Date:	12/14/2022
Your Name:	Vahan Aslanyan
Manuscript Title:	Generalizability of cognitive results from clinical trial participants to an older adult population: addressing external validity
Manuscript Number (if known):	Click or tap here to enter text.

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 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.

		e all entities with whom you have this onship 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.) <b>No time limit for this item.</b>	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		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)
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	

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

Date:	12/16/2022
Your Name:	Judy Pa
Manuscript Title:	Generalizability of cognitive results from clinical trial participants to an older adult population: addressing external validity
Manuscript Number (if known):	Click or tap here to enter text.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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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         □       □         □       □         □       □	

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

Date:	12/14/2022
Your Name:	Howard N Hodis
Manuscript Title:	Generalizability of cognitive results from clinical trial participants to an older adult population: addressing external validity
Manuscript Number (if known):	Click or tap here to enter text.

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		Time frame: past 36 month	IS
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None	

		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)
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	

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

Date:	12/14/2022
Your Name:	Jan St. John
Manuscript Title:	Generalizability of cognitive results from clinical trial participants to an older adult population: addressing external validity
Manuscript Number (if known):	Click or tap here to enter text.

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	_	Time frame: past 36 month	s
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3	Royalties or licenses	None	

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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	

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

Date:	12/15/2022
Your Name:	Naoko Kono
Manuscript Title:	Generalizability of cognitive results from clinical trial participants to an older adult population: addressing external validity
Manuscript Number (if known):	Click or tap here to enter text.

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3	Royalties or licenses	None	

		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)
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	

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

Date:	12/14/2022
Your Name:	Victor W Henderson
Manuscript Title:	Generalizability of cognitive results from clinical trial participants to an older adult population: addressing external validity
Manuscript Number (if known):	Click or tap here to enter text.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	⊠       None	Click the tab key to add additional rows.
		Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	<ul> <li>None</li> <li>Research support from NIH grants as PI or co- investigator; from the Universities of KY, PA, Southern California, WI, and WA (subcontracts as PI or co-investigator; NIH prime); and Health IQ Insurance</li> </ul>	Payments made to Stanford University

		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)
3	Royalties or licenses	☑         None	
4	Consulting fees	☑         None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<ul> <li>None</li> <li>Reviewer honorarium, Institute for Clinical and Economic Review, May and August 2021</li> <li>Annual meeting lecture honorarium, American Academy of Neurology, June 2022</li> </ul>	Payment made to me Payment made to me
6	Payment for expert testimony	⊠       None         □	
7	Support for attending meetings and/or travel	<ul> <li>None</li> <li>Travel reimbursement, University of Southern California, June 2022</li> <li>Travel reimbursement, Alzheimer's Disease Cooperative Study, Feb. 2020</li> <li>Travel reimbursement, Aarhus University, Dec. 2019</li> </ul>	Payment made to me         Payment made to me         Payment made to me
8	Patents planned, issued or pending	⊠         None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None         Honorarium as a member of the External Advisory         Committee of the Kansas University Alzheimer's         Disease Center, Feb. & May 2021, Nov 2022	Payment made to me

		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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠         None	
11	Stock or stock options	None       I own stock in Abbott, Amgen, and Roche.	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠         None	
13	Other financial or non-financial interests	⊠         None	
r 1	Please place an "X" next to the following statement to indicate your agreement:		
$\square$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	12/14/2022	
Your Name:	Wendy Mack Generalizability of cognitive results from clinical trial participants to an older adult population: addressing external validity	
Manuscript Title:		
Manuscript Number (if known):	Click or tap here to enter text.	

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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.) <b>No time limit for this item.</b>	None           NIH grant support for conduct of BVAIT, WISH, and ELITE trials.           Helen Diller Family Foundation support for conduct of NAPS trial.	Payments to Institution         Payment to institution         Click the tab key to add additional rows.         S		
2	Grants or contracts from any entity (if not indicated in item #1 above).	NIH grant funding	Payment to institution		
3	Royalties or licenses	None			

		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)
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       Member of DSMB on NIA-funded trial]	Payment to me.
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠       None         □	

		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)	
11	Stock or stock options	⊠       None         □       □         □       □         □       □         □       □		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<ul> <li>□</li> <li>□</li></ul>		
13	Other financial or non-financial interests	None		
Please place an "X" next to the following statement to indicate your agreement:				