

ICMJE DISCLOSURE FORM

Date: 5/7/2024

Your Name: Cuicui Liu

Manuscript Title: Cardiometabolic Multimorbidity, Peripheral Biomarkers, and Dementia in Rural Older Adults: The MIND-China Study

Manuscript Number (if known): ADJ-D-24-00030

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: 5/9/2024

Your Name: Rui Liu

Manuscript Title: Cardiometabolic Multimorbidity, Peripheral Biomarkers, and Dementia in Rural Older Adults: The MIND-China Study

Manuscript Number (if known): ADJ-D-24-00030

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ICMJE DISCLOSURE FORM

Date: 5/8/2024

Your Name: Na Tian

Manuscript Title: Cardiometabolic Multimorbidity, Peripheral Biomarkers, and Dementia in Rural Older Adults: The MIND-China Study

Manuscript Number (if known): ADJ-D-24-00030

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Your Name: Wenxin Fa

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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: 5/14/2024

Your Name: Nan Wang

Manuscript Title: Cardiometabolic Multimorbidity, Peripheral Biomarkers, and Dementia in Rural Older Adults: The MIND-China Study

Manuscript Number (if known): ADJ-D-24-00030

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: 5/7/2024

Your Name: Min Zhu

Manuscript Title: Cardiometabolic Multimorbidity, Peripheral Biomarkers, and Dementia in Rural Older Adults: The MIND-China Study

Manuscript Number (if known): ADJ-D-24-00030

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: 5/14/2024

Your Name: Xiaoyan Liang

Manuscript Title: Cardiometabolic Multimorbidity, Peripheral Biomarkers, and Dementia in Rural Older Adults: The MIND-China Study

Manuscript Number (if known): ADJ-D-24-00030

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Date: 5/7/2024

Your Name: Yixun Ma

Manuscript Title: Cardiometabolic Multimorbidity, Peripheral Biomarkers, and Dementia in Rural Older Adults: The MIND-China Study

Manuscript Number (if known): ADJ-D-24-00030

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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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; 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>							
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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	

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ICMJE DISCLOSURE FORM

Date: 5/14/2024

Your Name: Yifei Ren

Manuscript Title: Cardiometabolic Multimorbidity, Peripheral Biomarkers, and Dementia in Rural Older Adults: The MIND-China Study

Manuscript Number (if known): ADJ-D-24-00030

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ICMJE DISCLOSURE FORM

Date: 5/9/2024

Your Name: YONGXIANG WANG

Manuscript Title: Cardiometabolic Multimorbidity, Peripheral Biomarkers, and Dementia in Rural Older Adults: The MIND-China Study

Manuscript Number (if known): ADJ-D-24-00030

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ICMJE DISCLOSURE FORM

Date: 5/8/2024

Your Name: Lin Cong

Manuscript Title: Cardiometabolic Multimorbidity, Peripheral Biomarkers, and Dementia in Rural Older Adults: The MIND-China Study

Manuscript Number (if known): ADJ-D-24-00030

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Date: 5/8/2024

Your Name: Shi Tang

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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: 5/7/2024

Your Name: Davide Liborio VETRANO

Manuscript Title: Cardiometabolic Multimorbidity, Peripheral Biomarkers, and Dementia in Rural Older Adults: The MIND-China Study

Manuscript Number (if known): ADJ-D-24-00030

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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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: Tia Ngandu

Manuscript Title: Cardiometabolic Multimorbidity, Peripheral Biomarkers, and Dementia in Rural Older Adults: The MIND-China Study

Manuscript Number (if known): ADJ-D-24-00030

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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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:

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ICMJE DISCLOSURE FORM

Date: 5/14/2024

Your Name: Miia Kivipelto

Manuscript Title: Cardiometabolic Multimorbidity, Peripheral Biomarkers, and Dementia in Rural Older Adults: The MIND-China Study

Manuscript Number (if known): ADJ-D-24-00030

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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 type="checkbox"/> None	
		Scientific Advisory Boards	
		Combinostics, Eisai, Eli Lilly, Nestle	
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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ICMJE DISCLOSURE FORM

Date: 7/5/2024

Your Name: Tingting Hou

Manuscript Title: Cardiometabolic Multimorbidity, Peripheral Biomarkers, and Dementia in Rural Older Adults: The MIND-China Study

Manuscript Number (if known): ADJ-D-24-00030

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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: 5/7/2024

Your Name: Yifeng Du

Manuscript Title: Cardiometabolic Multimorbidity, Peripheral Biomarkers, and Dementia in Rural Older Adults: The MIND-China Study

Manuscript Number (if known): ADJ-D-24-00030

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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Date: 5/7/2024

Your Name: Chengxuan Qiu

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Manuscript Number (if known): ADJ-D-24-00030

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