

ICMJE DISCLOSURE FORM

Date: 6/18/2023

Your Name: [Zahinoor Ismail]

Manuscript Title: Persistence of Neuropsychiatric Symptoms and Dementia Prognostication: A Comparison of Three Operational Definitions of Mild Behavioral Impairment

Manuscript Number (if known): DADM-D-22-00209

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)						
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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;">NIA, CIHR, CCNA, Brain Canada, ADDF, Weston Foundation</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	NIA, CIHR, CCNA, Brain Canada, ADDF, Weston Foundation						
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4	Consulting fees	<input checked="" type="checkbox"/> None	
		Otsuka/Lundbeck	Paid to me
		Roche	Paid to institution
		Biogen	Paid to institution
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
		Otsuka/Lundbeck	Honoraria for presentations paid to me – unrelated to this work
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		OCEANS study Johns Hopkins DSMB	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Chair Canadian Conference on Dementia	No conflict – voluntary position
		Chair Canadian Consensus Conference on Diagnosis and Treatment of Dementia	No conflict – voluntary position
		Scientific Advisory Council AAIC	No conflict – voluntary position

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ICMJE DISCLOSURE FORM

Date: 6/19/2023

Your Name: Dylan Guan

Manuscript Title: Persistence of Neuropsychiatric Symptoms and Dementia Prognostication: A Comparison of Three Operational Definitions of Mild Behavioral Impairment

Manuscript Number (if known): DADM-D-22-00209

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

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Date: 6/15/2023

Your Name: G. Bruce Pike

Manuscript Title: Persistence of Neuropsychiatric Symptoms and Dementia Prognostication: A Comparison of Three Operational Definitions of Mild Behavioral Impairment

Manuscript Number (if known): DADM-D-22-00209

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ICMJE DISCLOSURE FORM

Date: 6/30/2023

Your Name: Eric Smith

Manuscript Title: Persistence of Neuropsychiatric Symptoms and Dementia Prognostication: A Comparison of Three Operational Definitions of Mild Behavioral Impairment

Manuscript Number (if known): DADM-D-22-00209

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