Date:	01/09/2023
Your Name: Elena Lobo	
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium
Manuscript Number (if known):	ADJ-D-22-00724R1

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.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	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 None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	E. Lobo has received honorarium from University of Granada. None of these activities was related to the current project.
6	Payment for expert testimony	None Service S
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 None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None 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 🖂	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	12/25/2022		
Your Name:	Jessica Gong		
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium		
Manuscript Number (if known):	ADJ-D-22-00724R1		
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.			

			e all entities with whom you have this ionship 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.		None	Click the tab key to add additional rows.
	Time frame: past 36 months			
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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institu		
11	Stock or stock options	None     Non		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non		
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:	1/9/2023	
Your Name:	Katie Harris	
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium	
Manuscript Number (if known):	ADJ-D-22-00724R1	
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		

			e all entities with whom you have this ionship 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.		None	Click the tab key to add additional rows.
	Time frame: past 36 months			
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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name 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)	
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	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.			

Date:	12/29/2022
Your Name:	Darren Lipnicki
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium
Manuscript Number (if known):	ADJ-D-22-00724R1

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 ionship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments to you or to your institution)	ents were
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None None	
Plea ⊠		to the following statement to indicate your agreement:  answered every question and have not altered the wording of any of the questions on this form.	

01/09/2023

Your Name:			Erico Castro-Costa		
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium		
Manuscript Number (if known):		known):	ADJ-D-22-00724R1		
cor aff	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.				
epi		ension, you		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th			rithout time limit. For all other items, the time	
			I 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	
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.	⊠ No	one	Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	⊠ No	Time frame: past 36 month		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for				
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	⊠ No	Time frame: past 36 month		

		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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None     Non	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	✓ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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	·		e following statement to indicate your agreeme ered every question and have not altered the wo	

1/4/2023

Your Name:			Maria Fernanda Lima-Costa		
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium		
Manuscript Number (if known):		known):	ADJ-D-22-00724R1		
content of your manuscript. "Rela affected by the content of the ma					
The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertended epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive methat medication is not mentioned in the manuscript.					
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			I 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	
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.	⊠ No	one	Click the tab key to add additional rows.	
			Time frame: past 36 months	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one		
3	Royalties or licenses	⊠ No	one		

		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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None 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     Non	

		Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	Mone None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	DX None
13	Other financial or non-financial interests	None
Plea ⊠	·	o the following statement to indicate your agreement:  nswered every question and have not altered the wording of any of the questions on this form.

Date:	12/28/2022			
Your Name:	Breno Satler Diniz			
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Manuscript Number (if known):	ADJ-D-22-00724R1			
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 we made to you or to your institution)		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.		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  UOL Tecnologia Educacional, Brazil	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Depression treatment and Aβ dynamics: A study of Alzheimer's disease risk (ABD Study) (1 R01 AG070821-01A1)	
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. made to you or to your institu	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreement: answered every question and have not altered the wording of any of the questions or	n this form.

Date:	1/9/2023
Your Name:	Shifu Xiao
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium
Manuscript Number (if known):	ADJ-D-22-00724R1

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)		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.		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     Non	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institu	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreement: answered every question and have not altered the wording of any of the questions or	n this form.

Date: 1-5-23
Your Name:Richard B. Lipton
Manuscript Title: "Sex differences in dementia risk and risk factors: individual-participant data analysis using
21 cohorts across six continents from the COSMIC consortium"
Manuscript number (if known): <i>ADJ-D-22-00724R1</i>
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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u> .

The author's relationships/activities/interests should be <u>defined broadly</u>. 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)
		ne frame: Since the initia	·
1	All support for the	NIH/NIA 2PO1	Payment to my institution
	present manuscript	AG003949 (Einstein	
	(e.g., funding, provision	Aging Study)	
	of study materials,	S&L Marx Foundation	Payment to my institution
	medical writing, article	Czap Foundation	Payment to my institution
	processing charges,		
	etc.)		
	No time limit for this		
	item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not	The FDA, the Migraine Research Foundation and the National Headache Foundation.	Payment to my institution

	indicated in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	Serve as consultant, advisory board member, and received honoraria from or research support from: Abbvie (Allergan), American Academy of Neurology, American Headache Society, Amgen, Biohaven, Biovision, Boston, Dr. Reddy's (Promius), Electrocore, Eli Lilly, eNeura, Equinox, GlaxoSmithKline, Grifols, Lundbeck (Alder), Merck, Pernix, Pfizer, Teva, Vector and Vedanta.	Payment to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Serve as consultant, advisory board member, and received honoraria from or research support from: Abbvie (Allergan), American Academy of Neurology, American Headache Society, Amgen, Biohaven, Biovision, Boston, Dr. Reddy's (Promius), Electrocore, Eli Lilly, eNeura, Equinox, GlaxoSmithKline, Grifols, Lundbeck (Alder), Merck, Pernix, Pfizer, Teva, Vector and Vedanta.	Payment to me
	Doymont for ownert	V. None	
6	Payment for expert testimony	_XNone	
7	Support for attending meetings and/or travel	Serve as consultant, advisory board member, and received honoraria from or research support from: Abbvie (Allergan), American Academy of Neurology, American Headache Society, Amgen, Biohaven, Biovision, Boston, Dr. Reddy's (Promius), Electrocore, Eli	Payment to me

