Dat	e:		11/20/2024	
You	ır Name:		Michael R. Duggan	
Ma	nuscript Title:		The Dementia SomaSignal Test (dSST): a pla	sma proteomic predictor of 20-year dementia risk
Manuscript Number (if known):		nown):	ADJ-D-24-01150	
In the interest of transparency, w content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activities.		pt. "Rela of the man of in doubt s/activitions onsion, you	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.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.	
	tem #1 below, report a ne 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 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.)	Nationa	Time frame: Since the initial planning one al Institute on Aging Intramural Research on, National Institutes of Health	Click the tab key to add additional rows.
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Nationa	one al Institute on Aging Intramural Research	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Nationa	one al Institute on Aging Intramural Research	Click the tab key to add additional rows.
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Nationa Progran	al Institute on Aging Intramural Research m, National Institutes of Health	Click the tab key to add additional rows.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Commande to you or to	mments (e.g., if payments were your institution)
4	Consulting fees	None 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  [National Institute on Aging Intramural Research Program, National Institutes of Health	
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	
Plea	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	11/5/2024
Your Name:	Clare Paterson
Manuscript Title:	The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk
Manuscript Number (if known):	ADJ-D-24-01150
content of your manuscript. "Rela affected by the content of the man	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 about whether to list a relationship/activity/interest, it is preferable that you do so.
• •	es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.
In item #1 below, report all suppo frame for disclosure is the past 36	rt for the work reported in this manuscript without time limit. For all other items, the time 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.	SomaLogic Inc LLC Standard BioTools	Employment Employment Click the tab key to add additional rows.
		Time frame: past 36 month	ns
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 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	PCT/US2023/027583 (Methods for Assessing Dementia Risk)
9	Participation on a Data Safety Monitoring Board or Advisory Board	None    Output   Outp
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	SomaLogic Inc LLC Standard BioTools	Stock and stock options Stock and stock options
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

6 12/13/2021 ICMJE Disclosure Form

Date:	11/4/2024
Your Name:	Yifei Lu
Manuscript Title:	The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk
Manuscript Number (if known):	ADJ-D-24-01150

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		e all entities with whom you have this onship 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	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
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 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 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	
Plea	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	<u> </u>	11/12/2024		
Your Name:		Hannah Blegel		
Manuscript Title:		The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk		
Manuscript Number (if k	(nown):	ADJ-D-24-01150		
content of your manuscriaffected by the content of indicate a bias. If you are The author's relationship epidemiology of hypertenthat medication is not medication is not medicated.	ipt. "Relate of the manue in doubt a os/activities nsion, you entioned in all support	ed" means any relation with for-profit or no uscript. Disclosure represents a commitme about whether to list a relationship/activity s/interests should be defined broadly. For eshould declare all relationships with manufacthe manuscript.	es/interests listed below that are related to the ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.  example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
frame for disclosure is th	ie past 36 n	nontns.		
frame for disclosure is th	Name all	entities with whom you have this ip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
frame for disclosure is th	Name all	entities with whom you have this	made to you or to your institution)	
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.	Name all crelationsh	entities with whom you have this ip or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)	

2

3

Grants or

contracts from any entity (if not indicated in item #1 above).

Royalties or

licenses

None

**⊠** 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 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	PCT/US2023/027583 (Methods for Assessing Dementia Risk)
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	SomaLogic Inc LLC Standard BioTools	Stock and stock options Stock and stock options
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.		

12 12/13/2021 ICMJE Disclosure Form

Date:	11/4/2024
Your Name:	Heather Dark
Manuscript Title:	The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk
Manuscript Number (if known):	ADJ-D-24-01150

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		all entities with whom you have this onship 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	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
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     Non	
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 NIA	
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	
Plea 🖂	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	11/4/2024
Your Name:	Jenifer Cordon
Manuscript Title:	The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk
Manuscript Number (if known):	ADJ-D-24-01150

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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.

