

cureCADASIL DISCLOSURE FORM

Date: 6/6/2025

Your Name: Fanny Elahi

Your Role in cureCADASIL: Scientific Advisory Board

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; margin-top: 5px;"> <tr><td style="width: 60%;">NIH/NINDS</td><td>Grant to institution</td></tr> <tr><td>NIH/NIA</td><td>Grant to institution</td></tr> <tr><td>Veterans Affairs</td><td>Grant to institution</td></tr> <tr><td>Rainwater Charitable Foundation</td><td>Grant to institution</td></tr> <tr><td>Chan Zuckerberg Initiative</td><td>Grant to institution</td></tr> <tr><td>Rockefeller Philanthropies</td><td>Grant to institution</td></tr> <tr><td>Davos Alzheimer's Collaborative for the Healthcare System</td><td>Grant to institution</td></tr> </table>	NIH/NINDS	Grant to institution	NIH/NIA	Grant to institution	Veterans Affairs	Grant to institution	Rainwater Charitable Foundation	Grant to institution	Chan Zuckerberg Initiative	Grant to institution	Rockefeller Philanthropies	Grant to institution	Davos Alzheimer's Collaborative for the Healthcare System	Grant to institution
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2	Royalties or licenses	☒ None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>														
3	Consulting fees	☒ None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>														
4	Payment or honoraria for lectures, presentations, or educational events	☒ None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>														

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5	Patents planned, issued or pending	☐ None	
		Therapeutic strategy for slowing down brain degeneration due to vascular aging.	
		Blood biomarker signatures of vascular aging and dementia for early detection and risk stratification.	
6	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ None	
		Scientific Advisory Board Member, Albert White Matter Research Institute	
		Scientific Advisory Board, Cordance Medical	
7	Stock or stock options	☒ None	
8	Other financial or non-financial interests*	☒ None	
*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.			