Date:	5/17/2023		
Your Name:	M van Dinther		
Manuscript Title:	Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment		
Manuscript Number (if known):	: ADJ-D-23-00262		
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.

		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	□ None			
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	This work is part of the Heart-Brain Connection crossroads (HBCx) consortium of the Dutch CardioVascular Alliance (DCVA). HBCx has received funding from the Dutch Heart Foundation under grant agreements 2018-28 and CVON 2012-06. This specific research was also supported by the European Union's Horizon 2020 research and innovation programme 'CRUCIAL' (grant number 848109).	Payments to the institution		
			Click the tab key to add additional rows.		
		Time frame: past 36 month	,		
		Time trame: past 56 month	5		
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None None	
4	Consulting fees	None 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,	□     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)
	society, committee or advocacy group, paid or unpaid		
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:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date	e:	5/9/2023			
Your Name:		A. M. Hooghiemstra	A. M. Hooghiemstra		
Manuscript Title: Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment			rive decline in patients with vascular cognitive		
Man	Manuscript Number (if known): ADJ-D-23-00262				
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	em #1 below, report a ne for disclosure is the	I support for the work reported in this manuscript past 36 months.	without time limit. For all other items, the time		
		lame all entities with whom you have this elationship 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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	of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Connection crossroads (HBCx) consortium of the Dutch CardioVascular Alliance (DCVA). HBCx has received funding from the Dutch Heart Foundation under grant agreements 2018-28 and CVON 2012-06.	rayments to the institution		
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13	Other financial or non-financial interests	None		
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:			

Date	e:	5/8/2023	3			
Your Name:		E.E. Bron	E.E. Bron			
Mar	nuscript Title:	į.	Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment			
Mar	nuscript Number (if l	<b>nown):</b> ADJ-D-23	: ADJ-D-23-00262			
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epic	-	nsion, you should d	eclare all relationships with manuf	example, if your manuscript pertains to the facturers of antihypertensive medication, even if		
	em #1 below, report ne for disclosure is th	• •	work reported in this manuscript w	vithout time limit. For all other items, the time		
			with whom you have this licate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Tir	me frame: Since the initial planning	of the work		
1	All support for the	□ None				
	present manuscript (e.g., funding, provision of study materials, medical writing,	Connection cro	art of the Heart-Brain ossroads (HBCx) the Dutch CardioVascular	Payments to the institution		
	manuscript (e.g., funding, provision of study materials,	Connection croconsortium of Alliance (DCV funding from t	the Dutch CardioVascular (A). HBCx has received the Dutch Heart Foundation reements 2018-28 and	Payments to the institution		
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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:			5/5/2023		
Your Name:		•	A. Versteeg		
Manuscript Title:			Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment		
Mar	nuscript Number (if k	(nown):	ADJ-D-23-00262		
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			l entities with whom you have this hip 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 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] No	one		
3	Royalties or licenses	⊠ No	one		

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Plea 🖂	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.			

Date:			5/8/2023			
Your Name:			A. E. Leeuwis			
Manuscript Title:			Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment			
Manı	uscript Number (if k	known):	ADJ-D-23-00262			
In the interest of transparency, w content of your manuscript. "Rel affected by the content of the ma						
epide	•	ension, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	m #1 below, report e for disclosure is th		·	ithout time limit. For all other items, the time		
			l entities with whom you have this ship 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		
	All support for the present	[_] No	one			
r f c r a	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	Conne conso Allian fundir under	work is part of the Heart-Brain ection crossroads (HBCx) rtium of the Dutch CardioVascular ce (DCVA). HBCx has received ag from the Dutch Heart Foundation grant agreements 2018-28 and N 2012-06.	Payments to the institution		
				Click the tab key to add additional rows.		
			Time frame: past 36 month	s		
	Grants or	[⊠] N	one			
	contracts from any entity (if not indicated in item #1 above).					

