transparency and does not necessarily libt about whether to list a relationship/activity/interest, it is preferable that you do so.  ities/interests should be defined broadly. For example, if your manuscript pertains to the you should declare all relationships with manufacturers of antihypertensive medication, even if each in the manuscript.		
		Name all entities with whom you have this elationship 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,	ABC-DS; U19AG068054	All research at the Department of Psychiatry in the University of Cambridge is supported by the NIHR Cambridge Biomedical Research Centre		
	article processing charges, etc.) No time limit for this item.		(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  Click the tab key to add additional rows.		
	charges, etc.)  No time limit for	Time frame: past 36 month	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  Click the tab key to add additional rows.		
2	charges, etc.)  No time limit for	Time frame: past 36 month  None  Cambridgeshire & Peterborough Foundation NHS  Trust, UK	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  Click the tab key to add additional rows.		

		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 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	Provided by the above funders for selected meetings	
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	Chair of T21 Research Society Clinical Committee	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

3/11/2025
Sharon J. Krinsky-McHale
The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS) 10 Year Report
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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	NIH Grant # U19 AG068054	Funding of research directly to institution  Funding of research directly to institution  Click the tab key to add additional rows.	
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None		

			ons/Comments (e.g., if payments were ou or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Image: Second content of the content	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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.			

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Time frame: Since the initial planning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	NIH/NIA  Time frame: past 36 months	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None 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	
		Cogstate Cognito Therapeutics	self Self
		Cognition Therapeutics  Cognition Therapeutics	self
		IQVIA	self
5	Payment or honoraria for		
	lectures,	Cedara	self
	presentations, speakers		
	bureaus,		
	manuscript writing or educational events		
_			
6	Payment for	⊠ None	
	expert testimony	T	
attending		None International Neuropsychological Society	self
	travel	international Neuropsychological Society	3611
8	Patents planned, issued or	□ None	
	pending	US Patent # 9867566	
		Patent pending, publication # 20230298170	
9	Participation on a Data Safety	□ None	
	Monitoring Board or	University of Illinois, Urbana-Champaign	
	Advisory Board		
10	Leadership or fiduciary role in	□ None	
	other board,	Section editor, Alzheimer's & Dementia	
	society,		
	committee or		
	advocacy group, paid or unpaid		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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.			

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
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the	

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.

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

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	NIH	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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.		

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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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.

		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	g 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.	Role of Midlife Cardiovascular Disease on Alzheimer's Pathology and Cerebrovascular Reactivity in the Young-Old Subclinical Vascular Disease and AD Pathology in the Transition from Midlife to Old Age Imaging Advancements in Small Vessel and CSF Flow Pathophysiology of Preclinical Alzheimer's Disease Genetic Architecture of Alzheimer's Disease Proteinopathies Neuroinflammation as a Mechanism Linking Alzheimer's Disease (AD) Pathology and Vascular Risk Factors to Dementia Neuroinflammation as a Mechanism Linking Alzheimer's Disease (AD) Pathology and Vascular Risk Factors to Dementia Preeclampsia and the Brain: Small Vessel Disease	Total Award Amount (including direct costs): \$3,668.233  Total Award Amount (including Indirect Costs): \$9,322.123  Total Award amount (including Indirect Cost): \$372,8732.  Total Award amount (including indirect cost): \$8.058,758  Total Award Amount (including indirect costs): \$249,988  Total Award Amount (including indirect costs) \$249.988  Total Award Amount (including Indirect Costs): \$4,912,738
		and Cognitive Decline in Midlife  NcRNAs in Plasma EVs of AD Patients and their  Discriminatory Power as Biomarkers	Total Award Amount (including Indirect Costs): \$2,297,526  Total Award Amount (including Indirect Costs): \$1,448,595
		Dementia with Lewy Bodies Consortium  Alzheimer's Biomarker Consortium – Down Syndrome (ABC-DS) (Core B: Alzheimer's Disease Down Syndrome Outreach recruitment and Education (ADDORE))	Total Award Amount (including Indirect Costs): \$1,448,595  Total Award Amount (including Indirect Costs): \$224,438,436

		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	Total Award Amount (including Indirect Costs): \$224,438,436
		Syndrome (ABC-DS)  Alzheimer's Biomarker Consortium – down	Total Award Amount (including Indirect Costs): \$224,438,436
		Syndrome (ABC – DS)  Mild Cognitive Impairment: A Prospective	Total Award Amount (including Indirect Costs): \$14,391,992
		Community Study  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 Astrogliosis in Aging and the Pathological and Clinical Progression of	Total Award Amount (including Indirect Costs): \$33,518,351
		Alzheimer's Disease (Administrative Core)  The Role of Astrogliosis in Aging and the Pathological and Clinical Progression of Alzheimer's Disease (Project 2: The Relationship of AD Risk Factors to Reactive Astrogliosis along the	Total Award Amount (including Indirect Costs): \$33,518,351
		Alzheimer's Disease Continuum) Alzheimer's Disease Neuroimaging Initiative (ADNI) 4	Total Award Amount (including Indirect Costs): \$1,267,675
		The Health & Aging Brin 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 month	is .
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or	None	
	licenses		

		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 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	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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.		

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
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	rt for the work reported in this manuscript without time limit. For all other items, the time

		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	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.		Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None 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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
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.			

