

ICMJE DISCLOSURE FORM

Date: 5/27/2024

Your Name: Aur lie Lebrun

Manuscript Title: How fibre bundle alterations differ in presumed LATE and amnestic Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00339

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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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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: 5/27/2024

Your Name: Yann Leprince

Manuscript Title: How fibre bundle alterations differ in presumed LATE and amnestic Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00339

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ICMJE DISCLOSURE FORM

Date: 5/17/2024

Your Name: Julien Lagarde

Manuscript Title: How fibre bundle alterations differ in presumed LATE and amnestic Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00339

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ICMJE DISCLOSURE FORM

Date: 5/21/2024

Your Name: Pauline Olivieri

Manuscript Title: How fibre bundle alterations differ in presumed LATE and amnesic Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00339

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ICMJE DISCLOSURE FORM

Date: 5/27/2024

Your Name: Martin Moussion

Manuscript Title: How fibre bundle alterations differ in presumed LATE and amnestic Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00339

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ICMJE DISCLOSURE FORM

Date: 5/22/2024

Your Name: Camille Noiray

Manuscript Title: How fibre bundle alterations differ in presumed LATE and amnesic Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00339

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

☒ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 5/18/2024

Your Name: Michel Bottlaender

Manuscript Title: How fibre bundle alterations differ in presumed LATE and amnesic Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00339

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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ICMJE DISCLOSURE FORM

Date: 5/17/2024

Your Name: Marie SARAZIN

Manuscript Title: How fibre bundle alterations differ in presumed LATE and amnestic Alzheimer's disease

Manuscript Number (if known): ADJ-D-24-00339

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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