

## ICMJE DISCLOSURE FORM

**Date:** 3/18/2024

**Your Name:** Astrid Suchy-Dicey

**Manuscript Title:** Epidemiology and prevalence of dementia and Alzheimer’s disease in American Indians: data from the Strong Heart Study

**Manuscript Number (if known):** ADJ-D-24-00089

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)                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                                           |                                                        |  |                                                          |                                           |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|----------------------------------------------------------|-------------------------------------------|
| <b>Time frame: Since the initial planning of the work</b>         |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                           |                                                        |  |                                                          |                                           |
| <b>1</b>                                                          | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b>                                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">National Heart Lung and Blood Institute R01HL093086 (PI Buchwald)</td> <td>University of Washington Alzheimer’s Disease Research Center Development Award 2021-2022 (PI Suchy-Dicey)</td> </tr> <tr> <td>National Institute on Aging P50AG005136 (PI Grabowski)</td> <td></td> </tr> <tr> <td>National Institute on Aging K01AG057821 (PI Suchy-Dicey)</td> <td>Click the tab key to add additional rows.</td> </tr> </table> | National Heart Lung and Blood Institute R01HL093086 (PI Buchwald) | University of Washington Alzheimer’s Disease Research Center Development Award 2021-2022 (PI Suchy-Dicey) | National Institute on Aging P50AG005136 (PI Grabowski) |  | National Institute on Aging K01AG057821 (PI Suchy-Dicey) | Click the tab key to add additional rows. |
| National Heart Lung and Blood Institute R01HL093086 (PI Buchwald) | University of Washington Alzheimer’s Disease Research Center Development Award 2021-2022 (PI Suchy-Dicey)                                                                      |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                           |                                                        |  |                                                          |                                           |
| National Institute on Aging P50AG005136 (PI Grabowski)            |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                           |                                                        |  |                                                          |                                           |
| National Institute on Aging K01AG057821 (PI Suchy-Dicey)          | Click the tab key to add additional rows.                                                                                                                                      |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                           |                                                        |  |                                                          |                                           |
| <b>Time frame: past 36 months</b>                                 |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                           |                                                        |  |                                                          |                                           |
| <b>2</b>                                                          | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input type="checkbox"/> <b>None</b>                                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">As above</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>                                                                                                                                                                                                                                                                                                                      | As above                                                          |                                                                                                           |                                                        |  |                                                          |                                           |
| As above                                                          |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                           |                                                        |  |                                                          |                                           |
|                                                                   |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                           |                                                        |  |                                                          |                                           |
|                                                                   |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                                           |                                                        |  |                                                          |                                           |
| <b>3</b>                                                          | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b>                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </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) |  |  |  |  |  |  |  |  |
|----|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><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> <tr><td style="height: 15px;"></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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) |  |  |  |  |  |  |
|-----------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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> |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><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> |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><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.

## ICMJE DISCLOSURE FORM

**Date:** 3/18/2024

**Your Name:** Kristoffer Rhoads

**Manuscript Title:** Epidemiology and prevalence of dementia and Alzheimer’s disease in American Indians: data from the Strong Heart Study

**Manuscript Number (if known):** ADJ-D-24-00089

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)                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                     |                                                          |                                                               |                                           |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------|----------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------|--|
| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b>                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">National Institute on Aging P50AG005136 (PI Grabowski)</td> <td style="width: 40%;">funding for Visit 2</td> </tr> <tr> <td>National Institute on Aging K01AG057821 (PI Suchy-Dicey)</td> <td>Funding for data management, analysis, consensus adjudication</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | National Institute on Aging P50AG005136 (PI Grabowski) | funding for Visit 2 | National Institute on Aging K01AG057821 (PI Suchy-Dicey) | Funding for data management, analysis, consensus adjudication | Click the tab key to add additional rows. |  |
| National Institute on Aging P50AG005136 (PI Grabowski)    | funding for Visit 2                                                                                                                                                            |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
| National Institute on Aging K01AG057821 (PI Suchy-Dicey)  | Funding for data management, analysis, consensus adjudication                                                                                                                  |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
| Click the tab key to add additional rows.                 |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b>                                              | <table border="1" style="width: 100%; border-collapse: collapse; height: 40px;"> <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>                                                                                                                                                                                                                                                                                   |                                                        |                     |                                                          |                                                               |                                           |  |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b>                                              | <table border="1" style="width: 100%; border-collapse: collapse; height: 40px;"> <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>                                                                                                                                                                                                                                                                                   |                                                        |                     |                                                          |                                                               |                                           |  |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |

|    |                                                                                                              | 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                                                                                              | <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 type="checkbox"/> None                                                                |                                                                                     |
|    |                                                                                                              | 2-3 expert witness consultations per year                                                    | Payment made to me                                                                  |
|    |                                                                                                              |                                                                                              |                                                                                     |
|    |                                                                                                              |                                                                                              |                                                                                     |
| 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                                                     |                                                                                     |
|    |                                                                                                              |                                                                                              |                                                                                     |
|    |                                                                                                              |                                                                                              |                                                                                     |
|    |                                                                                                              |                                                                                              |                                                                                     |

|    |                                                                                  | 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                                                     |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |
| 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:** 3/18/2024

**Your Name:** Dedra Buchwald

**Manuscript Title:** Epidemiology and prevalence of dementia and Alzheimer’s disease in American Indians: data from the Strong Heart Study

**Manuscript Number (if known):** ADJ-D-24-00089

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 |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |
| <b>1</b>                                           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; margin-top: 5px;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |
| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |
| <b>2</b>                                           | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                          |  |  |  |  |  |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |
| <b>3</b>                                           | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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) |  |  |  |  |  |  |  |  |
|----|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><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> <tr><td style="height: 15px;"></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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) |
|-----------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|           |                                                                                  | No COIs pertinent to ADRD or this study.                                                     |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |

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:** 3/18/2024

**Your Name:** Lonnie Nelson

**Manuscript Title:** Epidemiology and prevalence of dementia and Alzheimer’s disease in American Indians: data from the Strong Heart Study

**Manuscript Number (if known):** ADJ-D-24-00089

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)                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |                     |                                                          |                                                               |                                           |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------|----------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------|--|
| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b>                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">National Institute on Aging P50AG005136 (PI Grabowski)</td> <td style="width: 40%;">funding for Visit 2</td> </tr> <tr> <td>National Institute on Aging K01AG057821 (PI Suchy-Dicey)</td> <td>Funding for data management, analysis, consensus adjudication</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | National Institute on Aging P50AG005136 (PI Grabowski) | funding for Visit 2 | National Institute on Aging K01AG057821 (PI Suchy-Dicey) | Funding for data management, analysis, consensus adjudication | Click the tab key to add additional rows. |  |
| National Institute on Aging P50AG005136 (PI Grabowski)    | funding for Visit 2                                                                                                                                                            |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
| National Institute on Aging K01AG057821 (PI Suchy-Dicey)  | Funding for data management, analysis, consensus adjudication                                                                                                                  |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
| Click the tab key to add additional rows.                 |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b>                                              | <table border="1" style="width: 100%; border-collapse: collapse; height: 40px;"> <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>                                                                                                                                                                                                                                                                                   |                                                        |                     |                                                          |                                                               |                                           |  |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b>                                              | <table border="1" style="width: 100%; border-collapse: collapse; height: 40px;"> <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>                                                                                                                                                                                                                                                                                   |                                                        |                     |                                                          |                                                               |                                           |  |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |
|                                                           |                                                                                                                                                                                |                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |                     |                                                          |                                                               |                                           |  |

|    |                                                                                                              | 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                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><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> <tr><td style="height: 15px;"></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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) |
|-----------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>                                              |                                                                                     |
|           |                                                                                  | No COI relevant to this manuscript.                                                          |                                                                                     |
|           |                                                                                  |                                                                                              |                                                                                     |

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:** 3/18/2024

**Your Name:** Suman Jayadev

**Manuscript Title:** Epidemiology and prevalence of dementia and Alzheimer’s disease in American Indians: data from the Strong Heart Study

**Manuscript Number (if known):** ADJ-D-24-00089

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 |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
| <b>1</b>                                           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p style="font-size: small; color: gray; text-align: right;">Click the tab key to add additional rows.</p> |  |  |  |  |  |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
| <b>2</b>                                           | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                                                                                                            |  |  |  |  |  |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
| <b>3</b>                                           | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></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) |  |  |  |  |  |  |  |  |
|----|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><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> <tr><td style="height: 15px;"></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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                                                     |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |
|    |                                                                                  |                                                                                              |                                                                                     |
| 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:** 3/18/2024

**Your Name:** Thomas Grabowski

**Manuscript Title:** Epidemiology and prevalence of dementia and Alzheimer’s disease in American Indians: data from the Strong Heart Study

