

ICMJE DISCLOSURE FORM

Instructions

In the interest of transparency, we ask you to disclose all employment/relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relationship 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 an employment/relationship/activity/interest, it is preferable that you do so.

The following questions apply to your employment/relationships/activities/interests as they relate to the **current manuscript only**. Each author is required to submit a separate form and is responsible for the accuracy and completeness of the submitted information.

Your employment/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.

Date: 07-Apr-2026

^{req} First Name: Leonidas

^{req} Last Name: Stefanis

Manuscript Title: Planimetric and linear MRI markers for progressive supranuclear palsy classification: A large multicohort international study

Manuscript number: RAD-25-1394.R4

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. Note: All items #1 through #13 must indicate none (by checking the box next to None) or include relevant disclosure information in the text boxes. Blank rows will cause the form to be sent back for completion.

	Name all entities with whom you have this relationship or check the box next to None	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 months

2. Grants or contracts from any entity (if not indicated in item #1 above).

☐ None

Leonidas Stefanis over the past 3 years has received the following grants : PPMI2 (supported by the Michael J. Fox Foundation), "BRAIN PRECISION" (funded by the General Secretariat of Research and Innovation), "Longitudinal evaluation of a cohort of asymptomatic SNCA mutation carriers to investigate early events in PD pathobiology" (funded by the Michael J. Fox Foundation), Parkin/PINK1 project (funded by the Michael J Fox Foundation), "Targeting the Autophagy Lysosome Pathway in Human MSA" (funded by the MSA Trust, Collaborator), "CMA as a Means to Counteract alpha-Synuclein Pathology in Non-Human Primates" (funded by the Michael J. Fox Foundation, Collaborator) and "Astroglial ApoE as a mediator of β -amyloid pathology in synucleinopathies", funded by the Hellenic

	Foundation for Research and Innovation (HFRI). He has received a research grant from Roche for the genetic analysis of PD patients. He has participated in clinical trials as site PI, funded by Roche, AB Science, Immunovant and Sanofi.	
3. Royalties or licenses	✓	None
4. Consulting fees	✓	None
5. Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/>	None
	He has received honoraria from ITF Hellas, Innovis Pharma and Abbvie.	
6. Payment for expert testimony	✓	None
7. Support for attending meetings and/or travel	✓	None
	Innovis for AD/PD 2026	
8. Patents planned, issued or pending	✓	None
9. Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/>	None
	He has served on Advisory Boards for Abbvie, Innovis Pharma, and ITF Hellas and has	
10. Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	✓	None
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

req Please check the box next to the following statement to indicate your agreement:

✓ I certify that I have answered every question and all the information is complete and accurate.

This is a reprint of the ICMJE Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals. RSNA prepared this reprint. The ICMJE has not endorsed nor approved the contents of this reprint. The official version of the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals is located at www.ICMJE.org. Users should cite this official version when citing the document.