		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	g 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	Click the tab key to add additional rows.
		Time frame: past 36 mont	hs
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 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 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	
Plea 🖂	•	t to the following statement to indicate your agreeme	

18 12/13/2021 ICMJE Disclosure Form

Dat	e:	11/5/2024			
Your Name:		Murat Bilgel	Murat Bilgel		
Manuscript Title:		The Dementia SomaS	The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk		
Mai	nuscript Number (if kn	own): ADJ-D-24-01150			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub		. "Related" means any relation the manuscript. Disclosure report of the manuscript of the manuscript. The manuscript of	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.  es/interests should be defined broadly. For example, if your manuscript pertains to the		
		on, you should declare all relationed in the manuscript.	tionships with manufa	acturers of antihypertensive medication, even if	
In it		support for the work reporte	d in this manuscript wi	ithout time limit. For all other items, the time	
		ame all entities with whom y lationship or indicate none (a		Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Sino	ce 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 National Institute on Aging Into Program, National Institutes of		Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	National Institute on Aging Intr Program, National Institutes of			
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	National Institute on Aging Intr Program, National Institutes of	Health		

		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 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 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			
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:			11/6/2024		
Your Name:			Naoto Kaneko		
Manuscript Title:			The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk		
Mai	nuscript Number (if k	nown):	ADJ-D-24-01150		
In the interest of transparency, we content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned.		ipt. "Rela of the mar e in doubt os/activitie nsion, you entioned	ort for the work reported in this manuscript without 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 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.	Naoto K	Time frame: Since the initial planning one  Kaneko is an employee of the NEC Solution cors, Ltd.	of the work  Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Naoto K	one  Kaneko is an employee of the NEC Solution	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Naoto K Innovat	Caneko is an employee of the NEC Solution cors, Ltd.	Click the tab key to add additional rows.	

		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 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 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			
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:	11/17/2024
Your Name:	Masaki Shibayama
Manuscript Title:	The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk
Manuscript Number (if known):	ADJ-D-24-01150

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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 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None 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	Masaki Shibayama	Dr Shibayama is FonesLife employee, which is providing dSST in Japan.		
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.				

Dat	e:	<del>-</del>	11/5/2024		
Your Name:		_	Shintaro Kato		
Manuscript Title:		_	The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk		
Ma	nuscript Number (if kı	nown):	ADJ-D-24-01150		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti			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.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if		
	t medication is not me	-		actual circumstant and actual circumstant actual circu	
	tem #1 below, report a			ithout time limit. For all other items, the time	
			entities with whom you have this nip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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			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,	innovato		of the work	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	Shintaro	Netato is an employee of the NEC solution ors, Ltd. and holds a concurrent position at	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	Shintaro	Netato is an employee of the NEC solution ors, Ltd. and holds a concurrent position at		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Shintaro	Netato is an employee of the NEC solution ors, Ltd. and holds a concurrent position at	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Shintaro	Nation is an employee of the NEC solution ors, Ltd. and holds a concurrent position at e Corporation.  Time frame: past 36 month	Click the tab key to add additional rows.	

		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 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			
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:			10/8/2021		
Your Name:			Makio FURUICHI		
Manuscript Title:			The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk		
Mar	nuscript Number (if k	known):	ADJ-D-24-01150		
In the interest of transparency, w content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activities.		ript. "Relation of the made in double os/activitions, you dentioned	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.  es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
	em #1 below, report ne for disclosure is th			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 were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	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.	Makio I	FURUICHI is an employee of NEC solution ors,Ltd., and is sent to Foneslife ation.	Click the tab key to add additional rows.	
			Time frame: past 36 month	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] N•	one		
3	Royalties or licenses	⊠ No	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)
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 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:			

Date:	11/6/2024
Your Name:	lwao Waga
Manuscript Title:	The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk
Manuscript Number (if known):	ADJ-D-24-01150

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			e all entities with whom you have this onship 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	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 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 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	Dr Waga is FonesLife employee, which is providing dSST in Japan.
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:	11/11/2024
Your Name:	Keita Hiraga
Manuscript Title:	The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk
Manuscript Number (if known):	ADJ-D-24-01150

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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.

		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)
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.	Time frame: Since the initial planni  [⊠] None	Click the tab key to add additional rows.
		Time frame: past 36 mo	nths
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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Ono Pharmaceutical Takeda Pharmaceutical Eisai	Kyowa Kirin
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	
Plea	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	e:	11/5/2024	
You	r Name:	Masahisa Katsuno	
Mai	nuscript Title:	The Dementia SomaSignal Test (dSST): a pl	asma proteomic predictor of 20-year dementia risk
Mai	nuscript Number (if kn	own): ADJ-D-24-01150	
con affe	tent of your manuscrip	ency, we ask you to disclose all relationships/activitit. "Related" means any relation with for-profit or n the manuscript. Disclosure represents a commitmen doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily
epic	demiology of hyperten	activities/interests should be defined broadly. For all indications in the manustrioned in the manuscript.	
	em #1 below, report a ne for disclosure is the	I support for the work reported in this manuscript v past 36 months.	vithout time limit. For all other items, the time
		lame all entities with whom you have this elationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		<del>-</del>	made to you or to your institution)
1		elationship or indicate none (add rows as needed)	made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	elationship or indicate none (add rows as needed)  Time frame: Since the initial planning  D  None	made to you or to your institution)  of the work  Click the tab key to add additional rows.

