#### 1 Neuroimaging methods

2 T1-weighted MRI was acquired using 3T scanners manufactured by General 3 Electric (GE) and Siemens using a 3D Sagittal Magnetization-Prepared Rapid 4 Acquisition Gradient Recalled Echo (MPRAGE) sequence (number of scans=544 and 5 306 for GE and Siemens, respectively). During the analysis, two scans were excluded 6 because MRI data was unusable due to motion. Tau-PET and amyloid PET scans were 7 acquired using the PET/CT scanner by GE and Siemens operating in 3D mode (number 8 of scans=817 and 33, for GE and Siemens, respectively for tau-PET; number of 9 scans=782 and 31, for GE and Siemens, respectively for amyloid-PET). To harmonize the inter-scan difference, for PET scanners, different filters were applied to each during 10 11 reconstruction in order to harmonize resolution according to the method of Joshi et al 12 (1). For MRI scanners, we have previously shown that the effects on PET quantification are negligible (2). A CT scan was obtained for attenuation correction. For tau-PET, an 13 14 intravenous bolus injection of ~370 MBg (range 333–407 MBg) F18-flortaucipir was 15 administered, and PET/CT imaging was performed with a 20-minute PET acquisition of 16 four 5-min dynamic frames, 80-100 minutes after injection. Amyloid PET imaging was 17 performed using Pittsburgh compound B (PiB) and consisted of four 5-min dynamic 18 frames, 40–60 min after injection of 628 MBg (range 385–723 MBg) of 11C-PiB. The 19 mean and standard deviation of specific activity for the entire period that the images 20 were acquired was 2.58 ( $\pm 0.32$ ) Ci/µmol and 3.44 ( $\pm 0.78$ ) Ci/µmol for PiB and AV1451, 21 respectively. An iterative reconstruction algorithm was applied. Emission data were 22 reconstructed into a 256×256 matrix with a 30-cm field of view (in-plane pixel size = 1.0 23 mm). Standard corrections for attenuation, scatter, random coincidences and decay

were applied as well as a 5 mm Gaussian post-reconstruction filter. The images from
the four dynamic frames were averaged to create a single static image.

26

27 The static tau-PET image volumes of each participant were rigidly co-registered 28 to the corresponding T1-weighted MRI using 6-degree-of-freedom registration 29 ("spm\_coreg") in SPM5. The automated anatomic labeling (AAL) atlas (3) was 30 normalized to the custom template (4) using the unified segmentation method in SPM5 31 giving a set of labels corresponding to the custom template space. SPM5 unified 32 segmentation (5) with a custom elderly template generated from 200 AD and 200 33 controls and tissue priors (4) was used to segment the MRI into GM, WM, CSF, and to 34 warp the atlas labels from template space to subject space. Within each subject, SPM5 35 co-registration was performed on the longitudinal series of MRI images to align to the 36 mean across all images, thus forming a new mean image, and repeated until 37 convergence (6). SUVR images were normalized to the uptake in the cerebellar crus 38 (7). For each timepoint, the tau-PET images were resampled into the space of the mean 39 MPRAGE. The regional SUVRs were calculated by measuring median uptake in each 40 ROI, excluding any voxels segmented as cerebrospinal fluid. A meta-ROI for tau-PET 41 included the amygdala, entorhinal cortex (ERC), fusiform, parahippocampal and inferior 42 temporal and middle temporal gyri (8,9). The tau-PET meta-ROI SUVR was calculated 43 as an average of the median SUVR in each region. We did not use a voxel-number weighted average for the meta-ROI SUVR calculation because the weighted average 44 45 might penalize small ROI values such as for the entorhinal cortex or amygdala, 46 anatomic regions of known early NFT accumulation. Global cortical amyloid PET SUVR

47 was computed as a voxel-number weighted average of median SUVR in each meta-ROI 48 region including the prefrontal, orbitofrontal, parietal, temporal, anterior and posterior 49 cingulate, and precuneus ROIs (9). The threshold used to define abnormal PiB PET 50 was SUVR=1.42 (9). All analysis was performed using non-partial volume corrected 51 (PVC) PET images. For comparison with non-PVC images, tau-PET with PVC was 52 evaluated. For the PVC, each PET image voxel was divided by the value in the tissue 53 mask to generate a PVC image (10) and an unsmoothed binary MRI grey matter mask 54 applied to yield a grey matter sharpened PET image.

