

## ICMJE DISCLOSURE FORM

**Date:** 2/6/2026

**Your Name:** The Alzheimer's Disease Neuroimaging Initiative (ADNI)

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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																					
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td>NIH Grant: 5R01AG058676-02</td><td></td></tr> <tr><td>NIH Grant: 2 U19 AG024904.16</td><td></td></tr> <tr><td> </td><td></td></tr> </table>	NIH Grant: 5R01AG058676-02		NIH Grant: 2 U19 AG024904.16																
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td>NIH Grant: 5U2CAG060426-04</td><td>Additional support from: California Department of Public Health (CDPH)</td></tr> <tr><td>NIH Grant: 5R01AG058676-02</td><td>Additional support from: Siemens</td></tr> <tr><td>NIH Grant: 1RF1AG059009-01</td><td>Additional support from: Biogen</td></tr> <tr><td>NIH Grant: R33 AG062867</td><td>Additional support from: Hillblom Foundation</td></tr> <tr><td>NIH Grant: 1R01NS119651-01</td><td>Additional support from: Alzheimer's Association</td></tr> <tr><td>NIH Grant: RF1AG062196</td><td>Additional support from: Johnson &amp; Johnson</td></tr> <tr><td>NIH Grant: R56AG075744-01A1</td><td>Additional support from: Kevin and Connie Shanahan</td></tr> <tr><td>Additional support from Department of Defense (DOD)</td><td>Additional support from: GE</td></tr> <tr><td>Additional support from: VUmc</td><td>Additional support from: Australian Catholic University (HBI-BHR)</td></tr> </table>	NIH Grant: 5U2CAG060426-04	Additional support from: California Department of Public Health (CDPH)	NIH Grant: 5R01AG058676-02	Additional support from: Siemens	NIH Grant: 1RF1AG059009-01	Additional support from: Biogen	NIH Grant: R33 AG062867	Additional support from: Hillblom Foundation	NIH Grant: 1R01NS119651-01	Additional support from: Alzheimer's Association	NIH Grant: RF1AG062196	Additional support from: Johnson & Johnson	NIH Grant: R56AG075744-01A1	Additional support from: Kevin and Connie Shanahan	Additional support from Department of Defense (DOD)	Additional support from: GE	Additional support from: VUmc	Additional support from: Australian Catholic University (HBI-BHR)	
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		Additional support from: The Stroke Foundation	Additional support from: Veterans Administration
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	
4	Consulting fees	<input type="checkbox"/> <b>None</b>	
		Boxer Capital	Eisai
		Cerecin	Guidepoint
		Clario/BioClinica	Health and Wellness Partners
		Dementia Society of Japan	Indiana U.
		LCN Consultin	Merck Sharp & Dohme Corp.
		Duke U.	Prova Education
		T3D Therapeutics	University of Southern CA (USC)
		WebMD	MEDA Corp.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		China Association for Alzheimer's Disease (CAAD)	Taipei Medical University
		Cleveland Clinic	AD/PD Congress
		Foundation of Learning; Health Society (Japan)	INSPIRE Project; U. Toulouse
		Japan Society for Dementia Research	Korean Dementia Society
		Merck Sharp & Dohme Corp.,	National Center for Geriatrics and Gerontology (NCGG; Japan)
		University of Southern California (USC)	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b>	
		AD/PD Congress	INSPIRE Project; U. Toulouse
		Cleveland Clinic	Japan Society for Dementia Research
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>ADNI Scientific Advisory Board</td><td></td></tr> <tr><td>UCSF Committee for Human Research</td><td></td></tr> <tr><td></td><td></td></tr> </table>		ADNI Scientific Advisory Board		UCSF Committee for Human Research			
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>UCSF Inclusion Diversity Equity &amp; Awareness Committee</td><td></td></tr> <tr><td>Diversity Task Force of the Alzheimer's Disease Neuroimaging Initiative (ADNI)</td><td></td></tr> <tr><td></td><td></td></tr> </table>		UCSF Inclusion Diversity Equity & Awareness Committee		Diversity Task Force of the Alzheimer's Disease Neuroimaging Initiative (ADNI)			
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11	Stock or stock options	<input type="checkbox"/> <b>None</b> <table border="1"> <tr><td>Alzeca</td><td>Anven</td></tr> <tr><td>Alzheon, Inc.</td><td></td></tr> <tr><td>ALZPath</td><td></td></tr> </table>		Alzeca	Anven	Alzheon, Inc.		ALZPath	
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Alzheon, Inc.									
ALZPath									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <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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☒ 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:** 1/5/2026

