ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Scott

2. Surname (Last Name)  
   Zimmerman

3. Date  
   30-April-2020

4. Are you the corresponding author?  
   Yes  ✔  No

5. Manuscript Title  
   Does amyloid-beta reduction improve cognitive outcomes? Integrated evidence from randomized trials of amyloid targeting therapies

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
Are there any relevant conflicts of interest?  ✔ Yes  □ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  ✔ Yes  □ No

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<th>Name of Entity</th>
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**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ☑ No

**Section 5. Relationships not covered above**

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Zimmerman reports grants from National Institutes of Health, during the conduct of the study; other from Abbvie Inc, other from Celgene Corporation, other from Bristol Myers Squibb, other from Abbott Laboratories, outside the submitted work; .

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   Willa

2. **Surname (Last Name)**
   Brenowitz

3. **Date**
   01-May-2020

4. **Are you the corresponding author?**
   - Yes
   - No
   Yes

5. **Manuscript Title**

6. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest?

- Yes
- No

Yes

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- Yes
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1. Given Name (First Name)  Eric
2. Surname (Last Name)  Tchetgen Tchetgen
3. Date  01-May-2020

4. Are you the corresponding author?  ☑ No

Corresponding Author's Name  Maria Glymour, ScD

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Dr. Tchetgen Tchetgen has nothing to disclose.

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