		Lilly, eNeura, Equinox, GlaxoSmithKline, Grifols, Lundbeck (Alder), Merck, Pernix, Pfizer, Teva, Vector and Vedanta.	
8	Patents planned, issued	X None	
O	or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	Serve as consultant, advisory board member, and received honoraria from or research support from: Abbvie (Allergan), American Academy of Neurology, American Headache Society, Amgen, Biohaven, Biovision, Boston, Dr. Reddy's (Promius), Electrocore, Eli Lilly, eNeura, Equinox, GlaxoSmithKline, Grifols, Lundbeck (Alder), Merck, Pernix, Pfizer, Teva, Vector and Vedanta.	Payment to me.
1	Leadership or fiduciary	XNone	
0	role in other board,		
	society, committee or advocacy group, paid or unpaid		
1	Stock or stock options	Biohaven	
1		Manistee	
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other services		
1	Other financial or non-	XNone	
3	financial interests		

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

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

12/28/2022

Your Name:			Mindy Katz		
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium		
Manuscript Number (if known):			ADJ-D-22-00724R1		
content of your manuscript. "Rela affected by the content of the ma					
epio		ension, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			Il 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	
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.		one A AG03949	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).	⊠ N	one		
3	Royalties or licenses	× N	one		

		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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None     Non	
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     Non	
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., made to you or to your institutions)	if payments were on)	
11	Stock or stock options	None None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None		
13	Other financial or non-financial interests	None 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:		12/29/2022				
Your Name:		Cuiling Wang				
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Manuscript Number (if known):			ADJ-D-22-00724R1			
content of your manuscript. "Rela affected by the content of the man		e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.				
epi		ension, you	u should declare all re		example, if your manuscript pertains to the facturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th			ed in this manuscript v	vithout time limit. For all other items, the time	
			l entities with whom ship or indicate none	you have this (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: S	nce the initial planning	of the work	
1	All support for the present manuscript (e.g.,		one A AG003949	, °		
1	present manuscript (e.g., funding, provision		one A AG003949			
1	present manuscript (e.g., funding, provision of study materials, medical writing,				Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing					
1	present manuscript (e.g., funding, provision of study materials, medical writing,					
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		A AG003949	e frame: past 36 month	Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	NIH/NI/	A AG003949		Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	NIH/NI/	A AG003949		Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	NIH/NI/	A AG003949		Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item	NIH/NI/	A AG003949		Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or	NIH/NI/	A AG003949 Timone		Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or	NIH/NI/	A AG003949 Timone		Click the tab key to add additional rows.	

		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 None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None 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 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.			

12/31/2022

Your Name:			Pierre-Marie Preux			
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Manuscript Number (if known):			ADJ-D-22-00724R1			
content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.			
epi		ension, yo		xample, if your manuscript pertains to the acturers of antihypertensive medication, even if		
In item #1 below, report all support for frame for disclosure is the past 36 mo				thout time limit. For all other items, the time		
			Il 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	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.	⊠ N	one	Click the tab key to add additional rows.		
			Time frame: past 36 months	S		
2	Grants or contracts from any entity (if not indicated in item #1 above).	× N	one			
			,			
3	Royalties or licenses	⊠ N	one			

		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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institu	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreement: answered every question and have not altered the wording of any of the questions or	n this form.

Date:			8/4/2021			
Your Name:			Antoine GBESSEMEHLAN			
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Ma	nuscript Number (if k	known):	ADJ-D-22-00724R1	ADJ-D-22-00724R1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma			elated" means any relation with for-profit or no anuscript. Disclosure represents a commitmen	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi		ension, y		xample, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	tem #1 below, report me for disclosure is th		ort for the work reported in this manuscript w 6 months.	ithout time limit. For all other items, the time		
			all entities with whom you have this	Specifications/Comments (e.g., if payments were		
		relatio	nship or indicate none (add rows as needed)	made to you or to your institution)		
		relation	Time frame: Since the initial planning	,		
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.			,		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: Since the initial planning	Of the work  Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: Since the initial planning None	Of the work  Click the tab key to add additional rows.		

		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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name 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)	
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
Plea ⊠	·	o the following statement to indicate your agreement:  nswered every question and have not altered the wording of any of the questions on this form.	

Date:	1/4/2023	
Your Name:	Karen Ritchie	
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium	
Manuscript Number (if kn	own): ADJ-D-22-00724R1	
Manuscript Number (if known): ADJ-D-22-00724R1  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 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, ever 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.		
N	lame all entities with whom you have this Specifications/Comments (e.g., if payments were	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments we made to you or to your institution)		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.		None	Click the tab key to add additional rows.
			Time frame: past 36 months	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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	None     Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments to you or to your institution)	ents were
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None None	
Plea ⊠		to the following statement to indicate your agreement:  answered every question and have not altered the wording of any of the questions on this form.	

Date:			12/29/2022		
You	ır Name:		Marie-Laure ANCELIN		
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium		
Manuscript Number (if known):		known):	ADJ-D-22-00724R1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi		ension, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th			rithout time limit. For all other items, the time	
			Il 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)	
				made to you or to your institution)	
1	All support for the present	relation	ship or indicate none (add rows as needed)	made to you or to your institution)	
1	present manuscript (e.g.,	relation	ship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)	
1	present manuscript (e.g., funding, provision	relation	ship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)  of the work	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	relation	ship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	relation	ship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)  of the work	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relation	Time frame: Since the initial planning lone	of the work  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	relation № N	Time frame: Since the initial planning lone  Time frame: Time frame: past 36 month	of the work  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	relation № N	Time frame: Since the initial planning lone	of the work  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not	relation № N	Time frame: Since the initial planning lone  Time frame: Time frame: past 36 month	of the work  Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from	relation № N	Time frame: Since the initial planning lone  Time frame: Time frame: past 36 month	of the work  Click the tab key to add additional rows.	

3

Royalties or licenses

 $\boxtimes$ 

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     Non	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institu	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None	
Plea		t to the following statement to indicate your agreement: answered every question and have not altered the wording of any of the questions or	n this form.

Date:	1/2/2023			
Your Name:	Ingmar Skoog			
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Manuscript Number (if known):	ADJ-D-22-00724R1			
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.				

