

ICMJE DISCLOSURE FORM

Date: 11/12/2024

Your Name: Frank J Wolters

Manuscript Title: Gender differences in career paths in medical academia: a nationwide study in the Netherlands

Manuscript Number (if known): D8413

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	<div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td><td style="height: 20px;"></td></tr> </table>							<div style="border: 1px solid black; padding: 5px; margin-top: 10px; font-size: small;">Click the tab key to add additional rows.</div>								
Time frame: past 36 months																
2	<div style="display: flex; align-items: center;"> <input type="checkbox"/> None </div> <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">The Netherlands Organisation for Health Research and Development (ZonMw) (Veni 09150162010108)</td> <td style="width: 40%;">Payment to institution</td> </tr> <tr> <td>Alzheimer's Association (AARF-22-924982)</td> <td>Payment to institution</td> </tr> <tr> <td>The Netherlands Organisation for Health Research and Development (ZonMw) (BIRD-NL-10510032120005)</td> <td>Payment to institution</td> </tr> <tr> <td>Dutch Heart Foundation (CVON2018-28)</td> <td>Payment to institution</td> </tr> <tr> <td>Cure Alz Fund</td> <td>Payment to institution</td> </tr> <tr> <td>Erasmus Trust Fund</td> <td>Payment to institution</td> </tr> <tr> <td>Alzheimer Nederland (WE.03-2023-16)</td> <td>Payment to institution</td> </tr> </table>	The Netherlands Organisation for Health Research and Development (ZonMw) (Veni 09150162010108)	Payment to institution	Alzheimer's Association (AARF-22-924982)	Payment to institution	The Netherlands Organisation for Health Research and Development (ZonMw) (BIRD-NL-10510032120005)	Payment to institution	Dutch Heart Foundation (CVON2018-28)	Payment to institution	Cure Alz Fund	Payment to institution	Erasmus Trust Fund	Payment to institution	Alzheimer Nederland (WE.03-2023-16)	Payment to institution	
The Netherlands Organisation for Health Research and Development (ZonMw) (Veni 09150162010108)	Payment to institution															
Alzheimer's Association (AARF-22-924982)	Payment to institution															
The Netherlands Organisation for Health Research and Development (ZonMw) (BIRD-NL-10510032120005)	Payment to institution															
Dutch Heart Foundation (CVON2018-28)	Payment to institution															
Cure Alz Fund	Payment to institution															
Erasmus Trust Fund	Payment to institution															
Alzheimer Nederland (WE.03-2023-16)	Payment to institution															

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board,	<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)
	society, committee or advocacy group, paid or unpaid	<div>ISTAART professional interest area on vascular cognitive disorders executive committee</div> <div>The International Society of Vascular Behavioural and Cognitive Disorders (VasCog) executive committee</div> <div></div>	<div>Unpaid</div> <div>Unpaid</div> <div></div>
11	Stock or stock options	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
13	Other financial or non-financial interests	<div><input checked="" type="checkbox"/> None</div> <div></div> <div></div> <div></div>	
<p>Please place an "X" next to the following statement to indicate your agreement:</p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p>			