55

## 56 Statistical tests

57 The association of regional OI and regional SUVR from the total cohort was 58 assessed with Pearson's correlation to evaluate the topographical relationship of the 59 two measurements. An association of OI with SUVR in the lower SUVR range (<1.5) 60 was tested using linear regression. Meta-ROI  $\Delta$ SUVR for each individual was calculated 61 by subtracting the baseline SUVR from the follow-up SUVR and dividing by the time 62 difference in years. To investigate the association of OI with meta-ROI  $\triangle$ SUVR, the total 63 cohort was separated into three sub-groups (SUVR<1.29, 1.29<SUVR<1.5 and 64 SUVR>1.5) of baseline meta-ROI SUVR, further separated into low-OI (OI<0.5) and 65 high-OI (OI>0.5) group based on meta-ROI OI value. The difference of meta-ROI △SUVR between groups was tested by *post-hoc* Dunn's multiple comparison test after 66 67 non-parametric Kruskal-Wallis tests. To address different stages of the typical Alzheimer's continuum, we separated the CU participants using the amyloid positivity: 68 CU individuals with normal amyloid PET (CUA-, i.e. not in the Alzheimer's continuum) 69 70 and CU individuals with abnormal amyloid PET (CUA+, i.e. early in the Alzheimer's

71	continuum). Then, the clinical change seen in participants at the time points of the serial
72	scans were grouped as CUA-toCUA-, CUA-toCUA+, CUA+toCUA+ CUtoMCI/AD,
73	MCItoMCI, MCItoAD, and ADtoAD. Subjects for which clinical diagnosis was not
74	available were excluded from the diagnostic group analysis. The associations with
75	diagnostic change groups were assessed by post-hoc Dunn's multiple comparison test
76	after non-parametric Kruskal-Wallis tests. Analysis was performed using Matlab (version
77	9.4) and GraphPad Prism (version 9.0.0).



80 Supplemental Figure1. Intensity threshold comparison. (A) In order to determine 81 82 the intensity threshold, experimental tests were performed for various threshold levels 83 (from 1.1 to 2.2). We found that OI was easily saturated if the OI threshold was low 84 because too many voxels were included in the mask. In contrast, if a more stringent 85 threshold was applied, fewer voxels survived and the OI calculation became unstable. 86 For these higher intensity thresholds, identifying abnormal regions is not typically a 87 diagnostic dilemma and standard ROI analysis is sufficient. The threshold level used for 88 the main analysis (SUVR=1.4) was determined observationally. (B) A histogram of 89 voxel-wise SUVR values for all the gray and white matter in the brain over a cognitively 90 unimpaired group was derived. The arbitrarily determined threshold (SUVR=1.4) 91 corresponds to a right-tailed 4.68% (1.67xSD) meaning that the voxels with SUVR >1.4 92 are fairly rare in the brain of CU participants, serving as a reasonable threshold for the 93 purposes of OI calculation.



95
 96 Supplemental Figure 2. Examples of high-Ol cases. Three consecutive 3D scatter

- 97 plots in each dotted box represent tau-PET SUVR of each voxel in each scan from an
- 98 individual subject with high OI (>0.5) and low median SUVR at the first scan (<1.29).



## 101 102 Supplemental Figure3. Topographical pattern of overlap index. (A) For each 103 specific brain region, the median of regional OI and regional SUVR from CI cohort was 104 displayed with 95% confidence intervals. The brain regions were sorted high to low in 105 the median of regional OI. Bilateral hemispheres were used together for OI and SUVR 106 calculation. (B) Median of regional OI and SUVR illustrated in 3D rendering plot. (C) 107 The scatter plot illustrates an association between median SUVR and median OI. r 108 indicates the Pearson's correlation coefficient. The black solid line and dotted lines 109 represent a regression line and its 95% confidence band, respectively. 110



111 112 Supplemental Figure 4. Association of OI with baseline and follow-up SUVR. (A)

113 The scatterplot illustrates the association between baseline SUVR and OI for meta-ROI.

114 The dot's color indicates the overlap size. (B) The scatterplot illustrates the association

between follow-up SUVR and OI from meta-ROI. The dot's color indicates the overlap

116 size.