Specifications/Comments (e.g., if payments were Name all entities with whom you have this relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work All support for the  $\times$ None present manuscript (e.g., funding, provision of study materials, Click the tab key to add additional rows medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or  $\boxtimes$ None contracts from any entity (if not indicated in item #1 above). 3 Royalties or  $\boxtimes$ None licenses

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (expecifications/Comments)  made to you or to your inst	e.g., if payments were itution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institu		
11	Stock or stock options	None     Non		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non		
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:	1/9/2023
Your Name:	Jenna Najar
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium
Manuscript Number (if known):	ADJ-D-22-00724R1

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.

		e all entities with whom you have this ionship 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.	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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None     Non	
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     Non	
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. made to you or to your institu		
11	Stock or stock options	None     Non		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non		
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.			

Therese Rydberg Sterner

1/9/2023

Date:

Your Name:

Manuscript little:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium		
Manuscript Number (if known):		known):	: _ADJ-D-22-00724R1		
In the interest of transparency, we content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned.			ated" means any relation with for-profit or no anuscript. Disclosure represents a commitmer of about whether to list a relationship/activity, dies/interests should be defined broadly. For e ou should declare all relationships with manufal of the manuscript.	interest, it is preferable that you do so.	
			Il 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	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.	× N	lone	Click the tab key to add additional rows.	
			Time frame: past 36 months	S	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ N	lone		
3	Royalties or licenses	× N	lone		

		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     Non	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institu		
11	Stock or stock options	None     Non		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non		
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:		21/2022		
Your Name:	our Name: Nikolaos Scarmeas			_
Manuscript Title:	Title: Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Manuscript Number (if k	(nown): A	DJ-D-22-00724R1		
content of your manuscr affected by the content of indicate a bias. If you are The author's relationship epidemiology of hyperte that medication is not m In item #1 below, report	n 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.				
		tities with whom you have this or indicate none (add rows as need	ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)

		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.,	☐ None  Alzheimer's Association grant	Payments to Institution
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	IIRG-09-133014 European Social Fund grants 189 10276/8/9/2011, National Strategic Reference Framework-EU program Excellence Grant (ARISTEIA)	Payments to Institution
	this item.	Greek Ministry of Health grants DY2b/oik.51657/14.4.2009	Payments to Institution
		Time frame: past 36 month	ns
2	Grants or contracts from	□ None	
	any entity (if not indicated in item #1 above).	EPAD - Local PI of recruiting site for multinational, multicenter Innovative Medicines Initiative (IMI) sponsored observational study of prodromal stages of dementia	Payments to Institution
		NovoNordisc - Local PI of recruiting site for multinational, multicenter industry sponsored phase III treatment trial for Alzheimer's disease	Payments to Institution

		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  None
6	Payment for expert testimony	None None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	Albert Einstein College of Medicine - NIH funded study - Chair of Data Safety Monitoring Board

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., made to you or to your institut			
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None			
11	Stock or stock options	None None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None			
13	Other financial or non-financial interests	None None			
Plea	Please place an "X" next to the following statement to indicate your agreement:				
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

1 January 2023

Date:

Your Name:			Mary Yannakoulia		
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium		
Mar	nuscript Number (if I	known):	ADJ-D-22-00724R1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma					
				example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	em #1 below, report ne 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	
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.		ean Social Fund and Ministry of Health	Harokopio University  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).	ERASM	US+ - European Commission DN2020 – European Commission	Harokopio University Harokopio University	
3	Royalties or licenses	X N	one		

		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	X None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	X None	
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	X None	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None  President of the National Nutrition Policy Committee – no fees	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	X 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	X None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X None		
13	Other financial or non-financial interests	X None		
	Please place an "X" next to the following statement to indicate your agreement:			
Х	I certify that I have answered every question and have not altered the wording of any of the questions on this form.			

			ICIVIJE DISCLOSORE FO	ALIAI		
Date:			05/01/2023			
Your Name:			Maëlenn Guerchet			
Manuscript Title:  Manuscript Number (if known):		known):	Sex differences in dementia risk and risk fa across six continents from the COSMIC con ADJ-D-22-00724R1.	ctors: individual-participant data analysis using 21 cohort sortium		
In the interest of transparency, w content of your manuscript. "Rel affected by the content of the ma			ated" means any relation with for-profit or n nuscript. Disclosure represents a commitme t about whether to list a relationship/activity	//interest, it is preferable that you do so.		
epid		ension, yo		example, if your manuscript pertains to the facturers of antihypertensive medication, even if		
In ite	vithout 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 manuscript (e.g.,		one  National Research Agency	Grant ANR-09-MNPS-009-01 has funded the		
	funding, provision of study materials, medical writing,		- ,	baseline study – payment to the institution		
	article processing charges, etc.)  No time limit for	AXA re	search Fund	Grant '2012 – Project – Public Health Institute (Inserm) – PREUX Pierre-Marie' has funded follow-up studies – payment to the institution		
	this item.	Limoge	s University Hospital (France)	APREL grant has funded follow-up studies – payment to the institution		
		[ ]	Time frame: past 36 month	ns		
2	Grants or contracts from	⊠ N	one			
	any entity (if not					
	indicated in item #1 above).					
3	Royalties or licenses	⊠ N	one			

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

Sex differences in dementia risk and risk factors: individual-participant data analysis using 21

1/9/2023

Mary H. Kosmidis

Date:

Your Name:

Manuscript Title:

			cohorts across six continents from the COSI	MIC consortium			
Maı	Manuscript Number (if known): ADJ-D-22-00724R1						
con affe	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.						
epic	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.						
	em #1 below, report ne for disclosure is th		pport for the work reported in this manuscript w 36 months.	ithout time limit. For all other items, the time			
			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.)	×	None	Click the tab key to add additional rows.			
	No time limit for this item.						
			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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	None     Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institu		
11	Stock or stock options	None     Non		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non		
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:	12/30/2022
Your Name:	Elena Rolandi
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium
Manuscript Number (if known):	ADJ-D-22-00724R1

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.

