| Date:                         | 1/2/2024   |
|-------------------------------|--|
| Your Name:                    | Jeanne Neuffer   |
| Manuscript Title:             | Association of Lifestyle for BRAin health risk score and genetic susceptibility with incident dementia and cognitive decline |
| Manuscript Number (if known): | ADJ-D-23-01316   |

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<br>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  | 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<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>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<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for attending meetings and/or travel  | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None   |   |

|      |   |        | es with whom you have this indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|------|---|--------|---|---|
| 11   | Stock or stock<br>options   | ⊠ None |   |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services   | ⊠ None |   |   |
| 13   | Other financial or<br>non-financial<br>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:                         | 1/2/2024   |
|-------------------------------|--|
| Your Name:                    | Maude Wagner   |
| Manuscript Title:             | Association of Lifestyle for BRAin health risk score and genetic susceptibility with incident dementia and cognitive decline |
| Manuscript Number (if known): | ADJ-D-23-01316   |

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

|   |  | e all entities with whom you have this<br>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.   |
|   | ı  | Time frame: past 36 month  | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).   | None   |   |
| 3 | Royalties or<br>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<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None  |   |
| 6  | Payment for expert testimony  | ■ None  |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None  |   |
| 8  | Patents planned,<br>issued or<br>pending  | None  |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | ■ None  |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | Image: square of the property o |   |

|        |   | 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<br>options   | None   |   |  |
| 12     | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | None   |   |  |
| 13     | Other financial or<br>non-financial<br>interests  | None   |   |  |
| Plea 🖂 | Please place an "X" next to the following statement to indicate your agreement:                 |  |   |  |

| Date:                         | 4/1/2024   |
|-------------------------------|--|
| Your Name:                    | Elisa Moreno   |
| Manuscript Title:             | Association of LIfestyle for BRAin health risk score and genetic susceptibility with incident dementia and cognitive decline |
| Manuscript Number (if known): | ADJ-D-23-01316   |

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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|---|---|--|---|
| 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<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>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<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for attending meetings and/or travel  | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None   |   |

|      |   |        | es with whom you have this indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|------|---|--------|---|---|
| 11   | Stock or stock<br>options   | ⊠ None |   |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services   | ⊠ None |   |   |
| 13   | Other financial or<br>non-financial<br>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:                         | 1/2/2024   |
|-------------------------------|--|
| Your Name:                    | Quentin Le Grand   |
| Manuscript Title:             | Association of Lifestyle for BRAin health risk score and genetic susceptibility with incident dementia and cognitive decline |
| Manuscript Number (if known): | ADJ-D-23-01316   |

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

|   |   | e all entities with whom you have this<br>onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were 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. | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 months   | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>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<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for attending meetings and/or travel  | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None   |   |

|      |   |        | es with whom you have this indicate none (add rows as needed)             | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|------|---|--------|---|---|
| 11   | Stock or stock<br>options   | ⊠ None |   |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | ⊠ None |   |   |
| 13   | Other financial or<br>non-financial<br>interests  | None   |   |   |
| Plea | -   |        | g statement to indicate your agreeme question and have not altered the wo | <b>nt:</b><br>rding of any of the questions on this form.                           |

| Date:                         | 1/2/2024   |
|-------------------------------|--|
| Your Name:                    | Aniket MISHRA  |
| Manuscript Title:             | Association of Lifestyle for BRAin health risk score and genetic susceptibility with incident dementia and cognitive decline |
| Manuscript Number (if known): | ADJ-D-23-01316   |

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

|   |  | Name all entities with whom you have this relationship or indicate none (add rows as needed)                          | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|---|---|
|   |  | Time frame: Since the initial planning  | of the work   |
| 1 | All support for the present                                    | □ None  |   |
|   | manuscript (e.g.,<br>funding, provision<br>of study materials, | Vaincre Fondation Alzheimer Generic grant 2022.   | Research grant managed by the Unversity of Bordeaux                                 |
|   | medical writing,   |   | Click the tab key to add additional rows.   |
|   | article processing charges, etc.)                              |   |   |
|   | No time limit for  |   |   |
|   | this item.   |   |   |
|   |  | Time frame: past 36 month   | s   |
| 2 | Grants or contracts from                                       | □ None  |   |
|   | any entity (if not indicated in item                           | Fondation AVC generic grant 2022  | Research grant managed by the Unversity of Bordeaux                                 |
|   | #1 above).   | Agence Nationale de la Recherche Jeunes<br>Chercheuses et Jeunes Chercheurs (ANR-<br>JCJC) 2023 (ANR-23-CE12-0029-01) | Research grant managed by the Unversity of Bordeaux                                 |
|   |  | Agence Nationale de la Recherche ERANET<br>NEURON Cofund 2 2022 (ANR-22-NEU2-<br>0004-02)                             | Research grant managed by the Unversity of Bordeaux                                 |