**Your Name:** Holger Amthauer

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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<b>Time frame: past 36 months</b>		
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>



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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> <b>None</b> <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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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:** 12/22/2025

**Your Name:** Claudia Bartels

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">German Alzheimer's Association</td> <td>2021-2023</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>		German Alzheimer's Association	2021-2023				
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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <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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4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 258 1516 394"> <tr> <td>Lilly</td> <td>Honoraria for a commercial advisory board</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Lilly	Honoraria for a commercial advisory board						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 480 1516 583"> <tr> <td>Lilly, Boehringer Ingelheim, Novo Nordisk, Eisai</td> <td>Honoraria for lectures</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Lilly, Boehringer Ingelheim, Novo Nordisk, Eisai	Honoraria for lectures						
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1041 1516 1144"> <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"/> <b>None</b> <table border="1" data-bbox="386 1260 1516 1362"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1476 1516 1579"> <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"/> <b>None</b> <table border="1" data-bbox="386 1665 1516 1768"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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>							
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## ICMJE DISCLOSURE FORM

**Date:** Click or tap to enter a date.

**Your Name:** Henning Boecker

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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		Life Molecular Imaging	Research agreement, reimbursement for visual ratings (and semiquantitative analyses, not presented in the manuscript) of DELCODE Florbetaben PET data
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b>	
3	Royalties or licenses	<input type="checkbox"/> <b>None</b>	
		Springer personal fees Royalties (Boecker, H., Hillman, C.H., Scheef, L., Strüder, H.K. (Eds.): Functional Neuroimaging in Exercise and Sport Sciences	personal

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**Your Name:** Frederic Brosseron

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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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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6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Talk at DGN 2024 supported by Novo Nordisk Pharma</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Talk at DGN 2024 supported by Novo Nordisk Pharma								
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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:** 12/25/2025

**Your Name:** Ralph Buchert

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
Time frame: past 36 months		
2	<input checked="" type="checkbox"/> None <div></div> <div></div> <div></div>	
3	<input checked="" type="checkbox"/> None <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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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RBL  
(BUCHERT)

Hamburg, 25 Dec 2025

Universitätsklinikum Hamburg-Eppendorf  
Klinik und Poliklinik für Diagnostische und  
Interventionelle Radiologie und Nuklearmedizin  
Abteilung für Nuklearmedizin  
Martinistraße 52 • 20246 Hamburg  
Dr. rer. nat. Ralph Buchert  
Tel.: 0176-39306281



## ICMJE DISCLOSURE FORM

**Date:** 12/11/2025

**Your Name:** Katharina Buerger

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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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Kelana Bey 12/11/2025

# ICMJE DISCLOSURE FORM

**Date:** 12/10/2025

**Your Name:** Marcel Daamen

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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## ICMJE DISCLOSURE FORM

**Date:** 2/18/2026

**Your Name:** Alexander Drzezga

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td>RSNA</td><td>ECR Congress Vienna</td></tr> </table>		RSNA	ECR Congress Vienna																
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8	Patents planned, issued or pending	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td>Patent for 18F-JK-PSMA- 7 (PSMA PET imaging tracer), Patent No.: EP3765097A1; Date of patent: Jan. 20, 2021</td> <td> </td> </tr> </table>		Patent for 18F-JK-PSMA- 7 (PSMA PET imaging tracer), Patent No.: EP3765097A1; Date of patent: Jan. 20, 2021																	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td>Bayer Vital</td><td>Advisory Board</td></tr> <tr><td>Novartis/AAA</td><td>Advisory Board</td></tr> <tr><td>European Research Council</td><td>Review</td></tr> <tr><td>Novo Nordisk</td><td>Expert Opinion, Speaker</td></tr> <tr><td>Invicro</td><td>Blinded Read</td></tr> <tr><td>Biogen</td><td>Advisory Board</td></tr> <tr><td>GE Healthcare</td><td>Monitoring</td></tr> <tr><td>Siemens Healthineers</td><td>Advisory Board</td></tr> <tr><td>Swiss Rocket</td><td>Expert Opinion</td></tr> </table>		Bayer Vital	Advisory Board	Novartis/AAA	Advisory Board	European Research Council	Review	Novo Nordisk	Expert Opinion, Speaker	Invicro	Blinded Read	Biogen	Advisory Board	GE Healthcare	Monitoring	Siemens Healthineers	Advisory Board	Swiss Rocket	Expert Opinion
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GE Healthcare	Monitoring																				
Siemens Healthineers	Advisory Board																				
Swiss Rocket	Expert Opinion																				
10	Leadership or fiduciary role in	<input type="checkbox"/> <b>None</b>																			