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4	Consulting fees	None None □	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
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13	Other financial or non-financial interests	None	
Plea [⊠]		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:		5/17/2023				
Your Name:		T. Kalay	T. Kalay			
Manuscript Title:		Lower cerebral blood flow predicts cognit impairment	ive decline in patients with vascular cognitive			
Mar	nuscript Number (if k	nown): ADJ-D-23-00262				
con affe	tent of your manuscr cted by the content o	rency, we ask you to disclose all relationships/activitipt. "Related" means any relation with for-profit or of the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activi	not-for-profit third parties whose interests may be ent to transparency and does not necessarily			
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13	Other financial or non-financial interests	None	
Plea [⊠]		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	te:	<u>-</u>	5/9/2023			
Your Name:		-	J.E> Moonen			
Manuscript Title:			Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment			
Ma	nuscript Number (if k	(nown):	ADJ-D-23-00262			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma			ted" means any relation with for-profit or r	es/interests listed below that are related to the not-for-profit third parties whose interests may be ent to transparency and does not necessarily y/interest, it is preferable that you do so.		
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			entities with whom you have this hip 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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1	All support for the present		nime frame: Since the initial planning	of the work		
1	* *	This w Conne consor Allian fundin under		Payments to the institution		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	This w Conne consor Allian fundin under	one  Vork is part of the Heart-Brain action crossroads (HBCx) rtium of the Dutch CardioVascular ace (DCVA). HBCx has received ag from the Dutch Heart Foundation agrant agreements 2018-28 and	Payments to the institution		
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Plea		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Dat	e:	<u>-</u>	5/19/2023			
You	r Name:	<u>-</u>	S. Kuipers			
Manuscript Title:		-	Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment			
Ma	nuscript Number (if kı	nown):	ADJ-D-23-00262			
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activiti- epidemiology of hypertension, you that medication is not mentioned		ipt. "Rela of the mar e in doubt is/activitie insion, you entioned i all suppor	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For a u should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.		
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		relations	thip or indicate none (add rows as needed)  Time frame: Since the initial planning	, ,		
1	All support for the present		Time frame: Since the initial planning	of the work		
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Plea [⊠]	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.		

Date:	5/8/2023
Your Name:	W.H. Backes
Manuscript Title:	Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment
Manuscript Number (if known):	ADJ-D-23-00262

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Date:	5/8/2023
Your Name:	J.F.A. Jansen
Manuscript Title:	Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment
Manuscript Number (if known):	ADJ-D-23-00262

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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.

		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	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.	This work is part of the Heart-Brain Connection crossroads (HBCx) consortium of the Dutch CardioVascular Alliance (DCVA). HBCx has received funding from the Dutch Heart Foundation under grant agreements 2018-28 and CVON 2012-06. This specific research was also supported by the European Union's Horizon 2020 research and innovation programme 'CRUCIAL' (grant number 848109).	Payments to the institution
			Click the tab key to add additional rows.
		Time frame: past 36 months	5
2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
3	Royalties or licenses	None None	
4	Consulting fees	None 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,	□     None	

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	society, committee or advocacy group, paid or unpaid		
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:     I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:		5/8/2023			
Your Name:		M. J. P. van Osch	M. J. P. van Osch		
Manuscript Title:		Lower cerebral blood flow predicts cogn impairment	Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment		
Mai	nuscript Number (if k	nown): _ADJ-D-23-00262			
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		·	Click the tab key to add additional rows.		
		Time frame: past 36 mo	nths		
2	Grants or contracts from any entity (if not	□ None Alnylam and Biogen	Both companies contribute to a consortium		
	indicated in item #1 above).		that funds the running costs of a natural history study on D-CAA (consortium pays to institution)		

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ICMJE DISCLOSURE FORM			
Date:	8/5/2023		
Your Name:	GJ. Biessels		
Manuscript Title:	Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment		
Manuscript Number (if I	known): ADJ-D-23-00262		
content of your manuscr affected by the content indicate a bias. If you ar The author's relationship epidemiology of hyperte that medication is not m	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.		
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Date:	5/9/2023
Your Name:	J. Staals
Manuscript Title:	Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment
Manuscript Number (if known):	ADJ-D-23-00262

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Date:	5/10/2023
Your Name:	R.J. van Oostenbrugge
Manuscript Title:	Lower cerebral blood flow predicts cognitive decline in patients with vascular cognitive impairment
Manuscript Number (if known):	ADJ-D-23-00262

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