

ICMJE DISCLOSURE FORM

Date: 11/17/2023

Your Name: Arjen JC Slooter

Manuscript Title: Structural Disconnectivity in Postoperative Delirium: a perioperative two-center cohort study in older patients

Manuscript Number (if known): ADJ-D-23-01115

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 11/17/2023

Your Name: Jeroen Hendrikse

Manuscript Title: Structural Disconnectivity in Postoperative Delirium: a perioperative two-center cohort study in older patients

Manuscript Number (if known): ADJ-D-23-01115

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Date: 11/17/2023

Your Name: Jacobus Preller

Manuscript Title: Structural Disconnectivity in Postoperative Delirium: a perioperative two-center cohort study in older patients

Manuscript Number (if known): ADJ-D-23-01115

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Your Name: Marinus Fislage

Manuscript Title: Structural Disconnectivity in Postoperative Delirium: a perioperative two-center cohort study in older patients

Manuscript Number (if known): ADJ-D-23-01115

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ICMJE DISCLOSURE FORM

Date: 11/17/2023

Your Name: Marta M. Correia

Manuscript Title: Structural Disconnectivity in Postoperative Delirium: a perioperative two-center cohort study in older patients

Manuscript Number (if known): ADJ-D-23-01115

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Date: 11/17/2023

Your Name: Norman Zacharias

Manuscript Title: Structural Disconnectivity in Postoperative Delirium: a perioperative two-center cohort study in older patients

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td style="width: 50%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>							
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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: 11/14/2023

Your Name: Rebecca Woodrow

Manuscript Title: Structural Disconnectivity in Postoperative Delirium: a perioperative two-center cohort study in older patients

Manuscript Number (if known): ADJ-D-23-01115

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

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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4	Consulting fees	<input checked="" type="checkbox"/> 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)
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 checked="" type="checkbox"/> None	
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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 11/18/2023

Your Name: Stefan Winzeck

Manuscript Title: Structural Disconnectivity in Postoperative Delirium: a perioperative two-center cohort study in older patients

Manuscript Number (if known): ADJ-D-23-01115

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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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: 11/17/2023

Your Name: Tobias Pischon

Manuscript Title: Structural Disconnectivity in Postoperative Delirium: a perioperative two-center cohort study in older patients

Manuscript Number (if known): ADJ-D-23-01115

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						

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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

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

ICMJE DISCLOSURE FORM

Date: 11/14/2023

Your Name: David K Menon

Manuscript Title: Structural Disconnectivity in Postoperative Delirium: a perioperative two-center cohort study in older patients.]

Manuscript Number (if known): ADJ-D-23-01115

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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		<table border="1"> <tr><td>NeurotraumaSciences</td><td>Consulting fees to me</td></tr> <tr><td>Lantmannen AB</td><td>Consulting fees and research support</td></tr> <tr><td>GlaxoSmithKline</td><td>Research support</td></tr> <tr><td>PressuraNeuro</td><td>Consulting fees and research support</td></tr> <tr><td>CSL Behring</td><td>Consulting agreement</td></tr> <tr><td>Invex Ltd</td><td>Consulting agreement</td></tr> </table>	NeurotraumaSciences	Consulting fees to me	Lantmannen AB	Consulting fees and research support	GlaxoSmithKline	Research support	PressuraNeuro	Consulting fees and research support	CSL Behring	Consulting agreement	Invex Ltd	Consulting agreement	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>Integra Neurosciences</td><td>Panel membership, speaker fees, and research support</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Integra Neurosciences	Panel membership, speaker fees, and research support											
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ICMJE DISCLOSURE FORM

Date: 11/17/2023

Your Name: Emmanuel Stamatakis

Manuscript Title: Structural Disconnectivity in Postoperative Delirium: a perioperative two-center cohort study in older patients

Manuscript Number (if known): ADJ-D-23-01115

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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ICMJE DISCLOSURE FORM

Date: 11/17/2023

Your Name: Florian Lammers-Lietz

Manuscript Title: Structural Disconnectivity in Postoperative Delirium: a perioperative two-center cohort study in older patients

Manuscript Number (if known): ADJ-D-23-01115

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4	Consulting fees	<input checked="" type="checkbox"/> None						

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

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

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

ICMJE DISCLOSURE FORM

Date: 11/17/2023

Your Name: Georg Winterer

Manuscript Title: Structural Disconnectivity in Postoperative Delirium: a perioperative two-center cohort study in older patients

Manuscript Number (if known): ADJ-D-23-01115

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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ICMJE DISCLOSURE FORM

Date: 11/18/2023

Your Name: Insa Feinkohl

Manuscript Title: Structural Disconnectivity in Postoperative Delirium: a perioperative two-center cohort study in older patients

Manuscript Number (if known): ADJ-D-23-01115

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ICMJE DISCLOSURE FORM

Date: 11/21/2023

Your Name: Univ.-Prof.Dr.med. Claudia Spies,ML (orcid 0000-0002-1062-0495)

Manuscript Title: Structural Disconnectivity in Postoperative Delirium: a perioperative two-center cohort study in older patients

Manuscript Number (if known): Click or tap here to enter text.

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		AWMF (Association of the Scientific Medical Societies in Germany) unpaid
		Deutsche Forschungsgemeinschaft (German Research Foundation) review boards unpaid
		Deutsche Akademie der Naturforscher Leopoldina e. V. – German National Academy of Sciences – Leopoldina unpaid
11	Stock or stock options	<input checked="" type="checkbox"/> None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None
<p>Please place an “X” next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>		

22/11/23