		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	Member of the German Commission on Radiological Protection	
11	Stock or stock options	<input type="checkbox"/> None	
		Siemens Healthineers	Stock
		Lantheus Holding	Stock
		Structured therapeutics	Stock
		Lilly	Stock
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Siemens Healthineers	Material
		Life Molecular Imaging	Material
		GE Healthcare	Material
		SOFIE	Material
		Eisai	Data
		Avid Radiopharmaceuticals (Lilly)	Material
		Novartis/AAA	Material
		Ariceum Therapeutics	Material
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

## ICMJE DISCLOSURE FORM

**Date:** 1/23/2026

**Your Name:** Emrah Duezel

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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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		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)						
<b>Time frame: Since the initial planning of the work</b>									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <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>							
<b>Time frame: past 36 months</b>									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <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>							
<b>3</b>	Royalties or licenses	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <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>							



		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 type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Advisor for Lilly, Roche, Eisai</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Advisor for Lilly, Roche, Eisai							
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Lectures for Lilly, Roche, Eisai</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		Lectures for Lilly, Roche, Eisai							
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6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	<input type="checkbox"/> None	
		Co-founder and CEO and stock options for digital health company neotiv	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Part-time salary from neotiv	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			

## ICMJE DISCLOSURE FORM

**Date:** 12/15/2025

**Your Name:** Ersin Ersözlü

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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

		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"/> <b>None</b> <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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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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>							
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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:** 12/22/2025

**Your Name:** Markus Essler

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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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<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <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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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <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"/> <b>None</b> <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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6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <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:** 12/11/2025

**Your Name:** Michael Ewers, PhD

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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## ICMJE DISCLOSURE FORM

**Date:** Click or tap to enter a date.

**Your Name:** Klaus Fliessbach

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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

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	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <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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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Forum für medizinische Fortbildung</td> <td rowspan="2">Honoraria for lectures payed directly to me</td> </tr> <tr> <td>RG Gesellschaft für Information und Organisation mbH</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Forum für medizinische Fortbildung	Honoraria for lectures payed directly to me	RG Gesellschaft für Information und Organisation mbH						
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6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="376 347 1492 448"> <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="376 560 1492 660"> <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="376 772 1492 873"> <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:** 1/6/2026

**Your Name:** Dr. med. Wenzel Glanz

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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06.07.2026

  
W. Glantz

# ICMJE DISCLOSURE FORM

**Date:** 1/28/2026

**Your Name:** Julian Hellmann-Regen

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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## ICMJE DISCLOSURE FORM

**Date:** 12/13/2025

**Your Name:** Enise I. Incesoy

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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# ICMJE DISCLOSURE FORM

**Date:** 12/10/2025

**Your Name:** Daniel Janowitz

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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

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

## ICMJE DISCLOSURE FORM

**Date:** Click or tap to enter a date. 11.12.2025

**Your Name:** Click or tap here to enter text. FRANK JESSEN

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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								
<b>1</b>	<div> <div> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">DUE</td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> </div>	DUE						
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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:** 22.12.2025

**Your Name:** Konstantinia Kafali

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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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<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <span><input checked="" type="checkbox"/> <b>None</b></span> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> </div>							
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <span><input checked="" type="checkbox"/> <b>None</b></span> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> </div>							
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# ICMJE DISCLOSURE FORM

**Date:** 12/11/2025

**Your Name:** Ingo Kilimann

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <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:** 2/6/2026

