Date:	······································
Manuscript number (if known): In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below related to the content of your manuscript. "Related" means any relation with for-profit or not-for-proparties whose interests may be affected by the content of the manuscript. Disclosure represents a core 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 comanuscript only. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript to the epidemiology of hypertension, you should declare all relationships with manufacturers of antih 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 a the time frame for disclosure is the past 36 months. Name all entities with whom you have this Specifications/Comments (e.g., if payments were made to you or to your solutions).	······································
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whom you have this (e.g., if payments were made to you or to you	
relationship or indicate institution) none (add rows as needed)	
Time frame: Since the initial planning of the work	
1 All support for the presentX_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 any entity (if not indicated in item #1 above).	XNone
3	Royalties or licenses	XNone
4	Consulting fees	XNone

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

None		

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

	•	TOTAL DISCLOSURE FORM
Date:	2022/11/28	
Manuscript Title:	The safety and effective	veness of $lpha$ -synuclein immunotherapy for the treatment of Parkinson's
disease: a systemat	tic review and meta-analy	/sis
Manuscript numbe	r (if known):	·····
related to the conto parties whose inter to transparency and	ent of your manuscript. "F rests may be affected by t	o disclose all relationships/activities/interests listed below that are Related" means any relation with for-profit or not-for-profit third the content of the manuscript. Disclosure represents a commitment dicate a bias. If you are in doubt about whether to list a e that you do so.
The following quest manuscript only.	tions apply to the author'	's relationships/activities/interests as they relate to the <u>current</u>
to the epidemiolog	y of hypertension, you sho	ts should be <u>defined broadly</u> . For example, if your manuscript pertains ould declare all relationships with manufacturers of antihypertensive entioned 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	XNone	
	processing charges, etc.) No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Descript of anythment	V. Mara	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
13	Other financial or non-	XNone	
	financial interests		

None			

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

Date	e:2022/11/	/28	
Your	· Name: Chen	g Wang	
Man	uscript Title: The safe	ty and effectiveness of α -s	synuclein immunotherapy for the treatment of Parkinson's
disea	ase: a systematic review an	d meta-analysis	
Man	uscript number (if known):		
relat parti to tr	ed to the content of your ries whose interests may be	nanuscript. "Related" mea affected by the content o ecessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.
	following questions apply t uscript only.	o the author's relationshi	ps/activities/interests as they relate to the current
to th	_	nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	em #1 below, report all sup ime frame for disclosure is	•	d in this manuscript without time limit. For all other items
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	al planning of the work
1	All support for the present	XNone	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	at 36 months
2	Grants or contracts from	XNone	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	X None	

Consulting fees

_X__None

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

None			

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

Date:	2022/11/	['] 28				
Your Name:	Hui Zł	າວu				
Manuscript Title	Manuscript Title: The safety and effectiveness of α -synuclein immunotherapy for the treatment of Parkinson's					
disease: a syste	matic review an	d meta-analysis	_			
Manuscript nun	nber (if known):					
related to the co	ontent of your n	nanuscript. "Related" r	e all relationships/activities/interests listed below that are means any relation with for-profit or not-for-profit third			
to transparency	and does not no	•	nt of the manuscript. Disclosure represents a commitment as. If you are in doubt about whether to list a			
Telationship, act	tivity/iliterest, it	t is preferable that you	uo 30.			
The following quanuscript only		o the author's relation	ships/activities/interests as they relate to the current			
to the epidemio	ology of hyperte		be <u>defined broadly</u> . For example, if your manuscript pertains are all relationships with manufacturers of antihypertensive in the manuscript.			
	•	port for the work repo the past 36 months.	rted in this manuscript without time limit. For all other items,			
		Name all entities with	Specifications/Comments			
		whom you have this	(e.g., if payments were made to you or to your			
		relationship or indicate				
		none (add rows as				
		needed)	nitial planning of the work			
1 All support f	for the conseque	X None	nitial planning of the work			
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	study materials,					
medical wri	-					
	charges, etc.)					
	it for this item.					
		Time frame:	past 36 months			
2 Grants or co	ontracts from	XNone				
	if not indicated					
in item #1 a	bove).					
3 Royalties or	licenses	Y None				

Consulting fees

_X__None

4

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy	XNone	
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	XNone	

None			

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

:2022/11/	⁷ 28	
uscript Title: The safet	ty and effectiveness of α -sy	nuclein immunotherapy for the treatment of Parkinson's
ise: a systematic review an	d meta-analysis	
uscript number (if known):		
ed to the content of your ness whose interests may be ensparency and does not not ionship/activity/interest, it following questions apply touscript only. Southor's relationships/active epidemiology of hyperterication, even if that medicates #1 below, report all supports whose identities is a support of the support and supports who is a support of the support all supports who is a support of the support of t	nanuscript. "Related" mean affected by the content of ecessarily indicate a bias. It is preferable that you do so the author's relationship vities/interests should be dension, you should declare a stion is not mentioned in the port for the work reported	the manuscript. Disclosure represents a commitment of you are in doubt about whether to list a so. If you are in doubt about whether to list a so. If your manuscript pertains all relationships with manufacturers of antihypertensive
ime trame for disclosure is	the past 36 months.	
	Name all entities with	Specifications/Comments
		(e.g., if payments were made to you or to your
	relationship or indicate	institution)
	none (add rows as	
	needed)	
	needed) Time frame: Since the initia	l planning of the work
All support for the present	•	l planning of the work
manuscript (e.g., funding,	Time frame: Since the initia	l planning of the work
manuscript (e.g., funding, provision of study materials,	Time frame: Since the initia	I planning of the work
manuscript (e.g., funding, provision of study materials, medical writing, article	Time frame: Since the initia	I planning of the work
manuscript (e.g., funding, provision of study materials,	Time frame: Since the initia	I planning of the work
	Name: Hui Si uscript Title: The safet ase: a systematic review an uscript number (if known): e interest of transparency, ed to the content of your nes whose interests may be ansparency and does not nionship/activity/interest, if following questions apply to uscript only. author's relationships/active epidemiology of hyperte ication, even if that medicatem #1 below, report all sup	ed to the content of your manuscript. "Related" meanes whose interests may be affected by the content of ansparency and does not necessarily indicate a bias. ionship/activity/interest, it is preferable that you do stollowing questions apply to the author's relationship uscript only. Buthor's relationships/activities/interests should be determined in the epidemiology of hypertension, you should declare a fication, even if that medication is not mentioned in the em #1 below, report all support for the work reported ime frame for disclosure is the past 36 months. Name all entities with whom you have this relationship or indicate none (add rows as

Time frame: past 36 months

X__None

X_None

X__None

Grants or contracts from

in item #1 above).

Consulting fees

Royalties or licenses

3

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any entity (if not indicated

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus,		
	manuscript writing or		
_	educational events		
6	Payment for expert	XNone	
	testimony		
-	Commont for attending	V. Naisa	
7	Support for attending meetings and/or travel	XNone	
	meetings and/or travei		
8	Patents planned, issued or	XNone	
	pending		
	5	V N	
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	XNone	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
	•		
12	Receipt of equipment, materials, drugs, medical	XNone	
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Dlas	se summarize the above co	nflict of interest in the fell	owing hove
ried	ise suillilalize the above to	innict of interest in the follo	Jwilig Dox.

None		

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