

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) McCarten	3. Date 16-August-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michelle Brasure
5. Manuscript Title Does Cognitive Training Prevent Cognitive Decline: a systematic review		
6. Manuscript Identifying Number (if you know it) M17-1531		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. McCarten has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Victoria

2. Surname (Last Name)  
Nelson

3. Date  
31-August-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Mary Butler

5. Manuscript Title  
Does Cognitive Training Prevent Cognitive Decline: a systematic review

6. Manuscript Identifying Number (if you know it)  
M17-1531

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Nelson has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Heather

2. Surname (Last Name)  
Davila

3. Date  
15-August-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title  
Does Cognitive Training Prevent Cognitive Decline: a systematic review

6. Manuscript Identifying Number (if you know it)  
M17-1531

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Dr. Davila has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Ellen

2. Surname (Last Name)  
McCreedy

3. Date  
16-August-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Michelle Brasure

5. Manuscript Title  
Does Cognitive Training Prevent Cognitive Decline: a systematic review

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Terry	2. Surname (Last Name) Barclay	3. Date 17-August-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mary Butler, PhD
5. Manuscript Title Does Cognitive Training Prevent Cognitive Decline: a systematic review		
6. Manuscript Identifying Number (if you know it)  		

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Agency for Healthcare Research and Quality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contract No. 290-2015-00008-1

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Dr. Barclay reports grant support from Agency for Healthcare Research and Quality, during the conduct of the study; .

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Howard

2. Surname (Last Name)  
Fink

3. Date  
22-August-2017

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name

5. Manuscript Title  
Does Cognitive Training Prevent Cognitive Decline: a systematic review

6. Manuscript Identifying Number (if you know it)  
M17-1531

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Fink has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mary	2. Surname (Last Name) Butler	3. Date 15-September-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mary Butler
5. Manuscript Title Does Cognitive Training Prevent Cognitive Decline: a systematic review		
6. Manuscript Identifying Number (if you know it) M17-1531		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Priyanka

2. Surname (Last Name)  
Desai

3. Date  
27-September-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Mary Butler

5. Manuscript Title  
Does Cognitive Training Prevent Cognitive Decline: a systematic review

6. Manuscript Identifying Number (if you know it)  
M17-1531

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Ms. Desai has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Michelle	2. Surname (Last Name) Brasure	3. Date 05-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mary Butler
5. Manuscript Title Does Cognitive Training Prevent Cognitive Decline: a systematic review		
6. Manuscript Identifying Number (if you know it) M17-1531		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Brasure has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Edward	2. Surname (Last Name) Ratner	3. Date 19-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michelle Brasure
5. Manuscript Title Does Cognitive Training Prevent Cognitive Decline: a systematic review		
6. Manuscript Identifying Number (if you know it) M17-1531		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☐ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☐ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ratner has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Laura	2. Surname (Last Name) Hemmy	3. Date 23-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name H Fink
5. Manuscript Title Pharmacological interventions to prevent age-related cognitive decline, mild cognitive impairment, and clinical Alzheimer's-type dementia: a systematic review		
6. Manuscript Identifying Number (if you know it) M17-1529		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Hemmy reports grants from AHRQ, during the conduct of the study; .

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