Date:		•	4/4/2024		
Your Name:			Jun Li		
Manuscript Title:			The MIND diet, brain transcriptomic alterations, and dementia		
Mar	uscript Number (if k	nown):	ADJ-D-23-01002R1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned		ipt. "Rela of the man e in doubt as/activition insion, you entioned	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For easy a should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this thip 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	
	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.		one R00 DK122128	This is a federal grant to the Brigham and Women's Hospital. Click the tab key to add additional rows.	
			Time frame: past 36 month	าร	
2	Grants or contracts from any entity (if not indicated in item #1 above).		one		
3	Royalties or licenses	⊠ No	one		

		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	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	[⊠] None		
Plea	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.			

Date:		,	4/7/2024		
Your Name:			Ana W. Capuano		
Manuscript Title:			The MIND diet, brain transcriptomic alterat	ions, and dementia	
Mar	nuscript Number (if kı	nown):	ADJ-D-23-01002R1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.		ipt. "Rela of the man e in doubt s/activition ension, you entioned	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript. ert for the work reported in this manuscript without time limit. For all other items, the time		
fran	ne for disclosure is the	e past 36	months.		
			l entities with whom you have this ship 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.	NIH/NIA	one	grants Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		one	grants Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	NIH/NIA	one A	grants Click the tab key to add additional rows.	
	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated in item	NIH/NIA	Time frame: past 36 month	grants Click the tab key to add additional rows.	

		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	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	[⊠] None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Chair- Design and Data Analytics- ISTAART	

		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	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	[⊠] None		
Plea	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.			

			ICIVIJE DISCLOSURE FO	KIVI	
Date:			4/7/2024		
Your Name:			Puja Agarwal		
Mar	nuscript Title:		The MIND diet, brain transcriptomic alterat	ions, and dementia	
Mar	nuscript Number (if k	known):	ADJ-D-23-01002R1		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in double The author's relationships/activities		ript. "Rela of the ma e in doub os/activiti ension, yo	re ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be anuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so. dies/interests should be defined broadly. For example, if your manuscript pertains to the bushould declare all relationships with manufacturers of antihypertensive medication, even if lin the manuscript.		
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			Il entities with whom you have this ship 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	
	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.	[⊠] N	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Alzhein P30AG Support 2R01AG	one ner's Association (AARG-21-852512) 072975 developmental project ted by other NIH grants- R01AG054476, G054057, R01AG051641, 5R01AG062637-03 1AG076143		
3	Royalties or licenses	⊠ N	one		

		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	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Wake Forest Baptist Medical Center Swedish Medical, Seattle	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	Alzheimer's Association	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Program Chair for Alzheimer's Association-ISTAART-Nutrition, Metabolism and Dementia PIA	

		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	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	[⊠] None		
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:		-	4/18/2024		
Your Name:		-	Zoe Arvanitakis		
Manuscript Title:		-	The MIND diet, brain transcriptomic alterat	ions, and dementia	
Mar	nuscript Number (if k	nown):	ADJ-D-23-01002R1		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activitiepidemiology of hypertension, you that medication is not mentioned			ted" means any relation with for-profit or no nuscript. Disclosure represents a commitment about whether to list a relationship/activity, es/interests should be defined broadly. For each should declare all relationships with manuforn the manuscript.	/interest, it is preferable that you do so.	
			entities with whom you have this hip 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	
	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.	NIH	one	Click the tab key to add additional rows.	
			Time frame: past 36 month	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Amylyx Lilly	one		
3	Royalties or licenses	⊠ No	one		

		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	□ None	
		CIRM	Individual
		Eisai	Individual
		Summus	Individual
		Amylyx	Individual
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Various Academic institutions Spire Learning (CME activities)	
6	Payment for expert testimony	City of Naperville	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	NIH funded studies	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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	[⊠] None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	Specialty Chief Editor of Frontiers in Dementia		
Plea [⊠]	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.			