119 Supplemental Figure 5. Association of OI with inter-scan interval.



121122 Supplemental Figure 6. (A) Spaghetti plot of SUVR trajectory from baseline to next

123 follow-up showing meta-ROI SUVR for all individuals. The line color was coded by each

124 individual OI. (B) Spaghetti plot of SUVR trajectory showing meta-ROI SUVR for

125 SUVR<1.5 and OI<0.5. (C) Spaghetti plot of SUVR trajectory showing meta-ROI SUVR

126 for SUVR<1.5 and OI>0.5. (D) Spaghetti plot of SUVR trajectory showing meta-ROI

- 127 SUVR for SUVR>1.5.
- 128





Supplemental Figure 7. (A) Association between meta-ROI OI and meta-ROI △SUVR where baseline SUVR>1.5. The black solid line and dotted lines represent a regression line and its 95% confidence band, respectively. (B) Consistency of the OI metric. The meta-ROI OI from the first and second scans and that from the second and third scans in the cohort who had three or more time points were compared. r indicates the Pearson's correlation coefficient.

138





Supplemental Figure 8. Association of overlap index with cognitive scores. Four 142 143 cognitive domains (memory, attention, language and visuospatial) and global scores 144 (average of all domains) were tested. Only participants who had cognitive scores were included in this analysis (Supplemental Table1). (A) Relationship between meta-ROI OI 145 146 and cognitive scores. The black solid line and dotted lines represent a regression line 147 and its 95% confidence interval, respectively. r shows Pearson's correlation coefficient. 148 (B) Relationship between meta-ROI  $\triangle$ SUVR and cognitive scores. The black solid line 149 and dotted lines represent a regression line and its 95% confidence interval, 150 respectively. r shows Pearson's correlation coefficient. 151



152

# 153 Supplemental Figure 9. Examples of high SUVR cases. Three consecutive 3D

154 scatter plots in each dotted box represent the tau-PET SUVR of each voxel in each

- 155 scan from an individual subject. OI becomes saturated (close to 1) in the high SUVR
- 156 range because serial scans with abundant tau signals tend to be consistent.



Supplemental Figure 10. Choroid plexus bindings. High OI was frequently observed
 in the lower baseline SUVR range in hippocampus. The coronal slices show the
 baseline tau-PET, follow-up tau-PET, and their overlap mask between high-intensity
 voxels (SUVR>1.4) for three representative cases. The red arrows indicate the choroid
 plexus overlap between baseline and follow-up scans.

#### Case#1

Baseline clinical diagnosis: CU Meta-ROI SUVR – baseline: 1.2046, follow-up: 1.0286 Meta-ROI OI: 0



### Case#3

Baseline clinical diagnosis: AD Meta-ROI SUVR – baseline: 1.7420, follow-up: 1.8856 Meta-ROI OI: 0.9843



## Case#2

Baseline clinical diagnosis: MCI Meta-ROI SUVR – baseline: 1.2847, follow-up: 1.2663 Meta-ROI OI: 0.5179



#### Case#4

Baseline clinical diagnosis: FTD Meta-ROI SUVR – baseline: 1.0579, follow-up: 1.0208 Meta-ROI OI: 0.8018



- Supplemental Figure 11. Meninges binding. The coronal slices show the baseline
- 167 tau-PET, follow-up tau-PET, overlap mask of whole brain and overlap mask within the
- 168 meta-ROI for four representative cases. The red arrows indicate the meninges overlap
- 169 between baseline and follow-up scans.
- 170

171	Supplemental	Table 1.	Participant	demographics.
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Baseline Characteristics	Summary
Number of participants (total)	339
Total tau-PET scans, n (%)	
2	189 (55.75)
3	129 (38.05)
>4	21 (6.19)
Time between consecutive scan, years*	
Median (IQR)	1.24 (1.04, 2.32)
Min, max	0.58, 4.32
Age at baseline PET, years	
Median (IQR)	68 (62, 76)
Min, max	33 95
Education, years {1}	
Mean (SD)	15.39 (2.66)
Male sex, n (%)	195 (57.52%)
PiB SUVR at baseline {16}	
Median (IQR)	1.72 (1.34 2.14)
Min, max	1.16 3.38
Diagnosis at baseline, n (%) {1}	
Cognitively Unimpaired	172 (50.74)
Mild Cognitive Impairment	62 (18.29)
Alzheimer's Dementia	47 (13.86)
Lewy Body Dementia	9 (2.65)
REM sleep Behavior Disorder	7 (2.06)
Frontotemporal Dementia	9 (2.65)
Posterior Cortical Atrophy	8 (2.36)
Logopenic Progressive Aphasia	2 (0.59)
Progressive Supranuclear Palsy	1 (0.29)
Progressive Fluent Aphasia/semantic aphasia	4 (1.18)
Progressive associative agnosia/prosopagnosia	1 (0.29)
Unknown	17 (5.01)
APOE ε4 carrier, n (%) {3}	128 (38.10)
Short Test of Mental Status score at baseline, median (IQR) {15}	35 (31 37)
Cognitive z scores at baseline, median (IQR)	
Global {174}	0.6906 (-0.3220 1.1513)
Memory {159}	0.6084 (-0.4529 1.3066)
Attention {165}	0.3680 (-0.4391 0.9368)
Language {159}	0.3230 (-0.4653 0.8395)
Visuospatial {170}	0.5789 (-0.0615 1.2111)

