

ICMJE DISCLOSURE FORM

Date: 3/28/2023

Your Name: Maria P. Aranda

Manuscript Title: A call to address structural barriers to the representation of Hispanics/Latinos in clinical trials on Alzheimer's disease and related dementias: A micro-meso-macro perspective

Manuscript Number (if known): TRCI-D-23-00012

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.

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 3/28/2023

Your Name: David X. Marquez

Manuscript Title: A call to address structural barriers to the representation of Hispanics/Latinos in clinical trials on Alzheimer's disease and related dementias: A micro-meso-macro perspective

Manuscript Number (if known): TRCI-D-23-00012

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ICMJE DISCLOSURE FORM

Date: 3/28/2023

Your Name: Dolores Gallagher-Thompson

Manuscript Title: A call to address structural barriers to the representation of Hispanics/Latinos in clinical trials on Alzheimer's disease and related dementias: A micro-meso-macro perspective

Manuscript Number (if known): TRCI-D-23-00012

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ICMJE DISCLOSURE FORM

Date: 3/28/2023

Your Name: Adriana Pérez

Manuscript Title: A call to address structural barriers to the representation of Hispanics/Latinos in clinical trials on Alzheimer's disease and related dementias: A micro-meso-macro perspective

Manuscript Number (if known): TRCI-D-23-00012

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Date: 3/28/2023

Your Name: Julio C. Rojas

Manuscript Title: A call to address structural barriers to the representation of Hispanics/Latinos in clinical trials on Alzheimer's disease and related dementias: A micro-meso-macro perspective

Manuscript Number (if known): TRCI-D-23-00012

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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.

ICMJE DISCLOSURE FORM

Date: 3/28/2023

Your Name: Carl V. Hill

Manuscript Title: A call to address structural barriers to the representation of Hispanics/Latinos in clinical trials on Alzheimer's disease and related dementias: A micro-meso-macro perspective

Manuscript Number (if known): TRCI-D-23-00012

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ICMJE DISCLOSURE FORM

Date: 3/28/2023

Your Name: Yarissa Reyes

Manuscript Title: A call to address structural barriers to the representation of Hispanics/Latinos in clinical trials on Alzheimer's disease and related dementias: A micro-meso-macro perspective

Manuscript Number (if known): TRCI-D-23-00012

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ICMJE DISCLOSURE FORM

Date: 3/28/2023

Your Name: Peggye Dilworth-Anderson

Manuscript Title: A call to address structural barriers to the representation of Hispanics/Latinos in clinical trials on Alzheimer's disease and related dementias: A micro-meso-macro perspective

Manuscript Number (if known): TRCI-D-23-00012

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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.

ICMJE DISCLOSURE FORM

Date: 3/28/2023

Your Name: Elena Portacolone

Manuscript Title: A call to address structural barriers to the representation of Hispanics/Latinos in clinical trials on Alzheimer's disease and related dementias: A micro-meso-macro perspective

Manuscript Number (if known): TRCI-D-23-00012

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.

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 processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Funding for this work was provided by the National Institute on Aging (NIA) of the National Institutes of Health under award number R24 AG071456</td> <td style="width: 40%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Funding for this work was provided by the National Institute on Aging (NIA) of the National Institutes of Health under award number R24 AG071456					Click the tab key to add additional rows.
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">EP was funded by the National Institute on Aging (NIA) of the National Institutes of Health under award number R24 AG071456</td> <td style="width: 40%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	EP was funded by the National Institute on Aging (NIA) of the National Institutes of Health under award number R24 AG071456					
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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