**Your Name:** Luca Keineidam

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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<b>1</b>	<div> <input type="checkbox"/> None </div> <table border="1"> <tr> <td>Hertie Network of Excellence in Clinical Neuroscience</td> <td>Payment to the institution, main funding source</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Hertie Network of Excellence in Clinical Neuroscience	Payment to the institution, main funding source					
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<b>2</b>	<div> <input checked="" type="checkbox"/> None </div> <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:** 1/15/2026

**Your Name:** Bernd Joachim Krause

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Board member, deputy chairman of the Board, Rostock University Medical Center, 18059 Rostock, Germany</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Board member, deputy chairman of the Board, Rostock University Medical Center, 18059 Rostock, Germany								
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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)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <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:** 12/11/2025

**Your Name:** Marie Kronmüller

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; 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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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; 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>							
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; 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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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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"/> <b>None</b> <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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <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:** 2/18/2026

**Your Name:** Elizabeth KUHN

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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)						
<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	<input type="checkbox"/> None <table border="1"> <tr> <td>Helmhotz Artificial Intelligence Cooperation</td> <td>Helmhotz Artificial Intelligence Cooperation</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Helmhotz Artificial Intelligence Cooperation	Helmhotz Artificial Intelligence Cooperation					
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<b>Time frame: past 36 months</b>								
<b>2</b>	<input type="checkbox"/> None <table border="1"> <tr> <td>Fondation Philippe Chatrier</td> <td>Postdoctoral grant, payment to myself (2022-2023)</td> </tr> <tr> <td>Fondation Alzheimer</td> <td>Postdoctoral grant, payment to institution (2025-2028)</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Fondation Philippe Chatrier	Postdoctoral grant, payment to myself (2022-2023)	Fondation Alzheimer	Postdoctoral grant, payment to institution (2025-2028)			
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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"/> <b>None</b> <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"/> <b>None</b> <table border="1"> <tr> <td>AFI travel grant</td> <td>Payment to my institution</td> </tr> <tr> <td>AAIC Conference fellowship</td> <td>Exemption of conference fees</td> </tr> <tr> <td></td> <td></td> </tr> </table>		AFI travel grant	Payment to my institution	AAIC Conference fellowship	Exemption of conference fees				
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 260 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 478 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 695 1516 793"> <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:** 12/11/2025

**Your Name:** Christoph Laske

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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 checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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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# ICMJE DISCLOSURE FORM

**Date:** 12/22/2025

**Your Name:** Franziska Maier

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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# ICMJE DISCLOSURE FORM

**Date:** 10/13/2025

**Your Name:** Angelika Maurer

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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>							
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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:** 12/11/2025

**Your Name:** Jochen Michely

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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:** 12/22/2025

**Your Name:** Robert Perneczky

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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## ICMJE DISCLOSURE FORM

**Date:** 12/22/2025

**Your Name:** Oliver Peters

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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4	Consulting fees	<input type="checkbox"/> <b>None</b>	
		Biogen, Eisai, Grifols, Noselab, NovoNordisk, Prinnovation, Roche	Payment to myself
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		Eisai, Lilly, Roche	Payment to myself
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	
		Eisai, Grifols, Neurimmune, Noselab, Roche, Novartis	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		Board Member: German Dementia Competence Network and Hirnliga	



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# ICMJE DISCLOSURE FORM

**Date:** 12/10/2025

**Your Name:** Lukas Preis

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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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

10

12/10/2025

Your Name:

Josef Priller

Manuscript Title:

Minor neuropsychological deficits and stage 2 of Alzheimer's disease

Manuscript Number (if known):

ADJ-D-25-02345

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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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <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"/> <b>None</b> <table border="1"> <tr><td>EHDN/CHDI</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	EHDN/CHDI								
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# ICMJE DISCLOSURE FORM

**Date:** 12/10/2025

**Your Name:** Boris-Stephan Rauchmann

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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:** 12/31/2025

**Your Name:** Matthias Reimold

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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## ICMJE DISCLOSURE FORM

**Date:** Click or tap to enter a date.

**Your Name:** Axel Rominger

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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## ICMJE DISCLOSURE FORM

**Date:** 12/10/2025

**Your Name:** Sandra Roeske

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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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**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:** 12/22/2025

**Your Name:** Matthias Schmid

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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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☒ 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:** 2/11/2026

