Date:		· <del>-</del>	6/15/2023		
Υοι	ır Name:	-	Atticus H Hainsworth		
Manuscript Title:		-	PDE5 inhibitor drugs for use in dementia?		
Ма	nuscript Number (if k	known):	Not Known		
content of your manuscript. "Rela affected by the content of the ma		ript. "Rela of the mar	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.		
epi		ension, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th			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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Dr Hair Medica MR/T0 (PG/20 Alzhein	nsworth's group is funded by the UK Il Research Council (MR/R005567/1, 33371/1), British Heart Foundation /10397, SP/F/22/150042), UK ner's Society and Alzheimer's Drug ery Foundation (20140901).		
				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).	See abo	ve		

		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)
æ	Royalties or licenses	None     Non	
4	Consulting fees	Dr Hainsworth has received honoraria from Eli-Lilly and from NIA. He is chair of the Dementias Platform UK Vascular Experimental Medicine group.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Dr Hainsworth has received honoraria from Eli-Lilly and from NIA. He is chair of the Dementias Platform UK Vascular Experimental Medicine group.	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
88	Patents planned, issued or pending	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)	
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 □ The Dementias □ Platform UK Vascular Experimental Medicine group (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:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.			
	East Trace answered every question and have not altered the wording or any or the questions on this form.			

6/13/2023

Date:

#1 above).

Your Name:		Ottavio Arancio			
Mar	nuscript Title:	PDE5 inhibitor drugs for use in dementia?			
Mar	nuscript Number (if k	nown):	Not Known		
cont 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.				
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	em #1 below, report and the for disclosure is the			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 wer made to you or to your institution)	e
			Time frame: Since the initial planning	of the work	
1	All support for the present	[□[ N	one		
	manuscript (e.g., funding, provision	Dr. Ara	ancio's group is supported by the NIH		
	of study materials, medical writing,	(U01 A	G066722, RF1 AG055125,		
	article processing	R01N	S110024, RF1NS119438,		
	charges, etc.)  No time limit for	R01A0	G067598, R01AG07266) and DOD		
	this item.	(AZ20	0093).		
				Click the tab loss to add additional according	_
				Click the tab key to add additional rows.	
		ı	Time frame: past 36 month	s	
2	Grants or contracts from	□ N	one		
	any entity (if not	See abo	ove		

		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)
3	Royalties or licenses	None     Non	
4	Consulting fees	□ None	
		Dr Arancio is a co-inventor of a series of	
		PDE5 inhibitors that were licensed by	
		Columbia University to Aribio Co.	
5	Payment or	□ None	
,	honoraria for lectures,	Dr Arancio is a co-inventor of a series of	
	presentations, speakers	PDE5 inhibitors that were licensed by	
	bureaus, manuscript	Columbia University to Aribio Co.	
	writing or educational		
	events	Nana	
6	Payment for expert testimony	None     Non	
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	□ None	
	pending	Dr Arancio is a co-inventor of a series of	
		PDE5 inhibitors that were licensed by	
		Columbia University to Aribio Co.	

		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)
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	
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.			

ICIVISE DISCESSORE I ORIVI					
Date:			6/12/2023		
Your Name:			Fanny Elahi		
Ma	nuscript Title:		PDE5 inhibitor drugs for use in de	ementia?	
Ma	nuscript Number (if	known):	Not Known		_
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epio		ension, yo	· · · · · · · · · · · · · · · · · · ·	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			vithout time limit. For all other items, the time	
			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)	9
			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.	Resea Nation Vetera Rainwa Zuckel Adviso Ronald	rch in Dr Elahi's group is supported by all Institute on Aging and Department of ans Affairs (IK2CX002180), the ater Charitable Foundation, the Chan berg Initiative, Rockefeller Philanthropy rs, the Friedman Brain Institute, the M. Loeb Center for Alzheimer's e, and New Vision Research.	Click the tab key to add additional rows.	-
			Time frame: past 36 month		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠  Ne	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None None	
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	□ 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)	
	other board, society, committee or advocacy group, paid or unpaid	Dr Elahi is chair of the Vascular Cognitive  Disorders Group within ISTAART (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:			
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

6/13/2023

Jeremy D Isaacs

Date:

Your Name:

Manuscript Title:		PDE5 inhibitor drugs for use in de	ementia?		
Mai	Manuscript Number (if known): Not Known				
con affe indi The epic that	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  UK Alzheimer's Society and Alzheimer's Drug  Discovery Foundation (20140901) as a co- investigator	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	Dr Isaacs has received advisory board fees from Roche and Nestle Scientific, consultancy fees from Roche and a speaker's fee from Biogen, all paid to his institution. He has received funded conference registration, travel and accommodation from Roche.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Dr Isaacs has received advisory board fees from Roche and Nestle Scientific, consultancy fees from Roche and a speaker's fee from Biogen, all paid to his institution. He has received funded conference registration, travel and accommodation from Roche.	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Dr Isaacs has received funded conference registration, travel and accommodation from Roche.	

		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)	
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		
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:			6/12/2023					
Your Name:			Feixiong Cheng					
Manuscript Title:			PDE5 inhibitor drugs for use in dementia?					
Manuscript Number (if known):		known):	Not Known					
con affe indi The epic that	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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			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments we made to you or to your institution)	re			
			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.	Dr. Ch Nation Number R01AC	eng's group is supported by the NIH- al Institute on Aging (NIA) under Award er U01AG073323, R01AG066707, 6076448, RF1AG082211, AG066707-01S1, 3R01AG066707- and R56AG074001.	Click the tab key to add additional rows.				
			Time frame: past 36 month	is				
2	Grants or contracts from any entity (if not		one					
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indicated in item #1 above).

		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)
æ	Royalties or licenses	None	
4	Consulting fees	□ None □ Dr. Cheng has received honoraria from National Institute on Aging (NIA).	
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	None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)		
	Board or Advisory Board				
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			
Please place an "X" next to the following statement to indicate your agreement:					
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