

# ICMJE DISCLOSURE FORM

**Date:** 9 Feb 2025

**Your Name:** Kathy Y. Liu

**Manuscript Title:** Cut-points and grey zones: the challenges of integrating Alzheimer's disease plasma biomarkers into clinical practice

**Manuscript Number (if known):** ADJ-D-24-02513R1

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									
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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:** 2/15/2025

**Your Name:** Jeremy Isaacs

**Manuscript Title:** Cut-points and grey zones: the challenges of integrating Alzheimer's disease plasma biomarkers into clinical practice

**Manuscript Number (if known):** ADJ-D-24-02513R1

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4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 258 1516 394"> <tr> <td>Consultancy fee from Roche</td> <td>Paid to my institution</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Consultancy fee from Roche	Paid to my institution						
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7	Support for attending meetings and/or travel	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1041 1516 1178"> <tr> <td>Support for attending a meeting and travel from Roche</td> <td>For attendance at CTAD 2022</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Support for attending a meeting and travel from Roche	For attendance at CTAD 2022						
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1264 1516 1367"> <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" data-bbox="386 1480 1516 1778"> <tr> <td>Membership of the academic steering committee for the COGNIKET-MCI Trial, a study of the effects of a nutritional intervention of ketogenic medium-chain triglycerides (kMCT) and B-vitamins on cognitive functioning in older adults with Mild Cognitive Impairment (Nestle Health Science).</td> <td>Payment made to me</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Membership of the academic steering committee for the COGNIKET-MCI Trial, a study of the effects of a nutritional intervention of ketogenic medium-chain triglycerides (kMCT) and B-vitamins on cognitive functioning in older adults with Mild Cognitive Impairment (Nestle Health Science).	Payment made to me						
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	advocacy group, paid or unpaid		
11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	
<p><b>Please place an "X" next to the following statement to indicate your agreement:</b></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:** 2/10/2025

**Your Name:** Robert Howard

**Manuscript Title:** Cut points and grey zones

**Manuscript Number (if known):** ADJ-D-24-02513R1

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## ICMJE DISCLOSURE FORM

**Date:** 2/18/2025

**Your Name:** Jemma Hazan

**Manuscript Title:** Cut-points and grey zones: the challenges of integrating Alzheimer's disease plasma biomarkers into clinical practice

**Manuscript Number (if known):** ADJ-D-24-02513

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