

ICMJE DISCLOSURE FORM

Date: 6/19/2024

Your Name: Christian Salazar, PhD MPH

Manuscript Title: Community Recruitment of Underrepresented Populations to the AHEAD 3-45 Preclinical AD Trial Using Novel Partnerships with Nursing and Community-Based Organizations: Lessons and Outcomes

Manuscript Number (if known): ADJ-D-24-00333R1

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Alzheimer's Association International Conference	
		Junior Investigator Travel Award	To attend Knight ADRC Disparities Conference
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: 6/14/2024

Your Name: Melanie Tallakson, DNP, FNP

Manuscript Title: Community Recruitment of Underrepresented Populations to the AHEAD 3-45 Preclinical AD Trial Using Novel Partnerships with Nursing and Community-Based Organizations: Lessons and Outcomes

Manuscript Number (if known): ADJ-D-24-00333R1

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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Maria Corona, PhD

Manuscript Title: Community Recruitment of Underrepresented Populations to the AHEAD 3-45 Preclinical AD Trial Using Novel Partnerships with Nursing and Community-Based Organizations: Lessons and Outcomes

Manuscript Number (if known): ADJ-D-24-00333R1

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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Edwin Duran, BS

Manuscript Title: Community Recruitment of Underrepresented Populations to the AHEAD 3-45 Preclinical AD Trial Using Novel Partnerships with Nursing and Community-Based Organizations: Lessons and Outcomes

Manuscript Number (if known): ADJ-D-24-00333R1

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Your Name: Eunji Russ, BS

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ICMJE DISCLOSURE FORM

Date: 6/17/2024

Your Name: Dan Hoang, BA, BS

Manuscript Title: Community Recruitment of Underrepresented Populations to the AHEAD 3-45 Preclinical AD Trial Using Novel Partnerships with Nursing and Community-Based Organizations: Lessons and Outcomes

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Date: 6/17/2024

Your Name: Romina Romero, PhD, MPH

Manuscript Title: Community Recruitment of Underrepresented Populations to the AHEAD 3-45 Preclinical AD Trial Using Novel Partnerships with Nursing and Community-Based Organizations: Lessons and Outcomes

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ICMJE DISCLOSURE FORM

Date: 6/11/2024

Your Name: David L Sultzer, MD

Manuscript Title: Community Recruitment of Underrepresented Populations to the AHEAD 3-45 Preclinical AD Trial Using Novel Partnerships with Nursing and Community-Based Organizations: Lessons and Outcomes

Manuscript Number (if known): ADJ-D-24-00333R1

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								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> </table> <div style="text-align: right; font-size: small; color: gray;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Eisai</td> <td style="padding: 5px;">Partnership with NIA, AHEAD A3-45 study (BAN2401 for early preclinical and preclinical Alzheimer's disease and intermediate or elevated amyloid: Research support to institution)</td> </tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	Eisai	Partnership with NIA, AHEAD A3-45 study (BAN2401 for early preclinical and preclinical Alzheimer's disease and intermediate or elevated amyloid: Research support to institution)				
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Otsuka	Symposium speaker (paid)
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Janssen	Data Safety Monitoring Board (paid), monoclonal antibody treatment for Alzheimer's disease
		Otsuka	Study adjudication committee (paid), treatment for agitation in dementia
		NovoNordisk, Ono	Advisory board (paid)

		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)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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: 6/16/2024

Your Name: Joshua Grill, PhD

Manuscript Title: Community Recruitment of Underrepresented Populations to the AHEAD 3-45 Preclinical AD Trial Using Novel Partnerships with Nursing and Community-Based Organizations: Lessons and Outcomes

Manuscript Number (if known): ADJ-D-24-00333R1

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">NIA, Alzheimer's Association, BrightFocus Foundation</td><td style="width: 20px;"> </td></tr> <tr><td style="height: 20px;">Eli Lilly, Biogen, Genentech, Eisai</td><td style="width: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>	NIA, Alzheimer's Association, BrightFocus Foundation		Eli Lilly, Biogen, Genentech, Eisai			
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4	Consulting fees	<input type="checkbox"/> None	
		SiteRx	Not related
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Alzheimer's Association	
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 type="checkbox"/> None	
		Personal payments for editorial service, Alzheimer's & Dementia	

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: 6/14/2024

Your Name: Hye-Won Shin, PhD

Manuscript Title: Community Recruitment of Underrepresented Populations to the AHEAD 3-45 Preclinical AD Trial Using Novel Partnerships with Nursing and Community-Based Organizations: Lessons and Outcomes

Manuscript Number (if known): ADJ-D-24-00333R1

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