Date:	4/7/2024
Your Name:	Yanling Wang
Manuscript Title:	The MIND diet, brain transcriptomic alterations, and dementia
Manuscript Number (if known):	ADJ-D-23-01002R1

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		Name all entities with whom you have thi relationship or indicate none (add rows as	
		Time frame: Since the initia	al planning of the work
	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.	[⊠] None	Click the tab key to add additional rows.
		Time frame: pass	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	None None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have the relationship or indicate none (add rows a		е
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	[⊠] None		
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:			

Date:	4/7/2024
Your Name:	Philip De Jager, MD PhD
Manuscript Title:	The MIND diet, brain transcriptomic alterations, and dementia
Manuscript Number (if known):	ADJ-D-23-01002R1

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			ities with whom you have this 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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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.	[⊠] None		Click the tab key to add additional rows.
			Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		
3	Royalties or licenses	None Non		

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have the relationship or indicate none (add rows a		е
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None		
13	Other financial or non-financial interests	[⊠] None		
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:			

Date:		4/7/2024	4/7/2024		
Your Name:		Julie A. Schneider	Julie A. Schneider		
Manuscript Title:		The MIND diet, brain transcriptomic altera	The MIND diet, brain transcriptomic alterations, and dementia		
Ma	nuscript Number (if kn	own): ADJ-D-23-01002R1			
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.			ot-for-profit third parties whose interests may be ent to transparency and does not necessarily		
epi	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.				
		ame all entities with whom you have this elationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		•	made to you or to your institution)		
1	All support for the	elationship or indicate none (add rows as needed)	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision	elationship or indicate none (add rows as needed) Time frame: Since the initial plannin	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	Plationship or indicate none (add rows as needed) Time frame: Since the initial plannin □ None R01AG054476, R01AG054057,	made to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials,	Plationship or indicate none (add rows as needed) Time frame: Since the initial plannin □ None R01AG054476, R01AG054057,	made to you or to your institution) g 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	Plationship or indicate none (add rows as needed) Time frame: Since the initial plannin □ None R01AG054476, R01AG054057,	made to you or to your institution) g of the work Click the tab key to add additional rows.		

#1 above).

Royalties or

licenses

⊠ None

3

		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	Meilleur Technologies	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	Alzheimer's Association	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Framingham Heart Study – NIH funded OSMB Discovery – NIH funded OSMB	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	4/7/2024
Your Name:	Shinya Tasaki
Manuscript Title:	The MIND diet, brain transcriptomic alterations, and dementia
Manuscript Number (if known):	ADJ-D-23-01002R1

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		e all entities with whom you have this onship 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
	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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have the relationship or indicate none (add rows a		е	
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None			
13	Other financial or non-financial interests	[⊠] None			
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:				

Date:	4/7/2024
Your Name:	Katia de Paiva Lopes
Manuscript Title:	The MIND diet, brain transcriptomic alterations, and dementia
Manuscript Number (if known):	ADJ-D-23-01002R1

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		e all entities with whom you have this onship 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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	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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have the relationship or indicate none (add rows a		е	
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None			
13	Other financial or non-financial interests	[⊠] None			
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:				

Date:	4/7/2024
Your Name:	Frank Hu
Manuscript Title:	The MIND diet, brain transcriptomic alterations, and dementia
Manuscript Number (if known):	ADJ-D-23-01002R1

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		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have the relationship or indicate none (add rows a		е	
11	Stock or stock options	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None			
13	Other financial or non-financial interests	[⊠] None			
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:				

Date:			4/7/2024			
You	r Name:		David A Bennett			
Manuscript Title:			The MIND diet, brain transcriptomic alterations, and dementia			
Mar	nuscript Number (if kı	nown):	ADJ-D-23-01002R1			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub." The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned			ort for the work reported in this manuscript without time limit. For all other items, the time			
			l entities with whom you have this hip 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		
	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.	NIH IDPH	one	institution institution Click the tab key to add additional rows.		
			Time frame: past 36 month	ns		
2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] N o	one			
3	Royalties or licenses	⊠ No	one			

			Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	[⊠] None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	[⊠] None	

		Name all entities with whom you have the relationship or indicate none (add rows a	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
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Manuscript Title:	The MIND diet, brain transcriptomic alterations, and dementia
Manuscript Number (if known):	ADJ-D-23-01002R1

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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	[⊠] None	
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