

cureCADASIL DISCLOSURE FORM

Date: 4/26/2025

Your Name: Anne JOUTEL

Your Role in cureCADASIL: Scientific Advisory Board member

We ask you to disclose any and all relationships, activities, and interests listed below; This includes any relation with for-profit or not-for-profit third parties whose interests may be affected by your work with cureCADASIL and vice versa. 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, or interest, it is preferable to do so. For all 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 company or institution)										
Time frame: past 36 months												
1	Salary, grants or contracts from any entity.	☐ None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Inserm</td><td style="width: 50%;">Salary (Joutel)</td></tr> <tr> <td>National Research Agency, France</td><td>Grants to the Joutel Lab</td></tr> <tr> <td>Leducq Foundation for Cardiovascular Research</td><td>Grant to the Joutel Lab</td></tr> <tr> <td>Fondation pour la Recherche Médicale</td><td>Grant to the Joutel Lab</td></tr> <tr> <td>National Institutes of Health (NIH), USA</td><td>Grant to the Joutel Lab</td></tr> </table>	Inserm	Salary (Joutel)	National Research Agency, France	Grants to the Joutel Lab	Leducq Foundation for Cardiovascular Research	Grant to the Joutel Lab	Fondation pour la Recherche Médicale	Grant to the Joutel Lab	National Institutes of Health (NIH), USA	Grant to the Joutel Lab
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2	Royalties or licenses	☐ None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Millipore</td><td style="width: 50%;">Payment made to Joutel via Inserm</td></tr> <tr> <td> </td><td> </td></tr> <tr> <td> </td><td> </td></tr> </table>	Millipore	Payment made to Joutel via Inserm								
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3	Consulting fees	☒ None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Financial reimbursement for a Scientific advisory board by Biogen</td><td style="width: 50%;">Payment made to Joutel</td></tr> <tr> <td> </td><td> </td></tr> <tr> <td> </td><td> </td></tr> </table>	Financial reimbursement for a Scientific advisory board by Biogen	Payment made to Joutel								
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4	Payment or honoraria for lectures, presentations, or educational events	☒ None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> </td><td style="width: 50%;"> </td></tr> <tr> <td> </td><td> </td></tr> <tr> <td> </td><td> </td></tr> </table>										

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5	Patents planned, issued or pending	☒ None <table border="1" data-bbox="381 348 1513 453"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
6	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ None <table border="1" data-bbox="381 615 1513 749"> <tr> <td>Section Editor at Annuals reviews of Physiology</td> <td>Payment made to Joutel</td> </tr> <tr> <td>Member of the SAB for the Institute of Stroke and Dementia (Munich, Germany)</td> <td>Payment made to Joutel</td> </tr> <tr><td></td><td></td></tr> </table>		Section Editor at Annuals reviews of Physiology	Payment made to Joutel	Member of the SAB for the Institute of Stroke and Dementia (Munich, Germany)	Payment made to Joutel		
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7	Stock or stock options	☒ None <table border="1" data-bbox="381 909 1513 1014"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Other financial or non-financial interests*	☒ None <table border="1" data-bbox="381 1173 1513 1278"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

*Non-financial interests may result from activities such as planning and participating in research studies, public advocacy, or expression of opinions, or beliefs (religious, political, and philosophical).

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.

This form was adapted from the International Committee of Medical Journal Editors ([ICMJE | Disclosure of Interest](#)).