No.1

Date: 15. 4. 2021

Your Name: Romana Burgetová

Manuscript Title: Age-related magnetic susceptibility changes in deep grey matter and cerebral cortex of normal

young and middle-aged adults depicted by whole brain analysis

Manuscript number (if known): QIMS-21-87_____

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
	l	Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
Ü	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
0	Double institute on a Data	Nama	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:

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

No. 2

Date: 15.4.2021

Your Name: Petr Dusek

Manuscript Title: Age-related magnetic susceptibility changes in deep grey matter and cerebral cortex of normal young

and middle-aged adults depicted by whole brain analysis

Manuscript number (if known):_21-87______

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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 of the work
1	All support for the present	Czech Ministry of Health	Institution
	manuscript (e.g., funding,	project RVO-VFN64165	
	provision of study materials,	NV 18-08-00062	Institution
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	Czech Ministry of Health,	Institution
	any entity (if not indicated	grant No. NU21-04-00535	
	in item #1 above).	EU Horizon2020 research	Institution
		and innovation	
		programme, grant No.	
		633190	

3	Royalties or licenses	xNone	
4	Consulting fees	x_None	
5	Payment or honoraria for	xNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	No.	
6	Payment for expert	xNone	
	testimony		
7	Compart for attanding	v. None	
/	Support for attending meetings and/or travel	xNone	
	G ,		
8	Patents planned, issued or	x_None	
	pending		
-			
9	Participation on a Data	Alexion Pharmaceuticals	
	Safety Monitoring Board or		
10	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x_None	
12	Receipt of equipment,	x_None	
	materials, drugs, medical		
	writing, gifts or other		
42	services	N	
13	Other financial or non-	_xNone	
	financial interests		

Petr Dusek reports funding from Czech Ministry of Health, grant No. NU21-04-00535 and European Union's	
Horizon2020 research and innovation programme, grant No. 633190, and advisory board payment from Alexic	on
Pharmaceuticals.	

Please place an "X" next to the following statement to indicate your agreement:				
x_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

Na 2

NO. 5
Date:16.4.2021
Your Name: Andrea Burgetova
Manuscript Title: Age-related magnetic susceptibility changes in deep grey matter and cerebral cortex of normal
young and middle-aged adults depicted by whole brain
analysis
Manuscript number (if known): QIMS 21-87

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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 of the work
1	All support for the present manuscript (e.g., funding,	Czech Ministry of Health project RVO-VFN64165	Institution
	provision of study materials,	NV 18-08-00062	Institution
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None			
5	Payment or honoraria for	None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or educational events				
6	Payment for expert	None			
U	testimony	None			
	,				
7	Support for attending	None			
	meetings and/or travel				
8	Patents planned, issued or	None			
	pending				
9	Participation on a Data	None			
	Safety Monitoring Board or				
10	Advisory Board	N.			
10	Leadership or fiduciary role in other board, society,	None			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	None			
12	Receipt of equipment,	None			
	materials, drugs, medical				
	writing, gifts or other				
13	services Other financial or non-	None			
13	financial interests	None			
	diloidi iireel edid				
Ple	Please summarize the above conflict of interest in the following box:				

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

No. 4

Date: 15. 4. 2021

Your Name: Adam Pudlač

Manuscript Title: Age-related magnetic susceptibility changes in deep grey matter and cerebral cortex of normal

young and middle-aged adults depicted by whole brain analysis

Manuscript number (if known): QIMS-21-87_____

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

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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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
Ü	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
0	Double institute on a Data	Nama	
9	Participation on a Data Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	ollowing box:

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

No. 5	
Date:14.4.2021	
Your Name:_Manuela Vaneckova	
Manuscript Title: Age-related magnetic susceptibility changes in deep grey matter and cerebral cortex or	f normal
young and middle-aged adults depicted by whole brain	
analysis	
Manuscript number (if known): 21-87	

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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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,	Czech Ministry of Health project RVO-VFN64165	Institution
	provision of study materials, medical writing, article	NV 18-08-00062	Institution
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	NV 18-04-00168	Institution
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
	C		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Biogen Idec, Novartis, Sanofi Genzyme, Merck Serono and Teva	me
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Biogen Idec, Novartis, Sanofi Genzyme	me
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	None	
	group, paid or unpaid		
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	

Manuela Vaneckova reports funding from Czech Ministry of Health, grant No. NV 18-04-00168, payment or honoraria for lectures and presentation from Biogen Idec, Novartis, Sanofi Genzyme, Merck Serono and Teva and support for attending meetings and/or travel from Biogen Idec, Novartis, Sanofi Genzyme.

