

ICMJE DISCLOSURE FORM

Date: 1st of July 2021

Your Name: Ebba Gløersen Müller

Manuscript Title: Evaluation of semi-quantitative measures of ¹⁸F-Flutemetamol PET for the clinical diagnosis of Alzheimer's disease

Manuscript number (if known): QIMS 21-188

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 current manuscript only.

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.	Civitan Norway Research Foundation for Alzheimer's disease	Unrestricted grant, payments made to my employer; Oslo University Hospital
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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 summarize the above conflict of interest in the following box:

Ebba Gløersen Müller has through Oslo University Hospital received unrestricted grant from Civitan Norway Research Foundation for Alzheimer's disease to support the PhD.

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: 2/7-21

Your Name: Caroline Stokke

Manuscript Title: Evaluation of semi-quantitative measures of ¹⁸F-Flutemetamol PET for the clinical diagnosis of Alzheimer's disease

Manuscript number (if known): QIMS 21-188

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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	_____ 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	
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 summarize the above conflict of interest in the following box:

None

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.

ICMJE DISCLOSURE FORM

Date: 01.07.2021

Your Name: Henning Langen Stokmo

Manuscript Title: Evaluation of semi-quantitative measures of ¹⁸F-Flutemetamol PET for the clinical diagnosis of Alzheimer's disease

Manuscript number (if known): QIMS 21-188

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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.	<u>_X_</u> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>_X_</u> None	
3	Royalties or licenses	<u>_X_</u> None	
4	Consulting fees	Siemens Healthineers	Payments made to me

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> _X_ None	
6	Payment for expert testimony	<input type="checkbox"/> _X_ None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> _X_ None	
8	Patents planned, issued or pending	<input type="checkbox"/> _X_ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> _X_ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> _X_ None	
11	Stock or stock options	<input type="checkbox"/> _X_ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> _X_ None	
13	Other financial or non-financial interests	<input type="checkbox"/> _X_ None	

Please summarize the above conflict of interest in the following box:

I have received consultancy fees from Siemens Healthineers.

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.

ICMJE DISCLOSURE FORM

Date: 03-07-2021

Your Name: Trine Holt Edwin

Manuscript Title: Evaluation of semi-quantitative measures of ¹⁸F-Flutemetamol PET for the clinical diagnosis of Alzheimer's disease

Manuscript number (if known): QIMS 21-188

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

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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.	<input type="checkbox"/> None The Norwegian Health Association	The payments were made to Norwegian National Advisory Unit on Ageing and Health
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> <input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	
		Roche BN29553	A rater, outside the submitted work
		Boeringer-Ingelheim 1346.0023	A rater, outside the submitted work

Please summarize the above conflict of interest in the following box:

Trine Holt Edwin has been a rater in, two clinical trials (Roche BN29553 and Boeringer-Ingelheim 1346.0023), outside the submitted work.

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: 2 July 2, 2021

Your Name: Anne-Brita Knapskog

Manuscript Title: Evaluation of semi-quantitative measures of ¹⁸F-Flutemetamol PET for the clinical diagnosis of Alzheimer's disease

Manuscript number (if known): QIMS 21-188

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u> None	
		Norwegian Health Association	Postdoc grant through Oslo University Hospital
3	Royalties or licenses	<u> x </u> None	
4	Consulting fees	<u> x </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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 type="checkbox"/> None	
		See below	

Please summarize the above conflict of interest in the following box:

2016-2019 National coordinator, Boehringer-Ingelheim (1346.0023).
2017-2019 Principal investigator site , Roche (BN29553)
2021-2025 Principal investigator site, Novo Nordisk, EVOKE (NN6535-4730)

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: July 1st 2021

Your Name: Mona-Elisabeth Revheim

Manuscript Title: Evaluation of semi-quantitative measures of ¹⁸F-Flutemetamol PET for the clinical diagnosis of Alzheimer's disease

Manuscript number (if known): QIMS 21-188

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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.	Civitan Norway Research Foundation for Alzheimer's disease	Unrestricted grant to Oslo University Hospital
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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 summarize the above conflict of interest in the following box:

Mona Elisabeth Revheim has received unrestricted grants from Civitan Norway Research foundation for Alzheimer's disease.

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.