		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.)  No time limit for this item.	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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None     Non	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	None     Non	
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 None	

		Name all entities with whom you have this selationship 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 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.				

1/9/2023

Date:

licenses

Your Name:			Oye Gureje					
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium					
Manuscript Number (if known):			: ADJ-D-22-00724R1	ADJ-D-22-00724R1				
cor affe	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.							
epi	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.							
			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)				
		Telatic	mornip or manage morne (add rows as mooded)	Inducto you or to your institution;				
		Telatic	Time frame: Since the initial planning					
1	All support for the present							
1	present manuscript (e.g.,		Time frame: Since the initial planning					
1	present manuscript (e.g., funding, provision of study materials,		Time frame: Since the initial planning					
1	present manuscript (e.g., funding, provision of study materials, medical writing,		Time frame: Since the initial planning	of the work				
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		Time frame: Since the initial planning	of the work				
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing		Time frame: Since the initial planning	of the work				
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: Since the initial planning  None	of the work  Click the tab key to add additional rows.				
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Time frame: Since the initial planning	of the work  Click the tab key to add additional rows.				
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.		Time frame: Since the initial planning  None  Time frame: past 36 month	of the work  Click the tab key to add additional rows.				
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item		Time frame: Since the initial planning  None  Time frame: past 36 month	of the work  Click the tab key to add additional rows.				
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not		Time frame: Since the initial planning  None  Time frame: past 36 month	of the work  Click the tab key to add additional rows.				

		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 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     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments and to you or to your institution)	ents were		
11	Stock or stock options	None None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None			
13	Other financial or non-financial interests	None 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:		2/2/2022	
Your Name:	Your Name: Stella Trompet		
Manuscript Title:		Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium	
Manuscript Number (if I	known):	ADJ-D-22-00724R1	
content of your manusci affected by the content indicate a bias. If you ar The author's relationship epidemiology of hyperte that medication is not m	ript. "Rela of the ma re in doub ps/activiti ension, you nentioned t all suppo	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity/ es/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript.	'interest, it is preferable that you do so.
	Name al	I entities with whom you have this	Specifications/Comments (e.g., if payments were

		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 plannir	g 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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 mon	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None 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. made to you or to your institu			
11	Stock or stock options	None     Non			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non			
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: 1/7/2023					
Your Name:	Your Name: Jacobijn Gussekloo				
Manuscript Title:	Sex differences in dementia risk and risk f cohorts across six continents from the CO	actors: individual-participant data analysis using 21 SMIC consortium			
Manuscript Number (if k	nown): ADJ-D-22-00724R1				
content of your manuscriaffected by the content of indicate a bias. If you are The author's relationship epidemiology of hyperter that medication is not medicated.	rency, we ask you to disclose all relationships/activit pt. "Related" means any relation with for-profit or of the manuscript. Disclosure represents a commitment in doubt about whether to list a relationship/activities/activities/interests should be defined broadly. For a sion, you should declare all relationships with manuscript all support for the work reported in this manuscript past 36 months.	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.  example, if your manuscript pertains to the ifacturers of antihypertensive medication, even if			
	Name all entities with whom you have this	Specifications/Comments (e.g., if payments were			

		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 plannir	g 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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 mon	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None	
3	Royalties or licenses	⊠ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (expecifications/Comments)  made to you or to your inst	e.g., if payments were itution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None 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 None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institu			
11	Stock or stock options	None     Non			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non			
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.				

1/2/2023

Date:

Royalties or licenses

 $\boxtimes$ 

None

3

YOU	ır Name:		G. Riedel-Heller		
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium		
Manuscript Number (if known):		nown): <u>ADJ-D-</u>	ADJ-D-22-00724R1		
con affe	tent of your manuscrected by the content	ipt. "Related" me of the manuscript	eans any relation with for-profit or no Disclosure represents a commitme	es/interests listed below that are related to the ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.	
epi		nsion, you should	declare all relationships with manuf	example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the tir frame for disclosure is the past 36 months.				ithout time limit. For all other items, the time	
		Name all entities	s with whom you have this	Specifications/Comments (e.g., if payments were	
			ndicate none (add rows as needed)	made to you or to your institution)	
		relationship or in		made to you or to your institution)	
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.	relationship or in	ndicate none (add rows as needed)	made to you or to your institution)	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	relationship or i	ndicate none (add rows as needed)	of the work  Click the tab key to add additional rows.	

		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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None     Non	
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     Non	
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. made to you or to your institu			
11	Stock or stock options	None     Non			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non			
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.				

1/3/2023			
Alexander Pabst	Alexander Pabst		
Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
ADJ-D-22-00724R1			
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.			
	Specifications/Comments (e.g. if payments were		
	Alexander Pabst  Sex differences in dementia risk and risk fact cohorts across six continents from the COSM ADJ-D-22-00724R1  We ask you to disclose all relationships/activitie lated" means any relation with for-profit or not anuscript. Disclosure represents a commitment about whether to list a relationship/activity/ cies/interests should be defined broadly. For each should declare all relationships with manufaction the manuscript.		

		e all entities with whom you have this ionship 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	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. made to you or to your institu	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
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:	1/2/2023	
Your Name:	Susanne Röhr	
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium	
Manuscript Number (if known):	ADJ-D-22-00724R1	
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.		

		e all entities with whom you have this ionship 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None     Non	
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     Non	
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 and to you or to your institution)	ents were
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None 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.			