- <sup>\*</sup> Based on all scans for all individuals.
- 173 {} Brackets in the characteristics column indicate the number of participants missing this
- 174 particular variable.

Baseline Characteristics	Summary
Number of participants (total)	235
Total tau-PET scans, n (%)	
2	158 (67.23)
3	67 (28.51)
>4	10 (4.26)
Time between consecutive scan, years*	
Median (IQR)	1.03 (0.98, 1.25)
Min, max	0.58, 2.92
Age at baseline PET, years	
Median (IQR)	74 (69, 79)
Min, max	56 90
Education, years	
Mean (SD)	16.32 (2.51)
Male sex, n (%)	112 (47.66%)
AV45 SUVR at baseline {75}	
Median (IQR)	1.17 (1.03 1.36)
Min, max	0.81 1.72
Diagnosis at baseline, n (%) {1}	
Cognitively Unimpaired	127 (54.04)
Mild Cognitive Impairment	78 (33.19)
Alzheimer's Dementia	30 (12.77)
APOE ε4 carrier, n (%) {6}	128 (48.47)

## 175 Supplemental Table 2. ADNI participant demographics.

176

<sup>\*</sup> Based on all scans for all individuals.

178 {} Brackets in the characteristics column indicate the number of participants missing this

179 particular variable.

# Supplemental Table 3. Image IDs for ADNI cohort.

MRI_ImageID											
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AV1451_ImageID											
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11215678	1933778	l1034882	1825213	11174530	1914307	1758437	l1224187	I1044452	1862881	1948324	
1994547	11086582	1865025	1609005	11027052	1715595	1945858	I1332635	11226633	11021608	l1041516	
l1176101	11254558	11023510	l850410	11174569	1931886	11277704	I1059052	11033420	11175287	11073650	
1999959	11059394	l1185226	1583146	11051880	1888176	I1063933	I1186099	I1201288	1932177	I1259707	
I1186600	11241791	1879177	1822292	I1233915	I1045791	I1230328	I1012933	I1117705	I1071356	I1053661	
l1047950	11053983	l1043841	l872314	1767719	I1214694	l1133949	l1166024	I1233963	l1258171	l1238936	
11226631	11278088	11190145	11093847	1916329	1963437	11265504	11029868	11070544	1939115	1961494	
1939955	1820839	1845498	11290884	11079242	11158513	1895899	11231589	11243166	11073656	11131610	
11070646	11173496	11158935	1522567	11246034	11276863	11214758	11056586	1758381	11256652	1770868	
11241113	1820887	1850020	1941743	1817759	1876966	1940749	11239548	11048080	1994529	1892783	
1902928	11173497	11175896	1959495	1977640	11022152	11073622	11137574	11188951	11173979	11050688	
11048797	1908216	1837132	11222949	11282723	11185959	11279368	11299304	11083271	11006574	11240834	
1/58085	11048815	11184059	19/1/4/	11040305	11048282	1984226	1920752	11185528	111//663	11168259	
1946089	11232727	1858115	11145242	11206710	111/8/41	11191368	11232729	1/6/1087	11017333	11333863	

**Supplemental Table 4. Multivariate regression analysis.** Each independent variable was standardized (i.e., centering and scaling) for the analysis.

Variables	Coefficient (95% Confidence interval)	P value	
Scan interval	-0.04512 (-0.06856 to -0.02168)	0.0002	
Baseline SUVR	0.2506 (0.2271 to 0.2740)	<0.0001	
Intercept	0.4881 (0.4657 to 0.5105)	<0.0001	

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