

ICMJE DISCLOSURE FORM

Date: 5/2/2024

Your Name: Raul Gonzalez Gomez

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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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: 5/2/2024

Your Name: Agustina Legaz

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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Date: 5/2/2024

Your Name: Sebastián Moguilner

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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Date: 5/2/2024

Your Name: Josephine Cruzat

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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ICMJE DISCLOSURE FORM

Date: 5/2/2024

Your Name: Hernán Hernández

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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Date: 5/2/2024

Your Name: Sandra Baez

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

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11	Stock or stock options	<input checked="" type="checkbox"/> None <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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="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>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <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: 5/5/2024

Your Name: Rafael Cocchi

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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.

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
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ICMJE DISCLOSURE FORM

Date: 5/5/2024

Your Name: Carlos Coronel

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 5/5/2024

Your Name: Vicente Medel

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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: 5/5/2024

Your Name: Enzo Tagliazuchi

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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ICMJE DISCLOSURE FORM

Date: 5/5/2024

Your Name: Joaquín Migeot

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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ICMJE DISCLOSURE FORM

Date: 5/5/2024

Your Name: Carolina Ochoa Rosales

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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ICMJE DISCLOSURE FORM

Date: 5/5/2024

Your Name: Marcelo Adrián Maito

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of 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	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<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)
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 checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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: 5/5/2024

Your Name: Pablo Reyes

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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: 5/5/2024

Your Name: Hernando Santamaria Garcia

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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ICMJE DISCLOSURE FORM

Date: 5/5/2024

Your Name: Maria E. Godoy

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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ICMJE DISCLOSURE FORM

Date: 5/5/2024

Your Name: Shireen Javandel

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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ICMJE DISCLOSURE FORM

Date: 5/2/2024

Your Name: Adolfo M. García

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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			<small>Click the tab key to add additional rows.</small>
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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	<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)
	Monitoring Board or Advisory Board	<input type="text"/>	<input type="text"/>
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"/>
11	Stock or stock options	<input checked="" type="checkbox"/> None	
		<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"/>
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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ICMJE DISCLOSURE FORM

Date: 2/5/2024

Your Name: Diana L. Matallana

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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ICMJE DISCLOSURE FORM

Date: 2/5/2024

Your Name: José Alberto Avila-Funes

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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ICMJE DISCLOSURE FORM

Date: 5/2/2024

Your Name: Andrea Slachevsky

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
10	Leadership or fiduciary role in other board,	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> </table>							

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

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: 5/5/2024

Your Name: María I. Behrens

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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ICMJE DISCLOSURE FORM

Date: 5/4/2024

Your Name: Nilton Custodio

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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		NIH (AG057234)	The contents of this publication are solely author's responsibility and do not represent official views of these institutions.
		NIH (R56AG069118-01)	
		SG-21-715176-LATAM FINGERS 24AARG-D-1246942	Click the tab key to add additional rows.
Time frame: past 36 months			
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ICMJE DISCLOSURE FORM

Date: 5/5/2024

Your Name: Juan F. Cardona

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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ICMJE DISCLOSURE FORM

Date: 5/5/2024

Your Name: Ignacio L. Brusco

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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ICMJE DISCLOSURE FORM

Date: 5/5/2024

Your Name: Martín A. Bruno

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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ICMJE DISCLOSURE FORM

Date: 5/5/2024

Your Name: Ana L. Sosa Ortiz

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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ICMJE DISCLOSURE FORM

Date: 5/5/2024

Your Name: Stefanie D. Pina-Escudero

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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ICMJE DISCLOSURE FORM

Date: 5/5/2024

Your Name: Leonel T. Takada

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<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)
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 checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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: 5/7/2024

