

ICMJE DISCLOSURE FORM

Date: 6/15/2023

Your Name: Atticus H Hainsworth

Manuscript Title: PDE5 inhibitor drugs for use in dementia?

Manuscript Number (if known): Not Known

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.	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px;"> Dr Hainsworth's group is funded by the UK Medical Research Council (MR/R005567/1, MR/T033371/1), British Heart Foundation (PG/20/10397, SP/F/22/150042), UK Alzheimer's Society and Alzheimer's Drug Discovery Foundation (20140901). </div>	
		Click the tab key to add additional rows.	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px;"> See above </div>	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> None	
		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	<input type="checkbox"/> None	
		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	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Dr Hainsworth is chair of the Dementias Platform UK Vascular Experimental Medicine group (unpaid).	
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	

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: 6/13/2023

Your Name: Ottavio Arancio

Manuscript Title: PDE5 inhibitor drugs for use in dementia?

Manuscript Number (if known): Not Known

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.	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Dr. Arancio's group is supported by the NIH (U01 AG066722, RF1 AG055125, R01NS110024, RF1NS119438, R01AG067598, R01AG07266) and DOD (AZ200093). </div>	Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> See above </div>	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 150px;"> <tr> <td style="width: 50%; vertical-align: top;"> Dr Arancio is a co-inventor of a series of PDE5 inhibitors that were licensed by Columbia University to Aribio Co. </td> <td style="width: 50%;"></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Dr Arancio is a co-inventor of a series of PDE5 inhibitors that were licensed by Columbia University to Aribio Co.								
Dr Arancio is a co-inventor of a series of PDE5 inhibitors that were licensed by Columbia University to Aribio Co.											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 100px;"> <tr> <td style="width: 50%; vertical-align: top;"> Dr Arancio is a co-inventor of a series of PDE5 inhibitors that were licensed by Columbia University to Aribio Co. </td> <td style="width: 50%;"></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Dr Arancio is a co-inventor of a series of PDE5 inhibitors that were licensed by Columbia University to Aribio Co.								
Dr Arancio is a co-inventor of a series of PDE5 inhibitors that were licensed by Columbia University to Aribio Co.											
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <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"/> None <table border="1" style="width: 100%; height: 40px;"> <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 type="checkbox"/> None <table border="1" style="width: 100%; height: 100px;"> <tr> <td style="width: 50%; vertical-align: top;"> Dr Arancio is a co-inventor of a series of PDE5 inhibitors that were licensed by Columbia University to Aribio Co. </td> <td style="width: 50%;"></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Dr Arancio is a co-inventor of a series of PDE5 inhibitors that were licensed by Columbia University to Aribio Co.								
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	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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	

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: 6/12/2023

Your Name: Fanny Elahi

Manuscript Title: PDE5 inhibitor drugs for use in dementia?

Manuscript Number (if known): Not Known

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.	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Research in Dr Elahi's group is supported by National Institute on Aging and Department of Veterans Affairs (IK2CX002180), the Rainwater Charitable Foundation, the Chan Zuckerberg Initiative, Rockefeller Philanthropy Advisors, the Friedman Brain Institute, the Ronald M. Loeb Center for Alzheimer's Disease, and New Vision Research. </div>	Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> See above </div>	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in	<input type="checkbox"/> 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	<input type="checkbox"/> Dr Elahi is chair of the Vascular Cognitive Disorders Group within ISTAART (unpaid).	
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	

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: 6/13/2023

Your Name: Jeremy D Isaacs

Manuscript Title: PDE5 inhibitor drugs for use in dementia?

Manuscript Number (if known): Not Known

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.	<input type="checkbox"/> None <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> UK Alzheimer's Society and Alzheimer's Drug Discovery Foundation (20140901) as a co-investigator </div>	Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	
3	Royalties or licenses	<input checked="" type="checkbox"/> None <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	<input type="checkbox"/> None <input type="checkbox"/> 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	<input type="checkbox"/> None <input type="checkbox"/> 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	<input checked="" type="checkbox"/> None <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <input type="checkbox"/> 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	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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	

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: 6/12/2023

Your Name: Feixiong Cheng

Manuscript Title: PDE5 inhibitor drugs for use in dementia?

Manuscript Number (if known): Not Known

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.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> Dr. Cheng's group is supported by the NIH-National Institute on Aging (NIA) under Award Number U01AG073323, R01AG066707, R01AG076448, RF1AG082211, 3R01AG066707-01S1, 3R01AG066707-02S1, and R56AG074001. </td> <td style="width: 40%;"></td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Dr. Cheng's group is supported by the NIH-National Institute on Aging (NIA) under Award Number U01AG073323, R01AG066707, R01AG076448, RF1AG082211, 3R01AG066707-01S1, 3R01AG066707-02S1, and R56AG074001.		Click the tab key to add additional rows.			
Dr. Cheng's group is supported by the NIH-National Institute on Aging (NIA) under Award Number U01AG073323, R01AG066707, R01AG076448, RF1AG082211, 3R01AG066707-01S1, 3R01AG066707-02S1, and R56AG074001.									
Click the tab key to add additional rows.									
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">See above</td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	See above					
See 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)								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; 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>									
4	Consulting fees	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Dr. Cheng has received honoraria from National Institute on Aging (NIA).</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> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Dr. Cheng has received honoraria from National Institute on Aging (NIA).								
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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; 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>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; 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>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; 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>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; 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>									
9	Participation on a Data Safety Monitoring	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; 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>									

		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)
	Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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	

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.