

**Discloser Identifier:** AJNR-24-00248-58365640

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

**1. Are you the corresponding author?**

No.

**2. What is the Manuscript Title?**

Enzyme replacement therapy for CLN2 disease: MRI volumetry shows significantly slower volume loss compared to a natural history cohort

**3. What is the Manuscript Identifying Number (if you know it)?**

**4. Please select which of the following apply to each relationship or activity:**

You are not disclosing any interests to this organization.

**5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

Yes

**6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

**a. Employment (If you need to add an interest, return to the previous step and select "Employment")**

No, I have no relevant interests of this type

**b. Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

No, I have no relevant interests of this type

**c. Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

**d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

**e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

No, I have no relevant interests of this type

**f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

**g. Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

No, I have no relevant interests of this type

**h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

**i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)**

No, I have no relevant interests of this type

**j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)**

No, I have no relevant interests of this type

**k. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

**l. Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)**

No, I have no relevant interests of this type

**7. Was any individual paid to provide professional writing assistance with this manuscript?**

No.

**8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

No.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

**10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

## Certification

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

**Discloser Identifier:** AJNR-24-00248-26201321

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

**1. Are you the corresponding author?**

No.

**2. What is the Manuscript Title?**

Epileptogenic tubers are associated with more homogeneous calcium content: A combined quantitative susceptibility mapping (QSM) and stereoelectroencephalography (SEEG) pilot study

**3. What is the Manuscript Identifying Number (if you know it)?**

**4. Please select which of the following apply to each relationship or activity:**

You are not disclosing any interests to this organization.

**5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

Yes

**6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

**a. Employment (If you need to add an interest, return to the previous step and select "Employment")**

No, I have no relevant interests of this type

**b. Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

No, I have no relevant interests of this type

**c. Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

**d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

**e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

No, I have no relevant interests of this type

**f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

**g. Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

No, I have no relevant interests of this type

**h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

**i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)**

No, I have no relevant interests of this type

**j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)**

No, I have no relevant interests of this type

**k. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

**l. Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)**

No, I have no relevant interests of this type

**7. Was any individual paid to provide professional writing assistance with this manuscript?**

No.

**8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

No.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

**10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

## Certification

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

**Discloser Identifier:** AJNR-24-00248-70131872

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

**1. Are you the corresponding author?**

No.

**2. What is the Manuscript Title?**

Enzyme replacement therapy for CLN2 disease: MRI volumetry shows significantly slower volume loss compared to a natural history cohort

**3. What is the Manuscript Identifying Number (if you know it)?**

**4. Please select which of the following apply to each relationship or activity:**

You are not disclosing any interests to this organization.

**5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

Yes

**6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

**a. Employment (If you need to add an interest, return to the previous step and select "Employment")**

No, I have no relevant interests of this type

**b. Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

No, I have no relevant interests of this type

**c. Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

**d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

**e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

No, I have no relevant interests of this type

**f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

**g. Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

No, I have no relevant interests of this type

**h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

**i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)**

No, I have no relevant interests of this type

**j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)**

No, I have no relevant interests of this type

**k. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

**l. Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)**

No, I have no relevant interests of this type

**7. Was any individual paid to provide professional writing assistance with this manuscript?**

No.

**8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

No.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

**10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

## Certification

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

**Discloser Identifier:** AJNR-24-00248-37038971

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

**1. Are you the corresponding author?**

No.

**2. What is the Manuscript Title?**

Enzyme replacement therapy for CLN2 disease: MRI volumetry shows significantly slower volume loss compared to a natural history cohort

**3. What is the Manuscript Identifying Number (if you know it)?**

**4. Please select which of the following apply to each relationship or activity:**

You are not disclosing any interests to this organization.

**5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

Yes

**6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

**a. Employment (If you need to add an interest, return to the previous step and select "Employment")**

No, I have no relevant interests of this type

**b. Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

No, I have no relevant interests of this type

**c. Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

**d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

**e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

No, I have no relevant interests of this type

**f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

**g. Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

No, I have no relevant interests of this type

**h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

**i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)**

No, I have no relevant interests of this type

**j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)**

No, I have no relevant interests of this type

**k. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

**l. Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)**

No, I have no relevant interests of this type

**7. Was any individual paid to provide professional writing assistance with this manuscript?**

No.