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**⊠** None

3

		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	
Plea [⊠]	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	11/5/2024
Your Name:	Yukiko Nishita
Manuscript Title:	The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk
Manuscript Number (if known):	ADJ-D-24-01150

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		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	g 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	Click the tab key to add additional rows.
		Time frame: past 36 mont	hs
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	
Plea	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	e:	11/5/2024	
You	r Name:	Rei Otsuka	
Ma	nuscript Title:	The Dementia SomaSignal Test (dSST): a plasma	proteomic predictor of 20-year dementia risk
Ma	nuscript Number (if kn	own): ADJ-D-24-01150	
con affe	tent of your manuscrip ected by the content of	ency, we ask you to disclose all relationships/activities/intent. "Related" means any relation with for-profit or not-for- the manuscript. Disclosure represents a commitment to the manuscript whether to list a relationship/activity/intent.	r-profit third parties whose interests may be transparency and does not necessarily
epi	demiology of hypertens	/activities/interests should be defined broadly. For exampsion, you should declare all relationships with manufacture attioned in the manuscript.	
	em #1 below, report a ne for disclosure is the	ll support for the work reported in this manuscript withou past 36 months.	ut time limit. For all other items, the time
		•	ecifications/Comments (e.g., if payments were de to you or to your institution)
		C	and the same of th
		Time frame: Since the initial planning of th	ne work
1	funding, provision of study materials, medical writing,	Research Grants from NEC Solution Innovators Limited Research Grants from National Center for Geriatrics and Gerontology, Japan	ne work
1	present manuscript (e.g., funding, provision of study materials,	Research Grants from NEC Solution Innovators Limited Research Grants from National Center for Geriatrics and Gerontology, Japan	the tab key to add additional rows.
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Research Grants from NEC Solution Innovators Limited Research Grants from National Center for Geriatrics and Gerontology, Japan	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	Research Grants from NEC Solution Innovators Limited Research Grants from National Center for Geriatrics and Gerontology, Japan  Click	

		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	
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:	11/8/2021
Your Name:	Christos Davatzikos
Manuscript Title:	The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk
Manuscript Number (if known):	ADJ-D-24-01150

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		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 [1-RF1-AG-054409 iSTAGING 75N95019C00022 BLSA	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 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 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 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		
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:	11/4/2024
Your Name:	Guray Erus
Manuscript Title:	The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk
Manuscript Number (if known):	ADJ-D-24-01150

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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.

			e all entities with whom you have this ionship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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.	X	None  Time frame: Since the initial planning  None  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	X	None	
3	Royalties or licenses	X	None	

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		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	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	X None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X None	

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	X	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X	None	
13	Other financial or non-financial interests	X	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			
Χ	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

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Date:	11/5/2024
Your Name:	Kelsey M. Loupy
Manuscript Title:	The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk
Manuscript Number (if known):	ADJ-D-24-01150

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		all entities with whom you have this nship 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	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
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		
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.			

ICIVITE DISCLOSURE I ORIVI			
Date:	12/17/2024		
Your Name: Melissa Simpson			
Manuscript Title: The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dem			
Manuscript Number (if known):	ADJ-D-24-01150		
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		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.		Employment until September 2023  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 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	PCT/US2023/027583 (Methods for Assessing Dementia Risk)
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	SomaLogic Inc LLC restricted stock units		
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:  \[ \begin{align*} \Boxed{I} \text{ certify that I have answered every question and have not altered the wording of any of the questions on this form.} \]			

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Date:	11/6/2024
Your Name:	Alexandria Lewis
Manuscript Title:	The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk
Manuscript Number (if known):	ADJ-D-24-01150

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	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	Click the tab key to add additional rows.		
		Time frame: past 36 months	5		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	None			

		lame all entities with whom you have this elationship 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

	relationship or indicate none (add rows as needed)	made to you or to your institution)
Stock or stock options	None	
Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
Other financial or non-financial interests	None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial	Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-financial

Date:	11/11/2024
Your Name:	Abhay Moghekar
Manuscript Title:	The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk
Manuscript Number (if known):	ADJ-D-24-01150

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.

		all entities with whom you have this onship 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	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			specifications/Comments (e.g., if payments were nade to you or to your institution)
4	Consulting fees	None     Non	
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	
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	e:		11/11/2024		
Your Name:			Priya Palta		
Manuscript Title:			The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk		
Mar	nuscript Number (if k	nown):	ADJ-D-24-01150		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub				/interest, it is preferable that you do so.	
	demiology of hyperter medication is not me	-		acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		·	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 were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
			8	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.		one al Institutes of Health	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Nationa N	al Institutes of Health	Click the tab key to add additional rows.	