**Manuscript Number (if known):** ADJ-D-24-00089

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 |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                   |                  |  |                  |  |                                           |  |
| <b>1</b>                                           | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 80%;">NIA P30 AG066509</td> <td style="width: 20%;"></td> </tr> <tr> <td>NIA P50 AG005136</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | NIA P30 AG066509 |  | NIA P50 AG005136 |  | Click the tab key to add additional rows. |  |
| NIA P30 AG066509                                   |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                   |                  |  |                  |  |                                           |  |
| NIA P50 AG005136                                   |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                   |                  |  |                  |  |                                           |  |
| Click the tab key to add additional rows.          |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                   |                  |  |                  |  |                                           |  |
| Time frame: past 36 months                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                   |                  |  |                  |  |                                           |  |
| <b>2</b>                                           | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 80%; height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>                                                             |                  |  |                  |  |                                           |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                   |                  |  |                  |  |                                           |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                   |                  |  |                  |  |                                           |  |
|                                                    |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                   |                  |  |                  |  |                                           |  |
| <b>3</b>                                           | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 80%; height: 20px;"></td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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) |  |  |  |  |  |  |  |  |
|----|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><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> <tr><td style="height: 15px;"></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |  |  |  |  |  |  |  |  |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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) |  |  |  |  |  |  |
|-----------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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.

## ICMJE DISCLOSURE FORM

**Date:** 3/18/2024

**Your Name:** Kimiko Domoto-Reilly

**Manuscript Title:** Epidemiology and prevalence of dementia and Alzheimer’s disease in American Indians: data from the Strong Heart Study

**Manuscript Number (if known):** ADJ-D-24-00089

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) |                        |                  |                        |                                           |  |  |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------|------------------|------------------------|-------------------------------------------|--|--|
| <b>Time frame: Since the initial planning of the work</b> |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                        |                  |                        |                                           |  |  |
| <b>1</b>                                                  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">NIA P30 AG066509</td> <td>Funding to institution</td> </tr> <tr> <td>NIA P50 AG005136</td> <td>Funding to institution</td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | NIA P30 AG066509                                                                    | Funding to institution | NIA P50 AG005136 | Funding to institution | Click the tab key to add additional rows. |  |  |
| NIA P30 AG066509                                          | Funding to institution                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                        |                  |                        |                                           |  |  |
| NIA P50 AG005136                                          | Funding to institution                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                        |                  |                        |                                           |  |  |
| Click the tab key to add additional rows.                 |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                        |                  |                        |                                           |  |  |
| <b>Time frame: past 36 months</b>                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                        |                  |                        |                                           |  |  |
| <b>2</b>                                                  | Grants or contracts from any entity (if not indicated in item #1 above).                                                                                                       | <input type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">NCATS UL1 TR002319</td> <td>Funding to institution</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>                                                                                                                         | NCATS UL1 TR002319                                                                  | Funding to institution |                  |                        |                                           |  |  |
| NCATS UL1 TR002319                                        | Funding to institution                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                        |                  |                        |                                           |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                        |                  |                        |                                           |  |  |
|                                                           |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                        |                  |                        |                                           |  |  |
| <b>3</b>                                                  | Royalties or licenses                                                                                                                                                          | <input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;"> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </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) |                                 |  |  |  |  |  |  |  |
|-----------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|--|--|--|--|--|--|--|
| 4         | Consulting fees                                                                                              | <input checked="" type="checkbox"/> <b>None</b><br><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> <tr><td style="height: 15px;"></td><td></td></tr> </table> |                                                                                     |                                 |  |  |  |  |  |  |  |
|           |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
|           |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
|           |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
|           |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
| 5         | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">MedBridge</td> <td style="width: 50%;">Speaker fees paid to individual</td> </tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>                                 | MedBridge                                                                           | Speaker fees paid to individual |  |  |  |  |  |  |  |
| MedBridge | Speaker fees paid to individual                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
|           |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
|           |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
| 6         | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |                                 |  |  |  |  |  |  |  |
|           |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
|           |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
|           |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
| 7         | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |                                 |  |  |  |  |  |  |  |
|           |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
|           |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
|           |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
| 8         | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |                                 |  |  |  |  |  |  |  |
|           |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
|           |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
|           |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
| 9         | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> <b>None</b><br><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>                                                   |                                                                                     |                                 |  |  |  |  |  |  |  |
|           |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
|           |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
|           |                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     |                                 |  |  |  |  |  |  |  |
| 10        | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><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) |  |  |  |  |  |  |
|-----------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|--|--|
| <b>11</b> | Stock or stock options                                                           | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
|           |                                                                                  |                                                                                                                                                                                                                                                                                                                      |                                                                                     |  |  |  |  |  |  |
| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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.