Please place an "X" next to the following statement to indicate your agreement:
X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

No.6

Date: 17. 4. 2021

Your Name: Dana Horakova

Manuscript Title: Age-related magnetic susceptibility changes in deep grey matter and cerebral cortex of normal

young and middle-aged adults depicted by whole brain analysis

Manuscript number (if known): QIMS-21-87_____

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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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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.	Czech Ministry of Education project Progres Q27/LF1	institution
		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	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Biogen Idec, Novartis, Sanofi, Roche, Merck	To me
_			
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	Biogen Idec, Novartis, Sanofi, Roche, Merck	To me
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
11	Stock of Stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
13	services Other financial or non-	None	
13	financial interests	None	

Dana Horakova reports honoraria for lectures and presentation from Biogen Idec, Novartis, Sanofi, Roche and Merck and support for attending meetings and/or travel from Biogen Idec, Novartis, Sanofi, Roche and Merck.

X I certify that I have answered every question and have not altered the wording of any of the questions on this for	rm

Na 7

NO. /
Date:15.4.2021
Your Name:_Jan Krasensky
Manuscript Title: Age-related magnetic susceptibility changes in deep grey matter and cerebral cortex of normal
young and middle-aged adults depicted by whole brain
analysis
Manuscript number (if known): OIMS-21-87

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Czech Ministry of Health project RVO-VFN64165	Institution
		NV 18-08-00062	Institution
	No time limit for this item.		
		Time frame: past	26 months
2	Grants or contracts from	NV 18-04-00168	
2	any entity (if not indicated	NV 18-04-00108	Institution
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	None	
7	Support for attending	Diagram Idaa	mo
/	meetings and/or travel	Biogen Idec, Novartis, Sanofi	me
	meetings and, or traver	Genzyme	
		Gerizyine	
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
9	Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
11	group, paid or unpaid Stock or stock options	None	
	Stock of Stock options		
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other services		
13	Other financial or non- financial interests	None	

Jan Krasensky reports funding from Czech Ministry of Health, grant No. NV 18-04-00168 and support for attending meetings and/or travel Biogen Idec, Novartis, Sanofi Genzyme.

Please place an "X" next to the following statement to indicate your agreement:		
X_ I certify that I have answered every question and have not altered the wording of any of the questions on thi form.		

No. 8

Date: 15. 4. 2021

Your Name: Zsoga Varga

Manuscript Title: Age-related magnetic susceptibility changes in deep grey matter and cerebral cortex of normal

young and middle-aged adults depicted by whole brain analysis

Manuscript number (if known): QIMS-21-87_____

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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				
		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				
4	Consulting fees	None				

		•					
5	Payment or honoraria for	None					
	lectures, presentations,						
	speakers bureaus,						
	manuscript writing or educational events						
6	Payment for expert	None					
	testimony						
7	Support for attending	None					
	meetings and/or travel						
8	Patents planned, issued or	None					
	pending						
9	Participation on a Data	None					
,	Safety Monitoring Board or	None					
	Advisory Board						
10	Leadership or fiduciary role	None					
	in other board, society, committee or advocacy						
	group, paid or unpaid						
11	Stock or stock options	None					
12	Receipt of equipment,	None					
12	materials, drugs, medical	None					
	writing, gifts or other						
12	services	Nava					
13	Other financial or non- financial interests	None					
	ariolar irred editi						
Ple	Please summarize the above conflict of interest in the following box:						

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

Na O

NO. 5
Date:14.3.2021
Your Name:_Lukas Lambert
Manuscript Title: Age-related magnetic susceptibility changes in deep grey matter and cerebral cortex of normal
young and middle-aged adults depicted by whole brain
analysis
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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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	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.	Czech Ministry of Health project RVO-VFN64165 NV 18-08-00062	Institution
		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	

4	Consulting fees	None				
5	Payment or honoraria for	None				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or educational events					
6	Payment for expert	None				
U	testimony	None				
7	Support for attending	None				
	meetings and/or travel					
8	Patents planned, issued or	None				
	pending					
9	Participation on a Data	None				
	Safety Monitoring Board or					
10	Advisory Board	N.				
10	Leadership or fiduciary role in other board, society,	None				
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	None				
12	Receipt of equipment,	None				
	materials, drugs, medical					
	writing, gifts or other					
13	services Other financial or non-	None				
13	financial interests	None				
Ple	Please summarize the above conflict of interest in the following box:					

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