Date:	12/29/2022
Your Name:	Antonio Guaita
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium
Manuscript Number (if known):	ADJ-D-22-00724R1

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.	None  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None 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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	1/4/2023			
Your Name:	Annalisa Davin			
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Manuscript Number (if known):	ADJ-D-22-00724R1			
content of your manuscript. "Rela affected by the content of the ma	re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily be about whether to list a relationship/activity/interest, it is preferable that you do so.			
epidemiology of hypertension, yo	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 suppo frame for disclosure is the past 36	ort for the work reported in this manuscript without time limit. For all other items, the time 5 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		
	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.	None	Click the tab key to add additional rows.	
		Time frame: past 36 months		
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 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 [⊠]	-	to the following statement to indicate your agreement to answered every question and have not altered the wor	

1/9/2023

Date:

Your Name:			Suzana Shahar			
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Manuscript Number (if known):			ADJ-D-22-00724R1			
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.						
	tem #1 below, report me for disclosure is th			ithout time limit. For all other items, the time		
			II 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		
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.	× N	lone	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).	× N	lone			
3	Royalties or licenses	× N	lone			

		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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	None     Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institu		
11	Stock or stock options	None     Non		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non		
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.			

01/09/2023

Date:

Your Name:			Devinder Kaur Ajit Singh			
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Manuscript Number (if known):			ADJ-D-22-00724R1			
con affe	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.					
epi		nsion, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	tem #1 below, report me for disclosure is th			rithout time limit. For all other items, the time		
			Il 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		
1	All support for the present manuscript (e.g.,	⊠ N	lone			
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.			Click the tab key to add additional rows.		
	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: past 36 month			
2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: past 36 month			

		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     Non	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None     Non	

		Name 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)		
11	Stock or stock options	None None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None 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.			

1/9/2023

Date:

Your Name:			Nurul Fatin Malek Rivan		
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium		
Manuscript Number (if known):			ADJ-D-22-00724R1		
con affe	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.				
epio		ension, yo		xample, if your manuscript pertains to the cturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th		ort for the work reported in this manuscript wi is months.	thout time limit. For all other items, the time	
			Il 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 o	of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials,	× N	lone	Click the tab key to add additional rows.	
	medical writing, article processing charges, etc.) No time limit for this item.				
			Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item	⊠ N	lone		
	#1 above).				
3	Royalties or licenses	⊠ N	lone		

		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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	None     Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payme made to you or to your institution)	ents were
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None 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.			

1/3/2023

Date:

Your Name:		Martin PJ van Boxtel, MD PhD	Martin PJ van Boxtel, MD PhD		
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium		
Manuscript Number (if known):		known): _ADJ-D-22-00724R1	ADJ-D-22-00724R1		
con affe	ntent of your manuscri ected by the content o	ipt. "Related" means any relation with for-profit or no of the manuscript. Disclosure represents a commitme	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epi	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,	None			
	medical writing, article processing charges, etc.) No time limit for this item.		Click the tab key to add additional rows.		
	medical writing, article processing charges, etc.) No time limit for	Time frame: past 36 month			
2	medical writing, article processing charges, etc.) No time limit for	Time frame: past 36 month  ☑ 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. made to you or to your institu		
11	Stock or stock options	None None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non		
13	Other financial or non-financial interests	None     Non		
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:	1/3/2023			
Your Name:	Sebastian Köhler			
Manuscript Title:	of Title: Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Manuscript Number (if I	known): ADJ-D-22-00724R1			
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)			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments with 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.		None	Click the tab key to add additional rows.
			Time frame: past 36 month	ns .
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 made to you or to your institu	., if payments were tion)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institu	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None	
Plea ⊠		t to the following statement to indicate your agreement: answered every question and have not altered the wording of any of the questions or	n this form.

Date:			12/28/2022			
Your Name:			Mary Ganguli			
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Ma	nuscript Number (if I	known):	ADJ-D-22-00724R1			
content of your manuscript. "Relaffected by the content of the ma			ated" means any relation with for nuscript. Disclosure represents a	r-profit or no commitme	es/interests listed below that are related to the ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so.	
epi		ension, you	u should declare all relationships		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report me for disclosure is th			nanuscript w	ithout time limit. For all other items, the time	
			l entities with whom you have the ship or indicate none (add rows a		Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the init	ial planning	of the work	
1	All support for the		one			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Nationa	al Institute on Aging, NIH		Click the tab key to add additional rows.	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Nationa		st 36 mon <u>t</u> h		
2	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		al Institute on Aging, NIH  Time frame: pa	st 36 month		

		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 University of Connecticut Health Center	Honorarium payment to me
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Indiana University School of Medicine	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None  Journal of the American Geriatrics Society	Honorarium payment to me

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institu	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None	
Plea ⊠		t to the following statement to indicate your agreement: answered every question and have not altered the wording of any of the questions or	n this form.

Date:		_	1/4/2023		
Your Name:		-	Chung-Chou H. Chang		
Manuscript Title:		-	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium		
Ma	nuscript Number (if kr	nown):	ADJ-D-22-00724R1		
content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily tabout whether to list a relationship/activity/interest, it is preferable that you do so.		
epi		າsion, yoເ		example, if your manuscript pertains to the acturers of antihypertensive medication, even if	
	tem #1 below, report a me for disclosure is the			ithout time limit. For all other items, the time	
			l entities with whom you have this hip or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were	
		relations	amp or indicate none (add rows as needed)	made to you or to your institution)	
		relations	Time frame: Since the initial planning	,	
1	All support for the			,	
1	All support for the present manuscript (e.g., funding, provision		Time frame: Since the initial planning	,	
1	All support for the present manuscript (e.g.,		Time frame: Since the initial planning	of the work  NIH paid to support the R01 grant: MYHAT study	
1	All support for the present manuscript (e.g., funding, provision of study materials,		Time frame: Since the initial planning	of the work  NIH paid to support the R01 grant: MYHAT study (PI: Mary Ganguli) I involved	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for		Time frame: Since the initial planning	of the work  NIH paid to support the R01 grant: MYHAT study (PI: Mary Ganguli) I involved  Click the tab key to add additional rows.	
2	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	□ <b>N</b> o	Time frame: Since the initial planning	of the work  NIH paid to support the R01 grant: MYHAT study (PI: Mary Ganguli) I involved  Click the tab key to add additional rows.	
	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.  Grants or contracts from any entity (if not indicated in item	□ <b>N</b> o	Time frame: Since the initial planning one Time frame: past 36 month	of the work  NIH paid to support the R01 grant: MYHAT study (PI: Mary Ganguli) I involved  Click the tab key to add additional rows.	
	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.  Grants or contracts from any entity (if not	□ No	Time frame: Since the initial planning one Time frame: past 36 month	of the work  NIH paid to support the R01 grant: MYHAT study (PI: Mary Ganguli) I involved  Click the tab key to add additional rows.	

