

ICMJE DISCLOSURE FORM

Date: 10/24/2023

Your Name: Martina Valletta

Manuscript Title: Association of mild and complex multimorbidity with structural brain changes in older adults: a population-based study

Manuscript Number (if known): ADJ-D-23-01153

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Date: 10/24/2023

Your Name: Davide Liborio Vetrano

Manuscript Title: Association of mild and complex multimorbidity with structural brain changes in older adults: a population-based study

Manuscript Number (if known): ADJ-D-23-01153

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Date: 10/31/2023

Your Name: Amaia Calderón-Larrañaga

Manuscript Title: Association of mild and complex multimorbidity with structural brain changes in older adults: a population-based study

Manuscript Number (if known): ADJ-D-23-01153

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Date: 10/23/2023

Your Name: Grégoria Kalpouzou

Manuscript Title: Association of mild and complex multimorbidity with structural brain changes in older adults: a population-based study

Manuscript Number (if known): ADJ-D-23-01153

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

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

ICMJE DISCLOSURE FORM

Date: 10/23/2023

Your Name: Marco Canevelli

Manuscript Title: Association of mild and complex multimorbidity with structural brain changes in older adults: a population-based study

Manuscript Number (if known): ADJ-D-23-01153

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.

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ICMJE DISCLOSURE FORM

Date: 10/23/2023

Your Name: Alessandra Marengoni

Manuscript Title: Association of mild and complex multimorbidity with structural brain changes in older adults: a population-based study

Manuscript Number (if known): ADJ-D-23-01153

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		GSK	To myself
		VIATRIS	To myself
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 10/27/2023

Your Name: Erika J Laukka

Manuscript Title: Association of mild and complex multimorbidity with structural brain changes in older adults: a population-based study

Manuscript Number (if known): ADJ-D-23-01153

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ICMJE DISCLOSURE FORM

Date: 10/27/2023

Your Name: Giulia Grande

Manuscript Title: Association of mild and complex multimorbidity with structural brain changes in older adults: a population-based study

Manuscript Number (if known): ADJ-D-23-01153

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									

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

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

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