**Your Name:** Anja Schneider

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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

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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr><td style="height: 20px;">BMBF, BMG, tALS, Schick Foundation</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>		BMBF, BMG, tALS, Schick Foundation					
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <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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13	Other financial or non-financial interests	<input type="checkbox"/> None <table border="1"> <tr> <td>Research support/contract research/collaboration with VectorY</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Research support/contract research/collaboration with VectorY						
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## ICMJE DISCLOSURE FORM

**Date:** 12/10/2025

**Your Name:** Sebastian Sodenkamp

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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:** 12/10/2025

**Your Name:** Annika Spottke

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <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>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <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:** 12/17/2025

**Your Name:** Eike Jakob Spruth

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; 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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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; 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>							
<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; 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>							



		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"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>Alzheimer Gesellschaft Berlin e.V.</td> <td>honorarium for an educational event (one-time)</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Alzheimer Gesellschaft Berlin e.V.	honorarium for an educational event (one-time)						
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## ICMJE DISCLOSURE FORM

**Date:** 12/9/2025

**Your Name:** Melina Stark

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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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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)						
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Time frame: past 36 months									
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# ICMJE DISCLOSURE FORM

**Date:** 2/18/2026

**Your Name:** Stefan Teipel

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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)						
<b>Time frame: Since the initial planning of the work</b>								
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td>Honoraria for manuscript writing, Thieme Verlag</td> <td>Payment to myself</td> </tr> <tr> <td>Honoraria for Lecture, RG Ärztefortbildung GmbH</td> <td>Payment to myself</td> </tr> <tr> <td>Honoraria for Lectures, Lilly Deutschland GmbH</td> <td>Payment to myself</td> </tr> <tr> <td>Honoraria for Lectures, EISAI GmbH</td> <td>Payment to myself</td> </tr> <tr> <td>Honoraria for Lectures, Helios Klinik Schwerin</td> <td>Payment to myself</td> </tr> </table>		Honoraria for manuscript writing, Thieme Verlag	Payment to myself	Honoraria for Lecture, RG Ärztefortbildung GmbH	Payment to myself	Honoraria for Lectures, Lilly Deutschland GmbH	Payment to myself	Honoraria for Lectures, EISAI GmbH	Payment to myself	Honoraria for Lectures, Helios Klinik Schwerin	Payment to myself				
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td>Independent Data Monitoring committee (Envision Biogen)</td> <td>Payment to myself</td> </tr> <tr> <td>Advisory Boards – Roche Pharma</td> <td>Payment to the institution</td> </tr> <tr> <td>Advisory Boards – Biogen GmbH</td> <td>Payment to the institution</td> </tr> <tr> <td>Advisory Board – Grifols GmbH</td> <td>Payment to the institution</td> </tr> <tr> <td>Advisory Boards – EISAI</td> <td>Payment to the institution</td> </tr> <tr> <td>Advisory Boards- Lilly</td> <td>Payment to the institution</td> </tr> <tr> <td>Advisory Board – GE Healthcare</td> <td>Payment to the institution</td> </tr> </table>		Independent Data Monitoring committee (Envision Biogen)	Payment to myself	Advisory Boards – Roche Pharma	Payment to the institution	Advisory Boards – Biogen GmbH	Payment to the institution	Advisory Board – Grifols GmbH	Payment to the institution	Advisory Boards – EISAI	Payment to the institution	Advisory Boards- Lilly	Payment to the institution	Advisory Board – GE Healthcare	Payment to the institution
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	advocacy group, paid or unpaid								
11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <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"/> <b>None</b> <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"/> <b>None</b> <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:** 12/10/2025

**Your Name:** Michael Wagner

**Manuscript Title:** Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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:** 12/23/2025

**Your Name:** Jens Wiltfang

**Manuscript Title:** Click or tap here to enter text.Minor neuropsychological deficits and stage 2 of Alzheimer's disease

**Manuscript Number (if known):** ADJ-D-25-02345

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									
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <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>							
Time frame: past 36 months									
<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<div style="display: flex; align-items: center;"> <input type="checkbox"/> <b>None</b> </div> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">BMBF Grant No.: 13GW0479B</td> <td style="width: 50%;">institutional</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>		BMBF Grant No.: 13GW0479B	institutional				
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