ICMJE DISCLOSURE FORM

Date: 9/30/2025

Your Name: Luigi Ferrucci

Manuscript Title: Axonal Degeneration Linked to Clinical Decline Across the Alzheimer's Disease Spectrum: A Longitudinal MRI, PET, and CSF Study

Manuscript Number (if known): Click or tap here to enter text.

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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			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).	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **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 other board, society, committee or advocacy group, paid or unpaid	☒ **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)
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.

ICMJE DISCLOSURE FORM

Date: 9/30/2025

Your Name: Josephine M. Egan

Manuscript Title: Axonal Degeneration Linked to Clinical Decline Across the Alzheimer's Disease Spectrum: A Longitudinal MRI, PET, and CSF Study

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 9/30/2025

Your Name: Rafael de Cabo

Manuscript Title: Axonal Degeneration Linked to Clinical Decline Across the Alzheimer's Disease Spectrum: A Longitudinal MRI, PET, and CSF Study

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 9/30/2025

Your Name: Zhaoyuan Gong

Manuscript Title: Axonal Degeneration Linked to Clinical Decline Across the Alzheimer's Disease Spectrum: A Longitudinal MRI, PET, and CSF Study

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 9/30/2025

Your Name: Mustapha Bouhrara

Manuscript Title: Axonal Degeneration Linked to Clinical Decline Across the Alzheimer's Disease Spectrum: A Longitudinal MRI, PET, and CSF Study

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ICMJE DISCLOSURE FORM

Date: 9/30/2025

Your Name: John P. Laporte

Manuscript Title: Axonal Degeneration Linked to Clinical Decline Across the Alzheimer's Disease Spectrum: A Longitudinal MRI, PET, and CSF Study

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 9/30/2025

Your Name: Alexander Y. Guo

Manuscript Title: Axonal Degeneration Linked to Clinical Decline Across the Alzheimer's Disease Spectrum: A Longitudinal MRI, PET, and CSF Study

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 9/30/2025

Your Name: Murat Bilgel

Manuscript Title: Axonal Degeneration Linked to Clinical Decline Across the Alzheimer's Disease Spectrum: A Longitudinal MRI, PET, and CSF Study

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 9/30/2025

Your Name: Jonghyun Bae

Manuscript Title: Axonal Degeneration Linked to Clinical Decline Across the Alzheimer's Disease Spectrum: A Longitudinal MRI, PET, and CSF Study

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 9/30/2025

Your Name: Noam Y. Fox

Manuscript Title: Axonal Degeneration Linked to Clinical Decline Across the Alzheimer's Disease Spectrum: A Longitudinal MRI, PET, and CSF Study

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 9/30/2025

Your Name: Angelique de Rouen

Manuscript Title: Axonal Degeneration Linked to Clinical Decline Across the Alzheimer's Disease Spectrum: A Longitudinal MRI, PET, and CSF Study

Manuscript Number (if known): Click or tap here to enter text.

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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**	
			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).	☒ **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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **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 other board, society, committee or advocacy group, paid or unpaid	☒ **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)
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.

ICMJE DISCLOSURE FORM

Date: 9/30/2025

Your Name: Nathan Zhang

Manuscript Title: Axonal Degeneration Linked to Clinical Decline Across the Alzheimer's Disease Spectrum: A Longitudinal MRI, PET, and CSF Study

Manuscript Number (if known): Click or tap here to enter text.

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.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 9/30/2025

Your Name: Aaliya Taranath

Manuscript Title: Axonal Degeneration Linked to Clinical Decline Across the Alzheimer's Disease Spectrum: A Longitudinal MRI, PET, and CSF Study

Manuscript Number (if known): Click or tap here to enter text.

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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ICMJE DISCLOSURE FORM

Date: 9/21/2025

Your Name: The Alzheimer's Disease Neuroimaging Initiative

Manuscript Title: Axonal Degeneration Linked to Clinical Decline Across the Alzheimer's Disease Spectrum: A Longitudinal MRI, PET, and CSF Study

Manuscript Number (if 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.

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		NIH: U19 AG024904	Payments made to my institution
			Click the tab key to add additional rows.
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