**8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

No.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

**10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

## Certification

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



**Discloser Identifier:** AJNR-24-00248-38901237

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

### Company or Organization

Entity	Type	Relevant to this Disclosure
Acandis	Consultant	
<b>Category:</b> Consultant		
Cerenovus	Consultant	
<b>Category:</b> Consultant		
Eppdata	Employment	
<b>Title:</b> Managing Director		
Eppdata	Stock	
Eppdata	Stock	
Medtronic USA, Inc.	Consultant	
<b>Category:</b> Consultant		
MicroVention, Inc.	Consultant	
<b>Category:</b> Consultant		
Penumbra, Inc.	Consultant	
<b>Category:</b> Consultant		
Phenox	Consultant	
<b>Category:</b> Consultant		
Roche	Consultant	
<b>Category:</b> Consultant		
Stryker Corporation	Consultant	
<b>Category:</b> Consultant		
Tegus Medical	Stock	
TG Medical	Consultant	

Entity	Type	Relevant to this Disclosure
<b>Category:</b> Consultant		
Tonbridge	Consultant	
<b>Category:</b> Consultant		
Vastrax	Stock	

## Additional Questions

### 1. Are you the corresponding author?

No.

### 2. What is the Manuscript Title?

Enzyme replacement therapy for CLN2 disease: MRI volumetry shows significantly slower volume loss compared to a natural history cohort

### 3. What is the Manuscript Identifying Number (if you know it)?

### 4. Please select which of the following apply to each relationship or activity:

a. **Other Professional Activities - Consultant** Acandis

Neither

b. **Other Professional Activities - Consultant** Cerenovus

Neither

c. **Other Professional Activities - Consultant** Medtronic USA, Inc.

Neither

d. **Other Professional Activities - Consultant** MicroVention, Inc.

Neither

e. **Other Professional Activities - Consultant** Penumbra, Inc.

Neither

f. **Other Professional Activities - Consultant** Phenox

Neither

g. **Other Professional Activities - Consultant** Roche

Neither

h. **Other Professional Activities - Consultant** Stryker Corporation

Neither

i. **Other Professional Activities - Consultant** TG Medical

Neither

j. **Other Professional Activities - Consultant** Tonbridge

Neither

k. **Employment** Eppdata

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

**l. Stock Eppdata**

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

**m. Stock Eppdata**

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

**n. Stock Tegus Medical**

Neither

**o. Stock Vastrax**

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

**5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

Yes

**6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

**a. Employment (If you need to add an interest, return to the previous step and select "Employment")**

No, I have no relevant interests of this type

**b. Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

No, I have no relevant interests of this type

**c. Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

**d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

**e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

No, I have no relevant interests of this type

**f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

**g. Expert witness testimony (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

**h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

**i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select "Patents")**

No, I have no relevant interests of this type

**j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select "Fiduciary Officer")**

No, I have no relevant interests of this type

**k. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

**I. Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select "Travel")**

No, I have no relevant interests of this type

**7. Was any individual paid to provide professional writing assistance with this manuscript?**

No.

**8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

No.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

**10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

## Certification

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

**Discloser Identifier:** AJNR-24-00248-77840157

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

**1. Are you the corresponding author?**

No.

**2. What is the Manuscript Title?**

Enzyme replacement therapy for CLN2 disease: MRI volumetry shows significantly slower volume loss compared to a natural history cohort

**3. What is the Manuscript Identifying Number (if you know it)?**

**4. Please select which of the following apply to each relationship or activity:**

You are not disclosing any interests to this organization.

**5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

Yes

**6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

**a. Employment (If you need to add an interest, return to the previous step and select "Employment")**

No, I have no relevant interests of this type

**b. Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

No, I have no relevant interests of this type

**c. Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

**d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

**e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

No, I have no relevant interests of this type

**f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

**g. Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

No, I have no relevant interests of this type

**h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

**i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)**

No, I have no relevant interests of this type

**j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)**

No, I have no relevant interests of this type

**k. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

**l. Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)**

No, I have no relevant interests of this type

**7. Was any individual paid to provide professional writing assistance with this manuscript?**

No.

**8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

No.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

**10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

## Certification

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

**Discloser Identifier:** AJNR-24-00248-78830945

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

**1. Are you the corresponding author?**

Yes.

**2. What is the Manuscript Title?**

Enzyme replacement therapy for CLN2 disease: MRI volumetry shows significantly slower volume loss compared to a natural history cohort

**3. What is the Manuscript Identifying Number (if you know it)?**

**4. Please select which of the following apply to each relationship or activity:**

You are not disclosing any interests to this organization.

**5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

Yes

**6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

**a. Employment (If you need to add an interest, return to the previous step and select "Employment")**

No, I have no relevant interests of this type

**b. Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

No, I have no relevant interests of this type

**c. Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

**d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

**e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

No, I have no relevant interests of this type

**f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

**g. Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

No, I have no relevant interests of this type

**h. Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

**i. Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)**

No, I have no relevant interests of this type

**j. Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)**

No, I have no relevant interests of this type

**k. Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

**l. Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)**

No, I have no relevant interests of this type

**7. Was any individual paid to provide professional writing assistance with this manuscript?**

No.