		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     Non	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institu	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None	
Plea ⊠		t to the following statement to indicate your agreement: answered every question and have not altered the wording of any of the questions or	n this form.

Date:	12/28/2022
Your Name:	Erin Jacobsen
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium
Manuscript Number (if known):	ADJ-D-22-00724R1

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 ionship 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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None     Non	
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     Non	
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 to you or to your institution)	ents were
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None None	
Plea ⊠		to the following statement to indicate your agreement:  answered every question and have not altered the wording of any of the questions on this form.	

Date:	1/9/2023
Your Name:	Mary Haan
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium
Manuscript Number (if known):	ADJ-D-22-00724R1

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	g of the work
	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.	None     Non	Click the tab key to add additional rows.
		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	None     Non	
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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institu	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None	
Plea ⊠		t to the following statement to indicate your agreement: answered every question and have not altered the wording of any of the questions or	n this form.

Date:	1/9/2023
Your Name:	Ding Ding
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium
Manuscript Number (if known):	ADJ-D-22-00724R1

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	g of the work
	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.	None     Non	Click the tab key to add additional rows.
		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	None     Non	
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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None     Non	
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     Non	
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 to you or to your institution)	ents were
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None None	
Plea ⊠		to the following statement to indicate your agreement:  answered every question and have not altered the wording of any of the questions on this form.	

Date:	1/5/2023	
Your Name:	Tao Chen	
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium	
Manuscript Number (if known): ADJ-D-22-00724R1		
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	g of the work
	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.	None     Non	Click the tab key to add additional rows.
		Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	None     Non	
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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institu	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None	
Plea ⊠		t to the following statement to indicate your agreement: answered every question and have not altered the wording of any of the questions or	n this form.

Date:	1/5/2023		
Your Name:	Sanmei Chen		
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium		
Manuscript Number (if known):	ADJ-D-22-00724R1		
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 w made to you or to your institution)			
	Time frame: Since the initial planning of the work				
	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.	None     Non	Click the tab key to add additional rows.		
		Time frame: past 36 mont	hs		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None     Non			
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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name 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)			
11	Stock or stock options	None None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None 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.				

1/9/2023

Date:

3

Royalties or licenses

 $\boxtimes$ 

None

Your Name:			Tze Pin Ng			
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Manuscript Number (if known):		known)	: ADJ-D-22-00724R1	ADJ-D-22-00724R1		
In the interest of transparency, we ask you to disclose all relationships content of your manuscript. "Related" means any relation with for-pr affected by the content of the manuscript. Disclosure represents a co indicate a bias. If you are in doubt about whether to list a relationship				ot-for-profit third parties whose interests may be nt to transparency and does not necessarily		
epi	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.			ithout time limit. For all other items, the time		
		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	$\boxtimes$	Time frame: Since the initial planning  None	of the work		
1	present manuscript (e.g.,			of the work		
1	present manuscript (e.g., funding, provision					
1	present manuscript (e.g.,			of the work  Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		None	Click the tab key to add additional rows.		

		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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments to you or to your institution)	ents were		
11	Stock or stock options	None None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None			
13	Other financial or non-financial interests	None 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:	1/5/2022
Your Name:	Xinyi Gwee
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium
Manuscript Number (if known):	ADJ-D-22-00724R1
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, yo that medication is not mentioned	ort for the work reported in this manuscript without time limit. For all other items, the time

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments with made to you or to your institution)		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.		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     Non	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institu			
11	Stock or stock options	None     Non			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non			
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.				

1/3/2023

Date:

#1 above).

Royalties or licenses

 $\boxtimes$ 

None

3

Your Name:		Katya Numbers			
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium		
Mar	nuscript Number (if kno	wn): _ADJ-D-22-00724R1			
con affe	tent of your manuscript ected by the content of t	. "Related" means any relation with for-profit or n he manuscript. Disclosure represents a commitme	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.		
epic	demiology of hypertensi	activities/interests should be defined broadly. For on, you should declare all relationships with manutioned in the manuscript.			
	tem #1 below, report all ne for disclosure is the p	support for the work reported in this manuscript voast 36 months.	vithout time limit. For all other items, the time		
		ame all entities with whom you have this lationship 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 accordant four the a				
		■ None			
	present manuscript (e.g.,	■ None			
	present	■ None	Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision	■ None	Click the tab key to add additional rows.		
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	None Time frame: past 36 month			
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.				

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (expecifications/Comments)  made to you or to your inst	e.g., if payments were itution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None 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 None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non-financial interests	⊠ 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.			