|    |  | 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<br>licenses   | 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   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel  | None   |   |
| 8  | Patents planned,<br>issued or<br>pending   | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board                                | ⊠ None   |   |
| 10 | Leadership or fiduciary role in other board,   | □ None   |   |

|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--|---|
|   | society,<br>committee or<br>advocacy group,<br>paid or unpaid                                   | Steering committee member of the International Stroke Genetics Consortium                    | Voluntary appointment   |
| 11  | Stock or stock<br>options   | None   |   |
| 12  | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | None   |   |
| 13  | Other financial or<br>non-financial<br>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. |   |  |   |

|  | ionise significant i onto  |  |
|--|--|--|
| Date:  | 1/2/2024   |  |
| Your Name:   | TRÉGOUËT David-Alexandre   |  |
| Manuscript Title:  | Association of Lifestyle for BRAin health risk score and genetic susceptibility with incident dementia and cognitive decline |  |
| Manuscript Number (if known):  | ADJ-D-23-01316   |  |
| 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 Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) Time frame: Since the initial planning of the work 1 All support for the 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 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 (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<br>Data Safety<br>Monitoring Board<br>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<br>options  | None  |   |
| 12     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None  |   |
| 13     | Other financial or<br>non-financial<br>interests                                 | None  |   |
| Plea 🖂 | -  | to the following statement to indicate your agreement to answered every question and have not altered the wor |   |

| Date:                         | 1/2/2024   |
|-------------------------------|--|
| Your Name:                    | Leffondre, Karen   |
| Manuscript Title:             | Association of Lifestyle for BRAin health risk score and genetic susceptibility with incident dementia and cognitive decline |
| Manuscript Number (if known): | ADJ-D-23-01316   |

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|---|---|--|---|
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|   |   | Time frame: past 36 months   | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
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|----|---|--|---|
| 4  | Consulting fees   | None None  |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for attending meetings and/or travel  | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None   |   |

|   |   |        | es with whom you have this indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|--------|---|---|
| 11  | Stock or stock<br>options   | ⊠ None |   |   |
| 12  | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | ⊠ None |   |   |
| 13  | Other financial or<br>non-financial<br>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:                         | 1/2/2024   |
|-------------------------------|--|
| Your Name:                    | Cécile Proust-Lima   |
| Manuscript Title:             | Association of LIfestyle for BRAin health risk score and genetic susceptibility with incident dementia and cognitive decline |
| Manuscript Number (if known): | ADJ-D-23-01316   |

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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<br>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. | X | 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).  | X | None  |   |
| 3 | Royalties or<br>licenses  | X | None  |   |

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|    |   | 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<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>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<br>Data Safety<br>Monitoring Board<br>or Advisory<br>Board   | X None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | X 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<br>options  | X | None   |   |
| 12  | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None   |   |
| 13  | Other financial or<br>non-financial<br>interests                                 | X | None   |   |
| 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. |  |   |  |   |

3 12/13/2021 ICMJE Disclosure Form

| Date:                         | 1/2/2024   |
|-------------------------------|--|
| Your Name:                    | FOUBERT-SAMIER Alexandra   |
| Manuscript Title:             | Association of Lifestyle for BRAin health risk score and genetic susceptibility with incident dementia and cognitive decline |
| Manuscript Number (if known): | ADJ-D-23-01316   |

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|   |   | Name all entities with whom you have this relationship or indicate none (add rows as needed)                  | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|---|---|
|   |   | Time frame: Since the initial planning of   | of the work   |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item. | None  | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 months  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | Agence regional de santé de la nouvelle Aquitiane France Parkinson Association French Rare Disease Foundation | Payments to my institution Payments to my institution Payments to my institution    |
| 3 | Royalties or<br>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     Non |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Sanofi Aguettant  | Honoraria to me Honoraria to me   |
| 6  | Payment for expert testimony   | None  |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel  | None  |   |
| 8  | Patents planned,<br>issued or<br>pending   | None  |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>non-financial<br>interests                                 | ⊠ None   |   |
| 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. |  |  |   |

| Date:                         | 1/2/2024   |
|-------------------------------|--|
| Your Name:                    | Claudine Berr  |
| Manuscript Title:             | Association of Lifestyle for BRAin health risk score and genetic susceptibility with incident dementia and cognitive decline |
| Manuscript Number (if known): | ADJ-D-23-01316   |

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.

|   |   | all entities with whom you have this nship 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 months   | 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<br>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<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None None  |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | ⊠ None   |   |
| 13       | Other financial or<br>non-financial<br>interests  | None   |   |
| Plea [⊠] | -   | t to the following statement to indicate your agreeme<br>answered every question and have not altered the wo |   |

| Date:                         | 1/2/2024   |
|-------------------------------|--|
| Your Name:                    | Christophe Tzourio   |
| Manuscript Title:             | Association of Lifestyle for BRAin health risk score and genetic susceptibility with incident dementia and cognitive decline |
| Manuscript Number (if known): | ADJ-D-23-01316   |