**8. Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

No.

**9. In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

**10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

## Certification

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



**Discloser Identifier:** AJNR-24-00248-117629067

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

### Company or Organization

Entity	Type	Relevant to this Disclosure
BioMarin Pharmaceutical	Grant / Contract	Yes
BioMarin Pharmaceutical	Travel	Yes

## Additional Questions

**1. Are you the corresponding author?**

No.

**2. What is the Manuscript Title?**

MRI volumetry shows significantly slower volume loss compared to a natural history cohort

**3. What is the Manuscript Identifying Number (if you know it)?**

**4. Please select which of the following apply to each relationship or activity:**

a. **Grant / Contract** BioMarin Pharmaceutical

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

b. **Travel** BioMarin Pharmaceutical

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

**5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

Yes

**6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

No, I have no relevant interests of this type

b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

Yes, as disclosed above

c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

No, I have no relevant interests of this type

d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

No, I have no relevant interests of this type

- e. **Payment for service on an advisory board (If you need to add an interest, return to the previous step and select “Independent Contractor,” and choose “Other”)**

No, I have no relevant interests of this type

- f. **Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

No, I have no relevant interests of this type

- g. **Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

No, I have no relevant interests of this type

- h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

- i. **Patents planned, issued, or pending, whether or not you receive royalties (If you need to add an interest, return to the previous step and select “Patents”)**

No, I have no relevant interests of this type

- j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)**

No, I have no relevant interests of this type

- k. **Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

No, I have no relevant interests of this type

- l. **Support for attending meetings or other travel (If you need to add an interest, return to the previous step and select “Travel”)**

Yes, as disclosed above

7. **Was any individual paid to provide professional writing assistance with this manuscript?**

No.

8. **Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

No.

9. **In the past 36 months, have you received equipment, materials, drugs, medical writing, gifts or other services from for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript not disclosed above?**

No.

10. **Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above.**

No.

## Certification

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



**Discloser Identifier:** AJNR-24-00248-78528439

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

I do not have any interests to disclose at this time.

## Additional Questions

**1. Are you the corresponding author?**

No.

**2. What is the Manuscript Title?**

Enzyme replacement therapy for CLN2 disease: MRI volumetry shows significantly slower volume loss compared to a natural history cohort

**3. What is the Manuscript Identifying Number (if you know it)?**

**4. Please select which of the following apply to each relationship or activity:**

You are not disclosing any interests to this organization.

**5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

Yes

**6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

**a. Employment (If you need to add an interest, return to the previous step and select "Employment")**

Yes, as disclosed above

**b. Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

Yes, as disclosed above

**c. Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

Yes, as disclosed above

**d. Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

Yes, as disclosed above

**e. Payment for service on an advisory board (If you need to add an interest, return to the previous step and select "Independent Contractor," and choose "Other")**

Yes, as disclosed above

**f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select "Independent Contractor")**

Yes, as disclosed above

g. **Expert witness testimony (If you need to add an interest, return to the previous step and select “Independent Contractor”)**

Yes, as disclosed above

h. **Royalties from Patents, Trademarks, Copyrights or other intellectual property (If you need to add an interest, return to the previous step and select the appropriate interest type)**

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Yes, as disclosed above

j. **Fiduciary Officer or Other Board Membership (If you need to add an interest, return to the previous step and select “Fiduciary Officer”)**

Yes, as disclosed above

k. **Stock or stock options (If you need to add an interest, return to the previous step and select the appropriate interest type)**

Yes, as disclosed above

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No.

## Certification

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

Angela Schulz

**Discloser Identifier:** AJNR-24-00248-117629074

**Disclosure Purpose:** AJNR Disclosures

## Summary of Interests

### Company or Organization

Entity	Type	Relevant to this Disclosure
BioMarin Pharmaceutical Inc.	Grant / Contract	Yes
BioMarin Pharmaceutical Inc.	Other	Yes
<b>Category:</b> Other		
BioMarin Pharmaceutical Inc.	Travel	Yes

## Additional Questions

**1. Are you the corresponding author?**

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Enzyme replacement therapy for CLN2 disease: MRI volumetry shows significantly slower volume loss compared to a natural history cohort

**3. What is the Manuscript Identifying Number (if you know it)?**

**4. Please select which of the following apply to each relationship or activity:**

a. **Other Professional Activities - Other** BioMarin Pharmaceutical Inc.

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

b. **Grant / Contract** BioMarin Pharmaceutical Inc.

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

c. **Travel** BioMarin Pharmaceutical Inc.

The relationship is outside the work reported in the manuscript but topically related and within the past 36 months

**5. I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

Yes

**6. Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

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No, I have no relevant interests of this type

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