1/9/2023

Karen A. Mather

Date:

Your Name:

Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Mar	nuscript Number (if kı	nown): ADJ-D-22-00724R1				
con affe indi The epic that	tent of your manuscricted by the content ocate a bias. If you are author's relationships demiology of hyperters medication is not me	pt. "Rela of the man e in doubt s/activition nsion, you entioned	ated" means any relation with for-profit or non- inuscript. Disclosure represents a commitme t about whether to list a relationship/activity es/interests should be defined broadly. For a u should declare all relationships with manual in the manuscript.	/interest, it is preferable that you do so.		
	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments with made to you or to your institution)			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.	⊠ No	one	Click the tab key to add additional rows.		
			Time frame: past 36 month	is .		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one			
3	Royalties or licenses	⊠ No	one			

		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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None     Non	
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     Non	
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. made to you or to your institu	
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None     Non	
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.			

1/9/2023

Marcia Scazufca

Date:

Your Name:

Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium		
Manuscript Number (if known):			ADJ-D-22-00724R1		
con affe indi The epic that	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.				
			all entities with whom you have this aship 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.	× N	None	Click the tab key to add additional rows.	
			Time frame: past 36 month	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).		None		
3	Royalties or licenses	× 1	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     Non	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institu	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None	
Plea ⊠		t to the following statement to indicate your agreement: answered every question and have not altered the wording of any of the questions or	n this form.

Dat	e:		1/9/2023			
You	ır Name:		Qianhua Zhao			
Ma	nuscript Title:		Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Manuscript Number (if known):		known):	ADJ-D-22-00724R1			
con affe indi The epic tha	ntent of your manuscrected by the content icate a bias. If you are author's relationship demiology of hyperted t medication is not medication is not medication.	ript. "Rela of the ma re in doub ps/activiti- ension, you nentioned t all suppo	neated" means any relation with for-profit or no nuscript. Disclosure represents a commitmer t about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript.	/interest, it is preferable that you do so.		
			I 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		
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.	⊠ No	one	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).	⊠ N	one			
3	Royalties or licenses	⊠ No	one			

		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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None     Non	
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     Non	
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 and to you or to your institution)	ents were
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None None	
Plea ⊠		to the following statement to indicate your agreement:  answered every question and have not altered the wording of any of the questions on this form.	

1/9/2023

Date:

Υοι	ır Name:		<mark>Zhenxu Xiao</mark>				
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium				
Manuscript Number (if known):		known)	: ADJ-D-22-00724R1	ADJ-D-22-00724R1			
cor affe	itent of your manuscr ected by the content (	ript. "R of the r	we ask you to disclose all relationships/activitied lelated" means any relation with for-profit or not manuscript. Disclosure represents a commitme bubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily			
epi		ension,		example, if your manuscript pertains to the acturers of antihypertensive medication, even if			
	tem #1 below, report me for disclosure is th		port for the work reported in this manuscript w 36 months.	rithout time limit. For all other items, the time			
			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	×	Time frame: Since the initial planning None	of the work			
1		×		of the work			
1	present manuscript (e.g., funding, provision of study materials,			of the work  Click the tab key to add additional rows.			
1	present manuscript (e.g., funding, provision of study materials, medical writing,						
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)						
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing						
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for			Click the tab key to add additional rows.			
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		None	Click the tab key to add additional rows.			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from		None  Time frame: past 36 month	Click the tab key to add additional rows.			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item		None  Time frame: past 36 month	Click the tab key to add additional rows.			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not		None  Time frame: past 36 month	Click the tab key to add additional rows.			
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.  Grants or contracts from any entity (if not indicated in item		None  Time frame: past 36 month	Click the tab key to add additional rows.			

		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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institu	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None	
Plea ⊠		t to the following statement to indicate your agreement: answered every question and have not altered the wording of any of the questions or	n this form.

Date:	1/5/2023
Your Name:	Kenji Narazaki
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium
Manuscript Number (if known):	ADJ-D-22-00724R1
content of your manuscript. "Rela affected by the content of the ma	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.
•	es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if 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.

		e all entities with whom you have this ionship 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.	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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None     Non	
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     Non	
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 and to you or to your institution)	ents were
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None None	
Plea ⊠		to the following statement to indicate your agreement:  answered every question and have not altered the wording of any of the questions on this form.	

Da	ie:		December 30 <sup>th</sup> , 2022			
You	ur Name:		Antonio Lobo			
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Ma	nuscript Number (if k	known):	ADJ-D-22-00724R1			
cor aff	ntent of your manuscrected by the content of	ript. "Rela of the mai	ated" means any relation with for-profit or	ies/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.		
epi		ension, you	u should declare all relationships with man	example, if your manuscript pertains to the ifacturers of antihypertensive medication, even if		
	tem #1 below, report me for disclosure is th			without 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 plannir	g of the work		
1	All support for the present		one	g of the work		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing	ZARADI Fondo o Salud C Compe 94/156	EMP was supported by grants from the de Investigación Sanitaria, Instituto de Carlos III, Spanish Ministry of Economy and titiveness, Madrid, Spain (grants 12, 97/1321E, 98/0103, 01/0255, 03/0815,	g of the work		
1	present manuscript (e.g., funding, provision of study materials, medical writing,	ZARADI Fondo o Salud C Compe 94/156 06/061 19/018 Regiona	EMP was supported by grants from the de Investigación Sanitaria, Instituto de Carlos III, Spanish Ministry of Economy and titiveness, Madrid, Spain (grants	g of the work		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	ZARADI Fondo o Salud C Compe 94/156 06/061 19/018 Regiona and Go	EMP was supported by grants from the de Investigación Sanitaria, Instituto de Carlos III, Spanish Ministry of Economy and Atitiveness, Madrid, Spain (grants 12, 97/1321E, 98/0103, 01/0255, 03/0815, 7, G03/128, 12/02254, 16/00896, 174), and the Fondo Europeo de Desarrollo al (FEDER) of the European Union	g of the work		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	ZARADI Fondo o Salud C Compe 94/156 06/061 19/018 Regiona and Go	EMP was supported by grants from the de Investigación Sanitaria, Instituto de Carlos III, Spanish Ministry of Economy and Atitiveness, Madrid, Spain (grants 12, 97/1321E, 98/0103, 01/0255, 03/0815, 7, G03/128, 12/02254, 16/00896, 174), and the Fondo Europeo de Desarrollo al (FEDER) of the European Union	Gof the work  Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	ZARADI Fondo o Salud C Compe 94/156 06/061 19/018 Regiona and Go	EMP was supported by grants from the de Investigación Sanitaria, Instituto de Carlos III, Spanish Ministry of Economy and Atitiveness, Madrid, Spain (grants 12, 97/1321E, 98/0103, 01/0255, 03/0815, 7, G03/128, 12/02254, 16/00896, 174), and the Fondo Europeo de Desarrollo al (FEDER) of the European Union	Click the tab key to add additional rows.		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	ZARADI Fondo o Salud C Compe 94/156 06/061 19/018 Regiona and Go #19.	EMP was supported by grants from the de Investigación Sanitaria, Instituto de Carlos III, Spanish Ministry of Economy and Atitiveness, Madrid, Spain (grants 12, 97/1321E, 98/0103, 01/0255, 03/0815, 7, G03/128, 12/02254, 16/00896, 174), and the Fondo Europeo de Desarrollo al (FEDER) of the European Union Abierno de Aragón, (grant B15_17R). Group	Click the tab key to add additional rows.		

			Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None     Non	
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  Received financial support to attend scientific meeting from Janssen	
8	Patents planned, issued or pending	None     Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in	⊠ None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)		
	other board, society, committee or advocacy group, paid or unpaid				
11	Stock or stock options	None     Non			
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:				
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				

1/9/2023

Concepción De-la-Cámara

Date:

Your Name:

Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Manuscript Number (if known):			ADJ-D-22-00724R1			
In the interest of transparency, we 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, yo that medication is not mentioned			nanuscript. Disclosure represents a commitmentable about whether to list a relationship/activity ities/interests should be defined broadly. For expousing the manuscript was in the manuscript.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
			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.)  No time limit for this item.			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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name 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)	
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
Plea ⊠	·	o the following statement to indicate your agreement:  nswered every question and have not altered the wording of any of the questions on this form.	

1/9/2023

Perminder S. Sachdev

Date:

Your Name:

Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Manuscript Number (if known):			: ADJ-D-22-00724R1			
con affe indi The epic that	tent of your manuscri ected by the content o cate a bias. If you are author's relationships demiology of hyperter t medication is not me	ipt. "Rela of the man e in double s/activitionsion, you entioned	nuscript. Disclosure represents a commitment about whether to list a relationship/activity.  es/interests should be defined broadly. For each of the manuscript.  in the manuscript.	/interest, it is preferable that you do so.		
			Il 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		
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.	⊠ No	one	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).		one			
3	Royalties or licenses	⊠ No	one			

		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 None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments and to you or to your institution)	ents were
11	Stock or stock options	None None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None None	
Plea ⊠		to the following statement to indicate your agreement:  answered every question and have not altered the wording of any of the questions on this form.	

1/9/2023

Date:

Your Name:			Henry Brodaty			
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Manuscript Number (if known):			ADJ-D-22-00724R1			
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessar indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.						
			es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.			
	em #1 below, report ne for disclosure is th			rithout time limit. For all other items, the time		
			entities with whom you have this hip or indicate none (add rows as needed) Specifications/Comments (e.g., if payments we 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.	⊠ Ne	one	Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	⊠ Ne	Time frame: past 36 month			
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for					

		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. made to you or to your institu	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	None	
Plea ⊠		t to the following statement to indicate your agreement: answered every question and have not altered the wording of any of the questions or	n this form.

1/9/2023

Maree L. Hackett

Date:

Your Name:

Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Manuscript Number (if known):			ADJ-D-22-00724R1			
In the interest of transparency, we 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, yo that medication is not mentioned			nanuscript. Disclosure represents a commitmentable about whether to list a relationship/activity ities/interests should be defined broadly. For expousing the manuscript was in the manuscript.	ot-for-profit third parties whose interests may be not to transparency and does not necessarily /interest, it is preferable that you do so. example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
			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.)  No time limit for this item.			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 made to you or to your institu	, if payments were tion)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e. made to you or to your institu	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	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.			

Date:	1/4/2023	
Your Name:	Sanne AE Peters	
Manuscript Title:	Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium	
Manuscript Number (if I	nown): ADJ-D-22-00724R1	
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)	

	Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payme made to you or to your institution)		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.		None  Time frame, next 24 month	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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None     Non	
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     Non	
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. made to you or to your institu	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	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.			

Date:		1/2/2023	1/2/2023			
Your Name:		Mark Woodward	Mark Woodward			
Manuscript Title:			Sex differences in dementia risk and risk factors: individual-participant data analysis using 21 cohorts across six continents from the COSMIC consortium			
Mai	nuscript Number (if k	nown): _ADJ-D-22-00724R1	ADJ-D-22-00724R1			
con affe	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.					
epic	demiology of hyperter	os/activities/interests should be defined broadly. For ension, you should declare all relationships with manufactioned in the manuscript.				
	rem #1 below, report me for disclosure is the	all support for the work reported in this manuscript w e past 36 months.	ithout time limit. For all other items, the time			
		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	None	Click the tab key to add additional rows.			
	charges, etc.) No time limit for this item.					
	charges, etc.) No time limit for	Time frame: past 36 month	s			
2	charges, etc.) No time limit for	Time frame: past 36 month  None  Australian NHMRC EU Horizon 2020	Grant Grant			

		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  Amgen Freeline	To me To me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None     Non	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	None     Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None  DMB STAREE trial	No payments
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. made to you or to your institu	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non-financial interests	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.			