		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 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 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	
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:	11/12/2024
Your Name:	Rebecca F. Gottesman
Manuscript Title:	The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk
Manuscript Number (if known):	ADJ-D-24-01150

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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.

		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	g 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	Click the tab key to add additional rows.
		Time frame: past 36 mont	hs
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 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 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	
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:			11/11/2024		
Your Name:			Susan Resnick		
Manuscript Title:			The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk		
Mar	nuscript Number (if k	nown):	ADJ-D-24-01150		
In the interest of transparency, we content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activity		ipt. "Related from the made in double solutions of the made in double solutions of the material in the materia	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 inuscript. Disclosure represents a commitment to transparency and does not necessarily at about whether to list a relationship/activity/interest, it is preferable that you do so.  ies/interests should be defined broadly. For example, if your manuscript pertains to the should declare all relationships with manufacturers of antihypertensive medication, even if		
In item #1 below, report all supports frame for disclosure is the past 36		all suppo	ort for the work reported in this manuscript w	ithout time limit. For all other items, the time	
			ll 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)	
			Time frame: Since the initial planning	of the work	
1	All support for the present	[□] N	one		
	manuscript (e.g., funding, provision	NIA Int	ramural Research Program	employee	
	of study materials,			Click the tab key to add additional rows.	
	medical writing, article processing				
	charges, etc.)  No time limit for				
	this item.				
			Time frame: past 36 month	ns	
2	2 Grants or		one		
	contracts from	⊠ N	one		
			one		
	any entity (if not indicated in item		one		
	any entity (if not		one -		
3	any entity (if not indicated in item		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)
4	Consulting fees	None 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	McKnight Foundataion	In kind travel and lodging – plenary speaker
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Adult Aging Brain Connectome Dementia Platforms UK Canadian Consortium on Neurodegeneration in Aging	
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		
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:	11/4/2024
Your Name:	Josef Coresh
Manuscript Title:	The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk
Manuscript Number (if known):	ADJ-D-24-01150
content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt."  The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned.	rt for the work reported in this manuscript without time limit. For all other items, the time

			all entities with whom you have this onship 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	Click the tab key to add additional rows.
			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	[NIH	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   Somalogic	
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 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	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:		

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Date:			11/11/2024		
Your Name:			Stephen A Williams		
Manuscript Title:			The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk		
Ma	nuscript Number (if k	nown):	ADJ-D-24-01150		
In the interest of transparency, w content of your manuscript. "Rel affected by the content of the ma		ipt. "Rel of the ma			
epi		nsion, yo	•	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
In item #1 below, report all support frame for disclosure is the past 36				rithout time limit. For all other items, the time	
			Il 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)	
				made to you or to your institution)	
1	All support for the	relation	ship or indicate none (add rows as needed)	made to you or to your institution)	
1	present manuscript (e.g.,	relation	ship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)	
1	present manuscript (e.g., funding, provision	relation	ship or indicate none (add rows as needed)  Time frame: Since the initial planning one	made to you or to your institution)  of the work  Employee and shareholder	
1	present manuscript (e.g.,	relation	ship or indicate none (add rows as needed)  Time frame: Since the initial planning one	made to you or to your institution) of the work	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relation	ship or indicate none (add rows as needed)  Time frame: Since the initial planning one	made to you or to your institution)  of the work  Employee and shareholder  Click the tab key to add additional rows.	

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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 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	Standard Biotools Inc	Business travel funded
8	Patents planned, issued or pending	□ None  Provisional patent for model may have been filed	
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	Standard Biotools Inc	Employee incentive plan
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.		

21 12/13/2021 ICMJE Disclosure Form

Date:	11/4/2024
Your Name:	Keenan A Walker
Manuscript Title:	The Dementia SomaSignal Test (dSST): a plasma proteomic predictor of 20-year dementia risk
Manuscript Number (if known):	ADJ-D-24-01150

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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	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIA (Intramural Research Program) AG000348-01 NIA (Intramural Research Program) AG000349-01	Payments made to institution Payments made to institution
3	Royalties or licenses	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if p made to you or to your institution)	
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 other board, society, committee or advocacy group, paid or unpaid	National Academy of Neuropsychology, Board of Directors	

		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:						