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

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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)
Time frame: Since the initial planning of the work			of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	S
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 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	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
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.			

Date:			2/10/2025	
Your Name:			Jordan Harp	
Manuscript Title:			The Alzheimer's Biomarker Consortium-Dov	vn Syndrome (ABC-DS): 10-Year Report
Mar	nuscript Number (if k	known):	ADJ-D-24-02618	
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			ated" 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	interest, it is preferable that you do so.
In item #1 below, report all suppo frame for disclosure is the past 36				ithout time limit. For all other items, the time
			l 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	of the work
	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.		rant support from NIH/NIA as ABC-DS tium]	Click the tab key to add additional rows.
			Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).		one	
3	Royalties or licenses	⊠ No	one	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if made to you or to your institution)	
4	Consulting fees	None 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   U19 Grant support from NIH/NIA as ABC-DS   Consortium]	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
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.			

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			
content of your manuscript. "Rela affected by the content of the man	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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	5P30AG072946NIH  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).	None	
3	Royalties or licenses	None 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 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	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
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	e:		2/10/2025		
You	r Name:		Lauren Ptomey		
Manuscript Title:			The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report		
Manuscript Number (if known):		(nown):	ADJ-D-24-02618		
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/activitions os, you	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 anuscript. Disclosure represents a commitment to transparency and does not necessarily at 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 bu should declare all relationships with manufacturers of antihypertensive medication, even if		
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this thip 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		one		
1	present manuscript (e.g., funding, provision	□ No	one	of the work  institution	
1	present manuscript (e.g., funding, provision of study materials,		one		
1	present manuscript (e.g., funding, provision		one	institution	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	institution  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	U19 AG0	Time frame: past 36 month	institution  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	U19 AG0	Time frame: past 36 month  pne  46078967, U01HD116477, R21HD111917,	institution  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	U19 AGO	Time frame: past 36 month  pne  46078967, U01HD116477, R21HD111917,	institution  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	U19 AG0	Time frame: past 36 month  pne  46078967, U01HD116477, R21HD111917,	institution  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	U19 AG0	Time frame: past 36 month  pne  46078967, U01HD116477, R21HD111917,	institution  Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., made to you or to your institution)	
4	Consulting fees	None 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	
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 None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

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

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None  Time frame: past 36 month	Click the tab key to add additional rows.
2	contracts from any entity (if not indicated in item #1 above).	Eli Lilly, Amylyx, Biogen, Eisai, AbbVie, Astra-Zeneca, Roche, and Ionis	Support to conduct clinical trials (paid to institution)
3	Royalties or licenses	None 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	Renew Research, Eisai, Eli Lilly, Labcorp, Roche, Renew Biotechnologies, Abbvie, Novo Nordisk.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Intra-Cellular Therapies, Inc.	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
Plea	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	2/10/2025
Your Name:	ra 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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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.

		Name all entities with whom you have to relationship or indicate none (add rows	, , , , , , , , , , , , , , , , , , , ,
		Time frame: Since the in	itial planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: p	east 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None     Non	

			ions/Comments (e.g., if payments were you or to your institution)
4	Consulting fees	None 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 None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea [🖂]		t to the following statement to indicate your agreement answered every question and have not altered the wo	

Date:			2/10/2025	
You	ır Name:		Florence Lai	
Ma	nuscript Title:		The Alzheimer's Biomarker Consortium-Down Syndrome (ABC-DS): 10-Year Report	
Manuscript Number (if known):		nown):	ADJ-D-24-02618	
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 mar e in doubt os/activitie 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 nuscript. 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.  es/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.	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time
			l 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.		Time frame: Since the initial planning one	Click the tab key to add additional rows.
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Click the tab key to add additional rows.
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	U19 AG	5068054	Click the tab key to add additional rows.

1 12/13/2021 ICMJE Disclosure Form

			ions/Comments (e.g., if payments were you or to your institution)
4	Consulting fees	None 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 None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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.		

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

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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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	U19 AG068054 – NIH/NIA	
3	Royalties or licenses	None     Non	

			ions/Comments (e.g., if payments were you or to your institution)
4	Consulting fees	None 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 None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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.		

Date:			2/10/2025		
Your Name:			Charles Laymon		
Ma	nuscript Title:		The Alzheimer's Biomarker Consortium-Dov	vn Syndrome (ABC-DS): 10-Year Report	
Manuscript Number (if known):		nown):	ADJ-D-24-02618		
In the interest of transparency, we content of your manuscript. "Rela affected 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.		pt. "Rela f the ma in doub s/activitionsion, you entioned	rt for the work reported in this manuscript without time limit. For all other items, the time		
			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)	
			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	NIH gra	one	Click the tab key to add additional rows.	

of study materials, medical writing, article processing charges, etc.)
No time limit for this item.

Time frame: past 36 months

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Time frame: past 36 months

None

None

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 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	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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.		

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	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	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.	Brightfocus	Institution Institution Click the tab key to add additional rows.
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	Cyclo Therapeutics Alzheon Elsevier	Personal Personal Section Editor Personal
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 None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Duke University UC Davis	Personal Personal
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None  NIH Study Section  DOD Study Section	Personal Personal

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	None	
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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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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.

		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 o	
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.		Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 months   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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	■ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
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.			