Your Name: Elisa de Paula França Resende

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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 type="checkbox"/> None	
		Rainwater foundation grant	Payment to the Institution
		Click the tab key to add additional rows.	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		NIH grant 1R21AG069252-01	
3	Royalties or licenses	<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)
4	Consulting fees	<input type="checkbox"/> None	
		United Medical Ltda	Payments to myself
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Novo Nordisk	Payments to myself
		Roche	Payments to myself
		Proneuro	Payments to myself
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Novo Nordisk	Payment to myself
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 type="checkbox"/> None	
		Deputy chair of the Scientific Department of Cognitive Neurology and Aging at the Brazilian Academy of Neurology	

		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 <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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="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>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <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: 5/4/2024

Your Name: Victor Valcour

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None	
		US National Institute of Health	Funded research through my institution
		Bluefield Consortium	Funded research through my institution
		Alzheimer’s Association	Funded research through my institution
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<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)
4	Consulting fees	<input type="checkbox"/> None	
		IAS USA	Providing CME
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Kentucky HIV/AIDS education center	Honoraria for lecture
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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 <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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <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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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: 5/5/2024

Your Name: Katherine L. Possin

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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: 15px;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 40%;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td><td> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td><td> </td><td> </td></tr> </table> <p style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</p>												
Time frame: past 36 months															
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td> </td><td> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td><td> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td><td> </td><td> </td></tr> </table>												
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"> </td><td> </td><td> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td><td> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td><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 checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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: 5/5/2024

Your Name: Maira Okada de Oliveira

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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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	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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: 2/4/2024

Your Name: Francisco Lopera

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> <p style="font-size: small; text-align: center;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months															
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							<table border="1" style="width: 100%; height: 40px;"> <tr><td> </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"/> 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 checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		Antibody from APOE3ch	
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 type="checkbox"/> None	
		ScienceBank	
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	
		I have grants from NIA NIH Alzheimer's Association, Tau consortium, LATAM fingers, Red Lat , Biogen and Viewmind	

Please place an "X" next I 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: 5/5/2024

Your Name: Brian Lawlor

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

		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	

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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: 5/3/2024

Your Name: Kun Hu

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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

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		<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">NIH grants: RF1AG059867, RF1AG064312, R01AG083799</td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: right;"><small>Click the tab key to add additional rows.</small></td> </tr> </table>		NIH grants: RF1AG059867, RF1AG064312, R01AG083799				<small>Click the tab key to add additional rows.</small>	
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<small>Click the tab key to add additional rows.</small>									
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None							
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3	Royalties or licenses	<input checked="" type="checkbox"/> None							
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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	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		American Academy of Sleep Medicine Foundation	
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 type="checkbox"/> None	
		The Cognition PIA Executive Committee, the Alzheimer's Association International Society to Advance Alzheimer's Research and Treatment;	
		Research Career Development Committee, American Academy of Sleep Medicine Foundation	
		Diversity, Equity, and Inclusion Committee, Sleep Research Society	

		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 <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>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="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>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <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: 5/5/2024

Your Name: Bruce Miller

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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Date: 5/5/2024

Your Name: Jennifer S. Yokoyama

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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Date: 5/5/2024

Your Name: Cecilia Gonzalez Campo

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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ICMJE DISCLOSURE FORM

Date: 5/2/2024

Your Name: Agustin Ibanez

Manuscript Title: Educational Disparities in Brain Health and Dementia Across Latin America and the United States

Manuscript Number (if known): ADJ-D-24-00426

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input type="checkbox"/> None AI is supported by grants from ReDLat [National Institutes of Health and the Fogarty International Center (FIC), National Institutes of Aging (AG057234, R01 AG075775, AG021051, R01 AG083799, CARDS-NIH 75N95022C0003), Alzheimer's Association (SG-20-725707), Rainwater Charitable Foundation, The Blue Project to cure FTD, and Global Brain Health Institute)], ANID/FONDECYT Regular	The contents of this publication are solely author's responsibility and do not represent official views of these institutions.

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		(1210195, 1210176 and 1220995); and ANID/FONDAP/15150012.	
			Click the tab key to add additional rows.

Time frame: past 36 months

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