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

|   |   | e all entities with whom you have this<br>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  | 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<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>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<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for attending meetings and/or travel  | None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | None   |   |

|      |   |        | es with whom you have this indicate none (add rows as needed)             | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|------|---|--------|---|---|
| 11   | Stock or stock<br>options   | ⊠ None |   |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | ⊠ None |   |   |
| 13   | Other financial or<br>non-financial<br>interests  | None   |   |   |
| Plea | -   |        | g statement to indicate your agreeme question and have not altered the wo | <b>nt:</b><br>rding of any of the questions on this form.                           |

| Date:                         | 1/2/2024   |
|-------------------------------|--|
| Your Name:                    | Catherine Helmer   |
| Manuscript Title:             | Association of Lifestyle for BRAin health risk score and genetic susceptibility with incident dementia and cognitive decline |
| Manuscript Number (if known): | ADJ-D-23-01316   |

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

|   |   |   | 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. | x | None   | Click the tab key to add additional rows.   |
|   |   |   | Time frame: past 36 month  | s   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | X | None   |   |
| 3 | Royalties or<br>licenses  | 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) |
|----|---|--|---|
| 4  | Consulting fees   | x None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | x None   |   |
| 6  | Payment for expert testimony  | None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | X None   |   |
| 8  | Patents planned, issued or pending  | x None   |   |
| 9  | Participation on a<br>Data Safety<br>Monitoring Board<br>or Advisory Board  | X None   |   |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid                                       | x  None  |   |

| ock or stock<br>tions  | X  | None   |  |
|--|--|--|--|
|  |  |  |  |
| ceipt of uipment, uterials, drugs, edical writing, ts or other vices | ×  | None   |  |
| ner financial or<br>n-financial<br>erests                            | x  | None   |  |
| t:<br>h  | dical writing, s or other vices er financial or a-financial erests | dical writing, s or other vices er financial or a-financial erests | dical writing, s or other vices  er financial or a-financial |

| Dat  | e:   |  | 1/2/2024  |   |  |
|--|--|--|---|---|--|
| You  | r Name:  |  | Stéphanie DEBETTE   |   |  |
| Manuscript Title:  |  |  | Association of Lifestyle for BRAin health risk score and genetic susceptibility with incident dementia and cognitive decline  |   |  |
| Manuscript Number (if known):  |  | (nown):  | ADJ-D-23-01316  |   |  |
| In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned. |  | ript. "Related from the male in doubt or s/activitions or sion, you entioned all suppo | 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.  rt for the work reported in this manuscript without time limit. For all other items, the time |   |  |
| trar   | ne for disclosure is th  | ie past 36   | months.   |   |  |
|  |  |  | 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   | -f +h   |  |
|  |  |  | Time traine. Since the initial planning v   | 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. | IHU VB   | HI France 2030 funding HIVA PIA3 / France 2030 grant (ANR-18-   | 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                                | IHU VB   | HI France 2030 funding HIVA PIA3 / France 2030 grant (ANR-18-   | 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                                | RHU SH<br>RHUS-C   | HI France 2030 funding HIVA PIA3 / France 2030 grant (ANR-18-   | Click the tab key to add additional rows.   |  |

|    |   |           | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|---|-----------|---|
| 4  | Consulting fees   | None None |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None      |   |
| 6  | Payment for expert testimony  | None      |   |
| 7  | Support for attending meetings and/or travel  | None      |   |
| 8  | Patents planned,<br>issued or<br>pending  | None      |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>options   | None   |   |
| 12     | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services   | None   |   |
| 13     | Other financial or<br>non-financial<br>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:                         | 1/2/2024   |
|-------------------------------|--|
| Your Name:                    | Cécilia SAMIERI  |
| Manuscript Title:             | Association of Lifestyle for BRAin health risk score and genetic susceptibility with incident dementia and cognitive decline |
| Manuscript Number (if known): | ADJ-D-23-01316   |

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|   |   |  | e all entities with whom you have this<br>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  |  |  | 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<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |  | None   |   |
| 3 | Royalties or<br>licenses  |  | None   |   |

|    |   |           | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|---|-----------|---|
| 4  | Consulting fees   | None None |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None      |   |
| 6  | Payment for expert testimony  | None      |   |
| 7  | Support for attending meetings and/or travel  | None      |   |
| 8  | Patents planned,<br>issued or<br>pending  | None      |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>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<br>options   | ⊠ None   |   |
| 12  | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | None   |   |
| 13  | Other financial or<br>non-financial<br>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. |   |  |   |