

## ICMJE DISCLOSURE FORM

**Date:** 3/28/2024

**Your Name:** Keenan A Walker

**Manuscript Title:** Patterns of Cognitive Domain Abnormalities Enhance Discrimination of Dementia Risk Prediction: The ARIC study

**Manuscript Number (if known):** ADJ-D-24-00273

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

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

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

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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>							

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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:** 3/25/2024

**Your Name:** David Knopman

**Manuscript Title:** Patterns of Cognitive Domain Abnormalities Enhance Discrimination of Dementia Risk Prediction: The ARIC study

**Manuscript Number (if known):** ADJ-D-24-00273

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety	<input type="checkbox"/> None	

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	Monitoring Board or Advisory Board	<table border="1"> <tr><td>DIAN- TU</td><td>DSMB</td></tr> <tr><td>University of Kentucky</td><td>DSMB</td></tr> <tr><td></td><td></td></tr> </table>	DIAN- TU	DSMB	University of Kentucky	DSMB			
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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:** 4/2/2024

**Your Name:** B. Gwen Windham

**Manuscript Title:** Patterns of Cognitive Domain Abnormalities Enhance Discrimination of Dementia Risk Prediction: The ARIC study

**Manuscript Number (if known):** ADJ-D-24-00273

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**Date:** 4/2/2024

**Your Name:** James Russell Pike

**Manuscript Title:** Patterns of Cognitive Domain Abnormalities Enhance Discrimination of Dementia Risk Prediction: The ARIC study

**Manuscript Number (if known):** ADJ-D-24-00273

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

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

## ICMJE DISCLOSURE FORM

**Date:** 3/26/2024

**Your Name:** Richey Sharrett

**Manuscript Title:** Patterns of Cognitive Domain Abnormalities Enhance Discrimination of Dementia Risk Prediction: The ARIC study

**Manuscript Number (if known):** ADJ-D-24-00273

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

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <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>									
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## ICMJE DISCLOSURE FORM

**Date:** 4/1/2024

**Your Name:** Rebecca F. Gottesman

**Manuscript Title:** Patterns of Cognitive Domain Abnormalities Enhance Discrimination of Dementia Risk Prediction: The ARIC study

**Manuscript Number (if known):** ADJ-D-24-00273

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

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<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.) <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: 70%;">NIH/ NHLBI, NINDS, NIA (prior: ARIC-NCS grant funding)</td> <td></td> </tr> <tr> <td> </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>	NIH/ NHLBI, NINDS, NIA (prior: ARIC-NCS grant funding)				Click the tab key to add additional rows.	
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4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> <b>None</b>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b>	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> <b>None</b>	
		Member, External Advisory Committee, MarkVCID (unpaid)	
		Member, External Advisory Committee, Mayo Clinic Study on Aging (unpaid)	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b>	
		Chair, Annual Meeting Programming committee, American Neurological Association, unpaid (ended 9/2023)	

		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)						
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## ICMJE DISCLOSURE FORM

**Date:** 4/2/2024

**Your Name:** David Li

**Manuscript Title:** Patterns of Cognitive Domain Abnormalities Enhance Discrimination of Dementia Risk Prediction: The ARIC study

**Manuscript Number (if known):** ADJ-D-24-00273

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

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## ICMJE DISCLOSURE FORM

**Date:** 4/2/2024

**Your Name:** Thomas Mosley

**Manuscript Title:** Patterns of Cognitive Domain Abnormalities Enhance Discrimination of Dementia Risk Prediction: The ARIC study

**Manuscript Number (if known):** ADJ-D-24-00273

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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:** 3/25/2024

**Your Name:** Kevin Sullivan

**Manuscript Title:** Patterns of Cognitive Domain Abnormalities Enhance Discrimination of Dementia Risk Prediction: The ARIC study

**Manuscript Number (if known):** ADJ-D-24-00273

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

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## ICMJE DISCLOSURE FORM

**Date:** 3/26/2024

**Your Name:** Marilyn Albert

**Manuscript Title:** Patterns of Cognitive Domain Abnormalities Enhance Discrimination of Dementia Risk Prediction: The ARIC study

**Manuscript Number (if known):** ADJ-D-24-00273

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

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## ICMJE DISCLOSURE FORM

**Date:** 3/25/2024

**Your Name:** Sheila Burgard

**Manuscript Title:** Patterns of Cognitive Domain Abnormalities Enhance Discrimination of Dementia Risk Prediction: The ARIC study

**Manuscript Number (if known):** ADJ-D-24-00273

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## ICMJE DISCLOSURE FORM

**Date:** 3/28/2024

**Your Name:** Alden L. Gross

**Manuscript Title:** Patterns of Cognitive Domain Abnormalities Enhance Discrimination of Dementia Risk Prediction: The ARIC study

**Manuscript Number (if known):** ADJ-D-24-00273

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## ICMJE DISCLOSURE FORM

**Date:** 3/25/2024

**Your Name:** Sevil Yasar

**Manuscript Title:** Patterns of Cognitive Domain Abnormalities Enhance Discrimination of Dementia Risk Prediction: The ARIC study

**Manuscript Number (if known):** ADJ-D-24-00273

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

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

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

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